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DLN: 93493104000352

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a conviof this return to satisfy state reporting requirements

| C Name of organization The Joshua Fund Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 3468 City or town, state or country, and ZIP + 4 McLean, VA 221033468 F Name and address of principal officer Joel C Rosenberg PO Box 3468 McLean, VA 221033468 | 20-53 E Telepho (703) | yer identification number 50994 one number 860-0166 |
|--|--|---|
| Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 3468 City or town, state or country, and ZIP + 4 McLean, VA 221033468 F Name and address of principal officer Joel C Rosenberg PO Box 3468 | (703) G Gross re | one number 860-0166 |
| Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 3468 City or town, state or country, and ZIP + 4 McLean, VA 221033468 F Name and address of principal officer Joel C Rosenberg PO Box 3468 | (703) G Gross re | 860-0166 |
| turn City or town, state or country, and ZIP + 4 McLean, VA 221033468 F Name and address of principal officer Joel C Rosenberg PO Box 3468 | G Gross re | |
| tum Dending F Name and address of principal officer Joel C Rosenberg PO Box 3468 | G Gross re | |
| McLean, VA 221033468 F Name and address of principal officer Joel C Rosenberg PO Box 3468 | H(a) To this a group | eceipts \$ 5,917,247 |
| F Name and address of principal officer Joel C Rosenberg PO Box 3468 | H(a) Is this a group | |
| Joel C Rosenberg PO Box 3468 | H(a) Is this a group | |
| Joel C Rosenberg PO Box 3468 | | return for |
| | affiliates? | ⊤Yes √ No |
| | 11(1-) | |
| | H(b) Are all affiliates i | included? Yes No a list (see instructions) |
| t status | H(c) Group exempti | |
| ▶ www.joshuafund.net | | |
| nization | L Year of formation 200 | 06 M State of legal domicile VA |
| Summary | I . | , , , , , , , , , , , , , , , , , , , |
| riefly describe the organization's mission or most significant activities onducting charitable activities that bless Israel and her neighbors in the name of | of Jesus | |
| heck this box দ if the organization discontinued its operations or disposed of | more than 25% of its | net assets |
| umber of voting members of the governing body (Part VI, line 1a) | | 3 7 |
| umber of independent voting members of the governing body (Part VI, line 1b) | [| 4 |
| otal number of individuals employed in calendar year 2011 (Part V, line 2a) . | | 5 |
| otal number of volunteers (estimate if necessary) | | 6 7 |
| otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a 0 |
| et unrelated business taxable income from Form 990-T, line 34 | | 7b 0 |
| | Prior Year | Current Year |
| Contributions and grants (Part VIII, line 1h) | 5,542,1 | |
| Program service revenue (Part VIII, line 2g) | | 0 23,047 |
| | 60,6 | · · · |
| | | 50 0 |
| _ , , , , , , , , , , , , , , , , , , , | 5,602,8 | 5,830,112 |
| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,010,7 | 3,691,493 |
| Benefits paid to or for members (Part IX, column (A), line 4) | | 0 0 |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines | 773.0 | 904,263 |
| , | 773,0 | 0 0 |
| | | |
| | 955.7 | 22 1,241,282 |
| | | |
| Revenue less expenses Subtract line 18 from line 12 | 863,2 | |
| | , , , , , , , , , , , , , , , , , , , | t · |
| <u> </u> | Beginning of Currer | End of Year |
| | Year | End of Year |
| Total assets (Part X, line 16) | Year 5,190,8 | 5,100,970 |
| | Year | 5,100,970 111 5,100,970 134 118,235 |
| _r h u u o o o e | Summary lefly describe the organization's mission or most significant activities and ucting charitable activities that bless Israel and her neighbors in the name of imber of voting members of the governing body (Part VI, line 1a) | Summary Interpretation |

May the IRS discuss this return with the preparer shown above? (see instructions) . .

| Da | t 1111 | Statement of Program | Sarvico Accamali | shments | | r age z |
|------------|--------|--|--|--------------------------|---------------------------------------|---------------------|
| | | Check if Schedule O contains | | | | ୮ |
| 1 | Brief | fly describe the organization's m | ission | | | |
| | | g, promoting, and supporting reli ording to Genesis 12 1-3 " | gious, education, and c | haritable activities th | nat "bless Israel and her neigh | bors in the name of |
| | | | | | | |
| 2 | the p | he organization undertake any s rior Form 990 or 990-EZ? . | | | | Yes 🗸 No |
| | If "Ye | es," describe these new services | s on Schedule O | | | |
| 3 | | he organization cease conductir ces? | ng, or make significant | changes in how it con | | Yes ▼ No |
| | If "Y∈ | es," describe these changes on : | Schedule O | | | |
| 4 | exper | ribe the organization's program nses Section 501(c)(3) and 50 is and allocations to others, the | 1(c)(4) organizations a | ind section 4947(a)(1 | 1) trusts are required to report | |
| 4a | (Cod | le) (Expenses : | \$ 4,691,100 | ncluding grants of \$ | 3,691,493) (Revenue \$ | 23,047) |
| | educ | nave blessed Israel and her neighbors in ational materials through other organiz anitarian needs and give grants to othe | ations in the land to those ir | need of these items This | also included Travel to various locat | |
| | /Cod | \/Evnonces | t | ocluding arouse of the | \ /Payanua & | \ |
| 4b | (Cod | le) (Expenses | р II | ncluding grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | | | | | | |
| 4 c | (Cod | le) (Expenses | \$ Ir | ncluding grants of \$ |) (Revenue \$ |) |
| | | | | | | |
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| | | | | | | |
| 4d | | er program services (Describe penses \$ | in Schedule O) including grants of \$ | |) (Revenue \$ |) |
| 4e | Tota | al program service expenses►\$ | 4,691,100 | | | |

| Dart TV | Checklist | of Peguire | ed Schedules |
|---------|-----------|------------|--------------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 3 | 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 | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | 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 | 5 | | |
| 6 | 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, Part 1 | 6 | | No |
| 7 | 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 | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| 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. | 11b | | No |
| 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. | 11c | | No |
| 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. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | No |
| 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. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| 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, XII, and XIII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| 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, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | Yes | |
| 17 | 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 | 17 | | No |
| 18 | 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 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

| Par [®] | t IV Checklist of Required Schedules (continued) | | | |
|------------------|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2^7 If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | N o |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions $24b-24d$ and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 Schedule L, Part I | 25b | | N o |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2011) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
|--------|---|

| | Check if Schedule O contains a response to any question in this Part V | | . [| |
|----|--|----------|-----|----------|
| | | | Yes | No |
| a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | | | | |
| | 1a 11 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| a | 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 | | | |
| ь | return | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | За | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities | | | |
| | account)? | 4a | Yes | |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | _ | | |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c 6a | | No |
| b | organization solicit any contributions that were not tax deductible? | | | |
| | were not tax deductible? | 6b | | |
| а | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | _ | | |
| _ | Contract? | 7e 7f | | No No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 71 7g | | 140 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | 7.11 | | |
| | business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by | | | |
| c | the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand | | | |
| | 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| h | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | | 1 |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI $\,$. $\,$. $\,$.

| Se | ction A. Governing Body and Management | | | |
|-----|--|-----|-----|-----|
| | | | Yes | No |
| | | | | |
| 1_ | Enter the number of veting members of the governing heady at the and of the tay | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | 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 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | 105 | No |
| 4 | supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was | | | INO |
| • | filed? | 4 | | Νo |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| ке | venue Code.) | | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10a | | INO |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | 114 | 163 | |
| | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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 | | | 1: |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 VisionQuest Alliance

18940 Base Camp Road Monument, CO 801320009

(719) 488-4118

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a 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, and current key employees 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, or 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 organiz | • | lated o | rganı | zatio | ns o | compe | nsat | ed any current or fo | ormer officer, direct | or, or trustee |
|--|--|--|-----------------------|---------|--------------|------------------------------|------------------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (describe | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Highest compense | | related organizations | |
| (1) Joel C Rosenberg President, CEO, board memb | 30 00 | х | | х | | | | 7,652 | 0 | 2,954 |
| (2) Lynn Rosenberg Vice president & board mem | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (3) Tım Lugbıll Board member | 2 00 | х | | | | | | 0 | 0 | 0 |
| (4) Steve Klemeke Vice Chairman of board | 2 00 | х | | Х | | | | 0 | 0 | 0 |
| (5) Edward Hunt Vice president & board mem | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (6) Tom Yancy Board member | 2 00 | х | | | | | | 0 | 0 | 0 |
| (7) Fred Schwien Chairman of the board | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (8) Carolyn Lugbill Treasurer | 4 00 | | | Х | | | | 0 | 0 | 0 |
| (9) Kaılea Hunt Secretary (resigned 12/2011) | 2 00 | | | х | | | | 0 | 0 | 0 |
| (10) Lance Emma COO | 40 00 | | | х | | | | 129,530 | 0 | 18,445 |
| (11) Nancy Pierce Secretary | 2 00 | | | х | | | | 0 | 0 | 0 |
| (12) John Moser Director - Humanitarian Aid | 40 00 | | | | | Х | | 117,000 | 0 | 6,249 |
| (13) Jeremy Grafman Director - Special Projects | 40 00 | | | | | х | | 111,795 | 0 | 20,547 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (B) A verage hours per week (describe | unles an | on (d e tha | n on son er a | e bo ıs b nd a | x, oth | | (D) Reportable compensation from the organization (W 2/1099-MISC | from related organizations) (W- 2/1099- | 5 | (F) Estima imount o compens from rganizat relat | ated fother sation the ion and |
|-------|---|--|-----------------------------------|-----------------------|---------------------|----------------------|------------------------------|----------|---|--|----------|---|--|
| | | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | | MISC) | | organiza | I . |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | • | • | • | | | | | |
| d | Total from continuation sheets Total (add lines 1b and 1c) . | | | | • | • | | * | 365,97 | 7 | 0 | | 48,195 |
| 2 | Total number of individuals (incl \$100,000 of reportable compen | _ | nited to | thos | e lıs | | |) who | | | <u> </u> | | 10,133 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci | | | | | | mploy • | ee, d | or highest compe | nsated employee | 3 | | No |
| 4 | For any individual listed on line organization and related organiz individual | | | | | | | | | | 4 | | No |
| 5 | Did any person listed on line 1a services rendered to the organiz | | | | | | | | | n or individual for | 5 | | No |
| Se | ection B. Independent Con | tractors | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | n the organizatio | | | | | | | | | | | |
| | Nar | (A) me and business add | dress | | | | | | De | (B) escription of services | | (C Comper | |
| 18940 | Quest Alliance D Base Camp Rd ment, CO 80132 | | | | | | | | Accountin | 9 | | | 170,346 |
| | | | | | | | | | | | | | |
| | Total number of independent cont | ractors (includir | ng but r | ot lır | nıted | d to | those | liste | d above) who rec | eıved more than | + | | |

\$100,000 of compensation from the organization \blacktriangleright 1

| Form 99 | | | (D | | | | | Page 9 |
|---|--------------|---------------------------------|--|----------------|-----------------------------|--|---|--|
| Part | /** 1 | Statement o | or Kevenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| nts nts | 1a | Federated cam | paigns 1a | | | | | |
| g Ta | ь | Membership du | es 1b | | | | | |
| S, C | c | Fundraising eve | ents 1c | | | | | |
| <u>≅</u> | d | Related organiz | zations 1d | | | | | |
| E,S | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, gifts, grants and other similar amounts | f g | | ons, gifts, grants, and 1f ot included above ibutions included in 7,135 | 5,760,380 | | | | |
| ္မ | h | Total. Add lines | s 1a-1f | ▶ | 5,760,380 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | Other program rev | enue | 900099 | 23,047 | 23,047 | | |
| ₽e | b | | | | | | | |
| <u> 5</u> | c | | | | | | | |
| Ž. | d | | | | | | | |
| Ę | e | | | | | | | |
| Ž | f | All other progra | am service revenue | | | | | |
| Š | g | Total. Add lines | s 2a-2f | | 23,047 | | | |
| | 3 | | ome (including dividen | | · | | | |
| | | | ar amounts) | | 46,685 | | | 46,685 |
| | 4 | Income from inves | stment of tax-exempt bond | proceeds 🕨 | | | | |
| | 5 | Royalties | <u> </u> | | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | | me or (loss) | 🛌 | | | | |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of | 87,135 | | | | | |
| | | assets other than inventory | | | | | | |
| | ь | Less cost or other basis and | 87,135 | | | | | |
| | | sales expenses | | | | | | |
| | C | Gain or (loss) | 0 | <u> </u> | | | | |
| | d | Net gain or (los | | | 0 | | | |
| une | 8a | Gross income f events (not inc | luding | | | | | |
| Other Revenue | | | reported on line 1c) | | | | | |
| <u>.</u> | | | а | | | | | |
| ţ | b | | penses b | | | | | |
| O | c 9a | | (loss) from fundraising | events 🟲 | | | | |
| | 9a | See Part IV, lin | rom gaming activities ne 19 a | | | | | |
| | ь | | penses b (loss) from gaming acti | | | | | |
| | С 10а | Gross sales of returns and allo | ınventory, less | vicies | | | | |
| | ь | | a oods sold b | | | | | |
| | c | = | (loss) from sales of inv | entory 🛌 | | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | | | | | |
| | 12 | Total revenue. | See Instructions . | ▶ | | | | |
| | I | | | | 5,830,112 | 23,047 | 0 | 46,685 |

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | · · |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 3,691,493 | 3,691,493 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 158,581 | 78,815 | 79,766 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons | 02.429 | 22,400 | E1 01E | 0 114 |
| 7 | described in section 4958(c)(3)(B) | 92,428 | 32,499 | 51,815 | 8,114 |
| 7 | Other salaries and wages | 462,208 | 196,613 | 244,895 | 20,700 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 135,029 | 13,318 | · · · | |
| 10 | Payroll taxes | 56,017 | 10,225 | 45,792 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 66,280 | 47,843 | 18,437 | |
| С | Accounting | 168,994 | 16,873 | 152,121 | |
| d | Lobbying | | | | |
| е | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 69,270 | 46,003 | 23,142 | 125 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 183,288 | 90,683 | 43,282 | 49,323 |
| 14 | Information technology | 86,785 | 5,468 | 59,003 | 22,314 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 171,173 | 169,235 | 1,792 | 146 |
| 17 | Travel | 157,578 | 114,678 | 33,634 | 9,266 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 35,237 | | 35,237 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 77,004 | 44,588 | 32,416 | |
| 23 | Insurance | 39,904 | 21,536 | 18,368 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | Financial expense | 65,006 | 301 | 64,705 | |
| b | National Workers Labor | 63,852 | 63,852 | | |
| c | National Workers Taxes | 41,698 | 41,698 | | |
| d | Miscellaneous Expense | 15,213 | 5,379 | 9,770 | 64 |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5,837,038 | 4,691,100 | 1,035,886 | 110,052 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 738,919 427,707 1 1 3.974.369 4.209.226 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 189.069 8 233.503 9 21,490 30.096 Prepaid expenses and deferred charges 336.676 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 136,238 266,964 b Less accumulated depreciation 10c 200,438 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 5,190,811 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 5,100,970 28,204 27,235 17 17 Accounts payable and accrued expenses . 18 67,730 18 91,000 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 25 D 26 95,934 26 118,235 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 5,082,410 27 Unrestricted net assets 4,978,859 12,467 28 3,876 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 5.094.877 33 4.982.735 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 5.190.811 34 5.100.970

| Pal | Check if Schedule O contains a response to any question in this Part XI | | | | |
|-----|---|---------|------------|------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5.8 | 330,11 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 337,03 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | -6,92 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 5,0 | 94,87 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | - 1 | 105,21 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 4,9 | 982,73 |
| Par | TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | [| 2b | Yes | |
| c | If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2 c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | sued | | | |
| | ☐ Separate basis ☐ Both consolidated and separated basis | | | | |
| 3a | 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? | • | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | | |

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

The Joshua Fund

Name of the organization

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

| | | | | | | | | | 20-5350 | | | |
|--|------------|--|---------------|---------------------------------------|------------------------|--|-----------------------|---|--------------------------|--------------|------------------------------------|------|
| Pai | | | | blic Charity Sta | | | | | | nstruction | S | |
| The o | rganı — | | | e foundation becaus | | | | | | | | |
| 1 | Г | A chur | ch, convent | on of churches, or a | ssociation of | churches s | ection 170(b |)(1)(A)(i). | | | | |
| 2 | Г | A scho | ol described | in section 170(b)(1 | l)(A)(ii). (At | tach Schedi | ule E) | | | | | |
| 3 | \sqcap | A hosp | ıtal or a coo | perative hospital se | rvice organiz | ation descr | ıbed ın sectio | n 170(b)(1 |)(A)(iii). | | | |
| 4 | Γ | | | n organization opera ty, and state | ted in conjun | ction with a | hospital des | cribed in se | ction 170(b) | (1)(A)(iii). | Enter the | |
| 5 | Г | _ | · · | erated for the benefi | _ | or universi | ty owned or o | perated by | a governmen | tal unit des | cribed in | |
| | | sect ion | 170(b)(1)(| A)(iv). (Complete P | art II) | | | | | | | |
| 6 | | A feder | al, state, or | local government o | r government | al unit desc | rıbed ın secti | ion 170(b)(| 1)(A)(v). | | | |
| 7 | <u>~</u> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | | |
| 8 | \sqcap | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | | |
| 9 | \sqcap | An orga | anization th | at normally receives | (1) more th | an 331/3% | of its support | from contr | ıbutıons, mer | nbership fe | es, and gr | oss |
| 10 11 | | | | | | | | oses of). Check | | | | |
| e f g | Γ | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the | | | | | | |)(1) or | | | |
| | | | ig persons? | | | | | | | | | |
| | | | | rectly or indirectly c | | | _ | persons de | scribed in (ii) | | Yes | s No |
| | | | | governing body of th | | | ation? | | | | .g(i) | |
| | | (ii) a fa | imily memb | er of a person descri | bed in (i) abo | ove? | | | | | g(ii) | |
| | | (iii) a 3 | 35% control | led entity of a perso | n described i | ın (ı) or (ıı) a | ibove? | | | 119 | g(iii) | |
| h | | Provide | the followi | ng information about | the supporte | ed organizat | ion(s) | | | | | |
| (i) Name o supporte organizat | | organization in organization i | | | | (v) Did you not organizati col (i) of suppor | ion in your | (vi Is th organiza col (i) org | ne tion in ganized | Am | (vii) ount of pport? | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | <u> </u> | + | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | 1 | + | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 1 | | |
| Total | | | | | | | | | 1 | 1 | | |

Support Schedule for Organizations Described in IRC 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.)

| S | ection A. Public Support | c organization | idilə to qualify t | macr the tests | iistea below, pic | case comp | icte i ai | <u>C 111.</u> |
|------|--|---|--|---|---|--------------------------------------|------------------------|---------------------|
| | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | L | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,455,77 | 2,962,955 | 5,716,243 | 5,542,134 | 5,760 | 0,380 | 21,437,484 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its | | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | _ | |
| 3 | furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,455,77 | 2,962,955 | 5,716,243 | 5,542,134 | 5,760 |),380 | 21,437,484 |
| 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) | | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | | 21,437,484 |
| S | ection B. Total Support | | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | | (f) Total |
| 7 | Amounts from line 4 | 1,455,772 | 2,962,955 | 5,716,243 | 5,542,134 | 5,760 |),380 | 21,437,484 |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,406 | 31,756 | 68,271 | 60,660 | 46 | 5,685 | 210,778 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 150 | | | 50 | | | 200 |
| 11 | Total support (Add lines 7 through 10) | | | | | | | 21,648,462 |
| 12 | Gross receipts from related activiti | | - | | | 12 | | 23,047 |
| 13 | First Five Years If the Form 990 is check this box and stop here | for the organizat | ıon's fırst, second | , thırd, fourth, or f | ıfth tax year as a | 501(c)(3) o | rganızatı ► | — ' |
| | ection C. Computation of Pul | | | | | | | |
| 14 | Public Support Percentage for 201 | - | | 11 column (f)) | | 14 | | 99 030 % |
| 15 | Public Support Percentage for 201 | 0 Schedule A, Pa | art II, line 14 | | | 15 | | 98 510 % |
| 16a | 33 1/3% support test—2011. If the and stop here. The organization qua | | | | ine 14 is 33 1/3% | or more, ch | neck this | s box ► ✓ |
| | 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization | e organization did n qualifies as a p — 2011. If the org tion meets the " | I not check the bo ublicly supported janization did not facts and circums | x on line 13 or 16 organization check a box on lir tances" test, che | ie 13, 16a, or 16t ck this box and st | o and line 14 op here. Exp | 4 plain upported | ► □ |
| b | 10%-facts-and-circumstances test | | | | | | | |
| | 15 is 10% or more, and if the organization in Part IV how the organization | tion meets the " | facts and circums | tances" test The | organızatıon qual | ifies as a pu | ublicly | ▶ ┌ |
| 18 | Private Foundation If the organizatinstructions | ion did not checl | k a box on line 13, | , 16a, 16b, 17a o | r 17b, check this | box and see | ! | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| | Explanation | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493104000352

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

| Internal Revenue Service ► Attach to Form 990. ► See separate instructions. | | | | | | Inspec | tion |
|---|--|--|---|--|---|------------|-----------|
| | me of the organi | ization | | Empl | oyer ident if icat | ion numb | er |
| ı ne | e Joshua Fund | | 350994 | | | | |
| Pa | | izations Maintaining Donor Ac | | r Funds o | or Accounts. | Comple | te ıf the |
| | organiz | zation answered "Yes" to Form 99 I | 0, Part IV, line 6. (a) Donor advised funds | 1 , | b) Funds and ot | borossou | ınta |
| 1 | Total number a | at end of year | (a) Donor advised funds | | runus and ot | ner accou | iiits |
| 2 | | tributions to (during year) | | | | | |
| 3 | 33 3 | nts from (during year) | | | | | |
| 4 | | ue at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | | | | ┌ Yes | ┌ No |
| 6 | Did the organize used only for c conferring imp | or any other | purpose | ┌ Yes | ┌ No | | |
| Pa | rt III Conse | ervation Easements. Complete | if the organization answered "Ye | s" to Form | 1 990, Part IV | , line 7. | |
| 2 | Preservation Protection Preservation Complete lines | conservation easements held by the or tion of land for public use (e g , recreation of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year | on or pleasure) Preservation o | of a certified | cally importantl I historic struct nservation | • | a |
| | easement on the | ne last day of the tax year | | | Held at the I | End of the | Year |
| а | Total number o | of conservation easements | | 2a | noia at the | ind of the | |
| ь | Total acreage | restricted by conservation easements | | 2b | | | |
| c | Number of con | servation easements on a certified his | torıc structure ıncluded ın (a) | 2c | | | |
| d | Number of con | servation easements included in (c) ac | quired after 8/17/06 | 2d | | | |
| 3 | Number of con | servation easements modified, transfe | rred, released, extinguished, or termi | nated by th | e organization d | urıng | |
| | the taxable yea | ar ▶ | | | | | |
| 4 | Number of stat | tes where property subject to conserva | tion easement is located 🛌 | | | | |
| 5 | _ | nization have a written policy regarding f the conservation easements it holds? | | handling of | violations, and | ┌ Yes | ┌ No |
| 6 | Staff and volun | nteer hours devoted to monitoring, insp | ecting and enforcing conservation ea | sements du | ırıng the year 🛌 | | |
| 7 | A mount of exp | enses incurred in monitoring, inspectir | ng, and enforcing conservation easem | ents during | the year | | |
| • | ► \$ | | | | | | |
| 8 | | nservation easement reported on line 2 i) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of | section | | ┌ Yes | ┌ No |
| 9 | balance sheet, | escribe how the organization reports co , and include, if applicable, the text of t on's accounting for conservation easem | he footnote to the organızatıon's fınar | | | | |
| Pai | rt IIII Organ | nizations Maintaining Collection etc. If the organization answered " | ns of Art, Historical Treasure | | ner Similar A | ssets. | |
| 1a | art, historical t | tion elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fin | for public exhibition, education or res | earch in fur | | | e, |
| b | historical treas | tion elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items | public exhibition, education, or resear | | | | |
| | (i) Revenues i | included in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets inc | luded in Form 990, Part X | | | ► \$ | | |
| 2 | If the organiza | tion received or held works of art, histouries to be reported under SFAS | | ts for financ | | | |
| а | Revenues incli | uded in Form 990, Part VIII, line 1 | | | ► \$ | | |

b Assets included in Form 990, Part X

| led on Form 990, Part X? | ollections and explain receive donations to be maintained as ements. Complession of the control | d e s of ar part c ete if 90, Pa ediary | t, his of the out of t | Loan of Other of further torical togenizations organization, line 2 | or exch r the or treasur zation's zation 21. | ange progr rganization res or othe collection answere | rams I's ex I's | empt purpose ular es" to Form | ın Yes | Г No |
|---|---|---|--|---|--|--|---|--|--|--|
| reservation for future generations de a description of the organization's color g the year, did the organization solicit of s to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an and e organization an agent, trustee, custod ded on Form 990, Part X? es," explain the arrangement in Part XIV | or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme | s of ar part o ete if 90, Pa ediary | t, his of the the ort X | Other further torical torganiz organiz , line 2 | r the or treasur zation's zation | rganizatior es or othe collection answere | rsım 12 d "Y | es" to Form | ┌ Yes 990, | ┌ No |
| reservation for future generations de a description of the organization's co (IV) g the year, did the organization solicit of s to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an and e organization an agent, trustee, custodied on Form 990, Part X? es," explain the arrangement in Part XIV | or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme | s of ar part o ete if 90, Pa ediary | t, his of the the ort X | further torical torganizoranizoran | treas ur zation's zation 21. | res or othe collection answere | rsım 1 [?] d "Y | es" to Form | ┌ Yes 990, | _ |
| de a description of the organization's color of the year, did the organization solicities to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an analysis organization an agent, trustee, custodied on Form 990, Part X? | or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme | s of ar part o ete if 90, Pa ediary | t, his of the the ort X | torical t organiz organiz , line 2 | treas ur zation's zation 21. | res or othe collection answere | rsım 1 [?] d "Y | es" to Form | ┌ Yes 990, | □ No |
| de a description of the organization's color of the year, did the organization solicities to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an analysis organization an agent, trustee, custodied on Form 990, Part X? | or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme | s of ar part o ete if 90, Pa ediary | t, his of the the ort X | torical t organiz organiz , line 2 | treas ur zation's zation 21. | res or othe collection answere | rsım 1 [?] d "Y | es" to Form | F Yes 990, | _ |
| g the year, did the organization solicit of sites to be sold to raise funds rather than the secretary and Custodial Arrang Part IV, line 9, or reported an analysis organization an agent, trustee, custodied on Form 990, Part X? es," explain the arrangement in Part XIV | or receive donations to be maintained as ements. Comple nount on Form 99 lian or other interme | s of ar part o ete if 90, Pa ediary | t, his of the the ort X | torical t organiz organiz , line 2 | treas ur zation's zation 21. | res or othe collection answere | rsım 1 [?] d "Y | es" to Form | F Yes 990, | □ No |
| s to be sold to raise funds rather than to Escrow and Custodial Arrang Part IV, line 9, or reported an and e organization an agent, trustee, custod ded on Form 990, Part X? es," explain the arrangement in Part XIV | o be maintained as ements. Complonount on Form 99 | part o ete if 90, Pa ediary | the the art X | organiz organiz , line 2 | zation's zation 21. | answere | d "Y | es" to Form | 990, | │ No |
| Escrow and Custodial Arrang Part IV, line 9, or reported an and corganization an agent, trustee, custod ded on Form 990, Part X? es," explain the arrangement in Part XIV | ements. Comple nount on Form 99 lian or other interme | ete ıf 90, Pa edıary | the o | organiz , line 2 | zation 21. | answere | d "Y | | 990, | |
| e organization an agent, trustee, custod led on Form 990, Part X? es," explain the arrangement in Part XIV | ian or other intermo | ediary | for c | | | r other ass | ets r | not | | |
| | / and complete the | follow | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table | | | | | | | ┌ No |
| nning balance | | | ıng ta | able | | _ | | | | |
| nning balance | | | | | | <u> </u> | | A | mount | |
| 9 24.4 | | | | | | _ | 1c | | | |
| ions during the year | | | | | | L | 1d | | | |
| ibutions during the year | | | | | | | 1e | | | |
| ng balance | | | | | | | 1f | | | |
| ne organization include an amount on Fo | orm 990, Part X, lin | e 21? | | | | | | | ┌ Yes | ┌ No |
| s," explain the arrangement in Part XIV | • | | | | | | | | | |
| Endowment Funds. Complete | f the organizatio | n ans | were | ed "Yes | | | | | | |
| | (a)Current Year | (b) | Prior | /ear | (c) Two | Years Back | (d) | Three Years Back | (e)Four | Years Back |
| ining of year balance | | | | | | | _ | | | |
| abutions | | | | | | | ╄ | | | |
| stment earnings or losses | | | | | | | | | | |
| s or scholarships | | | | | | | | | | |
| | | | | | | | | | | |
| nistrative expenses | | | | | | | | | | |
| fyearbalance | | | | | | | | | | |
| de the estimated percentage of the yea | r end balance held | as | | | | | | | | |
| designated or quasi-endowment 🕨 | | | | | | | | | | |
| anent endowment 🕨 | | | | | | | | | | |
| endowment b - | | | | | | | | | | |
| | ssion of the organiz | ation t | hat a | re held | and ac | dministere | d for | the | | |
| ization by | _ | | | | | | | | Yes | No |
| related organizations | | | • | | | | • | | | |
| | | | | | | | | | | |
| | | | | | | | • | [3 | вь | |
| | | | | | 0 | | | | | |
| Land, Buildings, and Equipme | ent. See Form 95 | 90, Pa | | | | | | | . 1 | |
| Description of property | | | | | | | | | | Book value |
| | | • | | | | | | | | |
| gs | | | | | | | | | | |
| old improvements | | | | | | | | | | |
| nent | | • | | | | 222 | 2,938 | 99, | 002 | 123,936 |
| <u></u> . | <u></u> | • | | | | 113 | 3,738 | 37, | 236 | 76,502 |
| ines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colui | mn (B) | , line | 10(c).) | | | | | | 200,438 |
| | Endowment Funds. Complete in ining of year balance | ne organization include an amount on Form 990, Part X, lin is," explain the arrangement in Part XIV Endowment Funds. Complete if the organization in group of year balance in buttons is the carnings or losses its or scholarships in expenditures for facilities in group and in the possession of the organization by its and the possession of the | ne organization include an amount on Form 990, Part X, line 21? is," explain the arrangement in Part XIV Endowment Funds. Complete if the organization ans (a)Current Year (b) ining of year balance (a)Current Year (b) initiations (a)Current Year (b) initiation (a | ne organization include an amount on Form 990, Part X, line 21? Is, "explain the arrangement in Part XIV Endowment Funds. Complete if the organization answere (a)Current Year (b)Prior Year (c)Prior Year (c)Prio | ng balance ne organization include an amount on Form 990, Part X, line 21? Is," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes (a)Current Year (b)Pnor Year Initiation of year balance (a)Current Year (b)Pnor Year Initiation of year balance (b)Pnor Year Initiation of year balance (b)Pnor Year Initiation of year balance (c)Pnor Year Initiative expenses (c)Pnor Year Initiative ex | ng balance ne organization include an amount on Form 990, Part X, line 21? s," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to F (a)Current Year (b)Prior Year (c)Two ining of year balance (a)Current Year (b)Prior Year (c)Two ining of year balance (b)Prior Year (c)Two ining of year balance (c)Two istrement earnings or losses (c) (c)Two istrement earnings or losses (c) (c)Two istrement earnings or facilities (c)Two istrement earnings or facilities (c)Two initiative expenses (c) (c) (c) (c) (c) (c) istrement earnings or facilities (c) istrement earnings or losses (c) (c) (c) istrement earnings or losses (c) istrement earnings or losses istrement earnings or losses istrement earnings or l | ne organization include an amount on Form 990, Part X, line 21? Section Part XIV | ng balance ne organization include an amount on Form 990, Part X, line 21? S, explain the arrangement in Part XIV | If spalance are organization include an amount on Form 990, Part X, line 21? Instruction of the organization answered "Yes" to Form 990, Part IV, line 10. Instruction of the organization answered "Yes" to Form 990, Part IV, line 10. Instruction of the organization answered "Yes" to Form 990, Part IV, line 10. Instruction of the organization of the organization of the organization that are held and administered for the instruction by instruction by instruction of the organization that are held and administered for the instruction by instruction of the organization by instruction by inst | re organization include an amount on Form 990, Part X, line 21? Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Phor Year (c) Two Years Back (d) Time Years Back (e) Four Years Back (d) Time Years Back (e) Four Years Back (d) Time Years Back (e) Four Years Back Years Back Years Back Years Back Years Back Years Back Years Years Back Years Years Years Years Years Years Years Y |

| Pari VIII Investments—Other Securities. See | Form 990, Part X, line 1. | |
|--|---------------------------|--|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | (5)200. Talac | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| | | 12 |
| Part VIII Investments—Program Related. See | Porm 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | - | Cost or end-or-year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | • | |
| Part IX Other Assets. See Form 990, Part X, lir | ne 15. | |
| (a) Descrip | otion | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 25.) | |
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| Part X Other Liabilities. See Form 990, Part X | (, line 25. | |
| | | |
| Part X Other Liabilities. See Form 990, Part X | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| 1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |
| Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | (, line 25. | |

| Pal | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | 1ts | |
|--------|--|-------|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 5,830,112 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,837,038 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -6,926 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -105,216 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -105,216 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -112,142 |
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue | er Re | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,809,896 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities 2b 85,000 | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| е | Add lines 2a through 2d | 2e | -20,216 |
| 3 | Subtract line 2e from line 1 | 3 | 5,830,112 |
| 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 . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 5,830,112 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 | 5,922,038 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| _ а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 85,000 |
| 3 | Subtract line 2e from line 1 | 3 | 5,837,038 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | 1 | |
| С | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 5,837,038 |
| Par | t XIV Supplemental Information | | |

Complete this part to 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 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Description of Uncertain Tax Positions Under FIN 48 | | The financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the consolidated statements of activities. As of December 31, 2011, and 2010, TJF had no uncertain tax positions that qualify for recognition or disclosure in the consolidated financial statements. |
| Part XI, Line 8 - Other Adjustments | | Change in value of foreign currency -105,216 |
| Part XII, Line 2d - Other Adjustments | | Change in value of foreign currency -105,216 |

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DLN: 93493104000352

Open to Public Inspection

OMB No 1545-0047

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

SCHEDULE F

(Form 990)

Т

| For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed.) (a) Region (b) Number of employees or agents in region or independent or to repense is based in the region of united and North Africa. 1 2 Program Services Middle East and North Africa. 0 0 Grant making Ostribute food and supplies to needy in Israel Israel Ostribute food and supplies to needy in Israel Israel Ostribute food and supplies to needy in Israel Israel Ostribute food and supplies to needy in Israel Israel | | the organization | | | | Employer ident | ification number |
|--|------------|-----------------------------|-------------------|--|--|---|--|
| **Yes** to Form 990, Part IV, line 14b. For grantmakers, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantess' eligibility for the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region (Use Part V if additional space is needed) (a) Region (b) Number of offices in region (c) Number of offices in region (d) Activities conducted in (e) If activity listed in (d) is a program service, describe region in region (b) type) (c.g., program service, describe service(s) in region expected in region (b) type) (c.g., program service) (c.g., program se | NSDI | иа гипа | | | | 20-5350994 | |
| assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (Use Part V if additional space is needed.) (a) Region (b) Number of orifices in the region or independent contractors to recognize the region) Middle East and North Africa 1 2 Program Services. Unstated in the region of service (it yet of service(s) in region in region) Middle East and North Africa 0 0 Grant making Distribute food and supplies to needy in 1,5 rael 1.5 rael | Part I | | | | ne United States. C | omplete if the organiz | zation answered |
| For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (Use Part V if additional space is needed) (a) Region (b) Number of office in region in regi | Foi | grantmakers. Does the | organızatıon m | naıntaın record | s to substantiate the | amount of the grants | or |
| For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activities per Region (Use Part V if additional space is needed.) (a) Region (b) Number of offices in the region or independent or independent of the property of the pro | | | | | | | ard |
| Activities per Region (Use Part V if additional space is needed.) (a) Region (b) Number of offices in the region where the region is a part of the region is a part of the region where the region is a part of the region where the region where the region is a part of the region is a part of the region where the region is a part of the re | the | grants or assistance? | | | | | ┌ Yes ┌ No |
| (a) Region (b) Humber of offices in the region of spents in region or agents in region or agents in region or agents in region of the region | | | irt V the organiz | atıon's procedur | es for monitoring the us | e of grant funds outside t | he |
| offices in the region of legion of the region of legion | Act | ivites per Region (Use Part | V ıf addıtıonal s | pace is needed |) | | |
| Middle East and North Africa 0 0 Grant making Distribute food and supplies to needy in Israel 1 israel | | (a) Region | offices in the | employees or agents in region or independent | region (by type) (e g , fundraising, program services, investments, grants to recipients located in the | program service, describe specific type of | expenditures for region/investments |
| supplies to needy in Israel | Mid | dle East and North Africa | 1 | 2 | _ | supplies to needy in | 765,591 |
| Sub-total 1 2 4,457,08- | Mid | dle East and North Africa | 0 | 0 | | Distribute food and supplies to needy in | 3,691,493 |
| Sub-total 1 2 4,457,08 | | | | | | | |
| Sub-total 1 2 4,457,08 | | | | | | | |
| Sub-total 1 2 4,457,08 | | | | | | | |
| Sub-total 1 2 4,457,08 | | | | | | | |
| Sub-total 1 2 4,457,084 | | | | | | | |
| Aa Sub-total 1 2 4,457,084 | | | | | | | |
| Sub-total 1 2 4,457,08 | | | | | | | |
| Sa Sub-total 1 2 4,457,084 | | | | | | | |
| Sa Sub-total 1 2 4,457,084 | | | | | | | |
| Sa Sub-total 1 2 4,457,08 | | | | | | | |
| Sa Sub-total 1 2 4,457,084 | | | | | | | |
| Sub-total 1 2 4,457,084 | | | | | | | |
| Sub-total 1 2 4,457,084 | | | | | | | |
| 3a Sub-total 1 2 4,457,08 | _ | | | | | | |
| b Total from continuation sheets | | | <u></u> | 2 | | | 4,457,084 |

4,457,084

| Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, |
|---------|--|
| | Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 |
| | Use Part V if additional space is needed. |
| | |

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|---|-------------------|-------------------------|------------------------------|---------------------------------------|---|--|--|
| | See Add'l Data | | | | | | | | |
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| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized a | 15 |
|---|--|----|
| | tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter | |

56

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---------------------------------|--------------------------|---------------------------|------------------------------------|--|--|--|
| Food and other necessities | Middle East and North Africa | 10,668 | | | 231,128 | Food and other necessities | FMV |
| | | | | | | | |
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Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) | Γ | Yes | <u> </u> | Νo |
|---|--|---|-----|----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) | Γ | Yes | 굣 | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) | Г | Yes | ্ | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | Г | Yes | ┍ | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) | Г | Yes | ┍ | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713). | Г | Yes | ~ | No |

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information

| Outside the U S signed by all recipients whereby recipients agree to detailed reports of expenditures, including copies of photos of projects and narratives explaining the ultion of the expenditures on recipients lives. TJF periodic these reports as well as performs field audits. Grant agree to make books and records available to TJF. Method Used to Account for Schedule F, Part I, Line 3. The organization tracked in accordance with accrual basis of accounting, us reimbursement reporting in accordance with an accordance with accordance with an accordance with accordance with an accordance with accordance with accordance with accordance with an accordance with accordance with an accordance with accordance with accordance with accordance with an accordance with accordance with an accordance with accordance w | <u>information.</u> | | |
|--|---------------------|-----------------|---|
| Outside the U S signed by all recipients whereby recipients agree to detailed reports of expenditures, including copies of photos of projects and narratives explaining the ultion of the expenditures on recipients lives. TJF periodic these reports as well as performs field audits. Grant agree to make books and records available to TJF. Method Used to Account for Expenditures Schedule F, Part I, Line 3. The organization tracked in accordance with accrual basis of accounting, us reimbursement reporting in accordance with an accordance with accordance with an accordance with an accordance with accordance with an accordance with accordance with an accordance with an accordance with accordance with an accordance with accordance with accordance with an accordance with accorda | Identifier | ReturnReference | |
| Method Used to Acccount for Expenditures in accordance with accrual basis of accounting, us reimbursement reporting in accordance with an accordance with accord | | | Schedule F, Part I, Line 2 Grant agreements are required to be signed by all recipients whereby recipients agree to provide detailed reports of expenditures, including copies of receipts, photos of projects and narratives explaining the ultimate impact of the expenditures on recipients lives TJF periodically audits these reports as well as performs field audits Grantees also agree to make books and records available to TJF upon request |
| | | | Schedule F, Part I, Line 3 The organization tracked expenditures in accordance with accrual basis of accounting, using expense reimbursement reporting in accordance with an accountable reimbursement plan and grant feedback reporting as described in |
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| | | | Schedule F (Form 990) 2011 |

Software ID: Software Version:

EIN: 20-5350994
Name: The Joshua Fund

| (a) Name of | (b) IRS code section and EIN(if | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash | (h) Description of non-cash | (ı) Method of valuation (book, FMV, |
|-------------|---------------------------------------|--|---|------------------------------|---------------------------------|-----------------------------|-----------------------------|---|
| | applicable) | Middle East and | Food and clothing for | 25,000 | | assistance | assistance | appraisal, othe |
| | | North Africa Middle East and North Africa | the needy Administrative support for a regional | 163,485 | Wire | | | |
| | | Middle East and North Africa | ministry A dministrative support for a regional | 42,000 | Wire | | | |
| | | Mıddle East and | ministry To fund projects, | 72,096 | Wire | | | |
| | | North Africa | conferences, events, and translation services | | | | | |
| | | Middle East and North Africa | Support for regional workers | 7,500 | | | | |
| | | Middle East and North Africa | Provide new endoscopic equipment for a | 100,000 | Wire | | | |
| | | Middle East and North Africa | hospital Support of needy women and children | 30,000 | Wire | | | |
| | | Middle East and North Africa | Support for regional ministry expense | 16,709 | Wire | | | |
| | | Middle East and North Africa | Renovate facility to help needy families | 47,000 | | | | |
| | | Middle East and North Africa | Purchase of food and household good for distribution to the | 124,992 | Wire | | | |
| | | Middle East and North Africa | needy Purchase of vehicles and supplies for use | 23,000 | Wire | | | |
| | | Mıddle East and | in ministry Support for regional | 17,500 | Wire | | | |
| | | North Africa Middle East and North Africa | worker Support of regional ministry expenses | 15,000 | Wire | | | |
| | | Middle East and North Africa | Support of ministry that provides | 259,230 | Wire | | | |
| | | Middle East and | supplies and food to needy families Support for regional | 17,000 | Wire | | | |
| | | North Africa Middle East and | ministry expenses Support for training | 15,000 | | | | |
| | | North Africa Middle East and North Africa | conferences Support for needy families in Israel | 140,000 | Wire | | | |
| | | Middle East and North Africa | Provide administrative | 100,000 | Wire | | | |
| | | Middle East and | support for regional ministry To fund travel, | 169,700 | Wire | | | |
| | | North Africa | translation, and broadcasting license | 103,700 | Wile | | | |
| | | Middle East and | Costs for the ministry Support of ministry | 30,000 | Wire | | | |
| | | North Africa Middle East and North Africa | efforts To fund renovation of homes after a fire | 35,000 | | | | |
| | | Middle East and North Africa | A dministrative support for regional | 23,248 | | | | |
| | | Middle East and North Africa | ministry Support for Christmas outreach | 20,000 | | | | |
| | | Middle East and North Africa | Support for training conference | 12,000 | | | | |
| | | Middle East and North Africa | Support of a regional training facility | 153,572 | | | | |
| | | Middle East and North Africa Middle East and | Support for outreach events Administrative | 10,800 | | | | |
| | | North Africa | support for regional ministry | | | | | |
| | | Middle East and North Africa Middle East and | Support for ministry efforts Purchase of supplies | 80,000 | | | | |
| | | North Africa Middle East and North Africa | for ministry use Support for regional workers | 12,000 | Wire | | | |
| | | Middle East and North Africa | Support for Israeli awareness efforts | 15,000 | Wire | | | |
| | | Middle East and North Africa | Support of training conferences | 25,892 | | | | |
| | | Middle East and North Africa Middle East and | Support of families in severe need Administrative | 10,800 | | | | |
| | | North Africa | support for regional ministry | | | | | |
| | | Middle East and North Africa | Provide legal support for those being discriminated | 264,996 | Wire | | | |
| | | Middle East and | Purchase of bus to | 25,000 | Wire | | | |
| | | North Africa Middle East and | transport mentally challenged students Assistance support | 175,700 | Wire | | | |
| | | North Africa Middle East and North Africa | of media needs Support of prison outreach | 151,700 | Wire | | | |
| | | Middle East and North Africa | Support of regional workers | 7,200 | Wire | | | |
| | | Middle East and North Africa | Support of a conference | 15,000 | | | | |
| | | Middle East and North Africa | Support for facility rental for distribution of food and clothing | 7,200 | Wire | | | |
| | | Middle East and North Africa | Provision of surgeries for children | 130,000 | Wire | | | |
| | | Middle East and North Africa | Support of a young adult conference | 11,000 | Wire | | | |
| | | Middle East and North Africa | Support for translation of the Old Testemant | 100,000 | Wire | | | |
| | | Middle East and North Africa | Support of regional ministries | 10,000 | Wire | | | |
| | | Middle East and North Africa | Renovation and rent expenses for regional | 11,520 | Wire | | | |
| | | Middle East and North Africa | facility Rent for homeless shelter and soup | 31,200 | Wire | | | |
| | | Middle East and North Africa | kitchen Support for ministry efforts | 5,500 | Wire | | | |
| | | Middle East and North Africa | Support of Hanukah related outreach | 5,180 | Wire | | | |
| | | Middle East and North Africa | Purchase of food for general distribution | 28,224 | | | | |
| | | Middle East and North Africa Middle East and | Purchase of food for general distribution Purchase of food for | 77,452 24,510 | | | | |
| | | North Africa Middle East and | general distribution Purchase of food for | 61,873 | | | | |
| | | North Africa Middle East and North Africa | general distribution Purchase of food for general distribution | 215,280 | Wire | | | |
| | | Middle East and North Africa | Purchase of food for general distribution | 21,043 | | | | |
| | | Middle East and | Purchase of food for | 106,081 | Wire | | 1 | |

Middle East and North Africa

general distribution

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104000352

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

| The Joshua Fund | | | | | | | 2 | 0-53509 | 94 | | | |
|--|-----------|--|----------------------|-----------------|----------------------------------|-----------------------|---------|-------------------------------------|------------|-------------|-----------------------|--|
| Part I Excess Benefit Tran Complete If the organizat | | | | | | | organi | zations d | only). | ıne 40b | | |
| 1 (a) Name of disq | | | | | (b) Desc | • | | | , . | | (c) rected? | |
| | | | | | (-, | | | | | Yes | | |
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| 2 Enter the amount of tax impos section 4958 | | | | | | | | | r · \$ | | | |
| 3 Enter the amount of tax, if any | , on line | e 2, abo | ve, reımburs | ed by th | e organization . | | | • | · \$ | | | |
| Part II Loans to and/or I | | | | | , Part IV, line 26 | , or Forr | n 990-l | Z, Part V | , lıne 38 | а | | |
| (a) Name of interested person and purpose | or fro | b) Loan to r from the (c)C nanization? | | jinal amount | (d)Balance due | (e) I defau | | (f) Approved by board or committee? | | | (g)Written agreement? | |
| | То | From | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | ► \$ | | | | | | | | |
| Part III Grants or Assistar Complete if the orga | | | | | | '. line 2 | 7. | | | | | |
| (a) Name of interested pers | | | b) Relationsh | np betwe | een interested per ganization | | | nount of g | rant or ty | ype of assı | stance | |
| | | | | ' | | | | | | | | |
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|---------|----------|---------------------|-----------|------------|---------|
| Part IV | Business | Transactions | Involving | Interested | Persons |

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the | (c) A mount of transaction | (d) Description of transaction | organı | arıng of zatıon's nues? |
|-------------------------------|---|----------------------------|--------------------------------|--------|-------------------------------|
| | organization | | | Yes | No |
| (1) Cheryl Moser | Spouse of former officer | 92,428 | W2 Employee | | No |
| | | | | | |
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Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493104000352

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization The Joshua Fund

Employer identification number

| Pa | TI Types of Property | | | <u> </u> | 20-5350994 | | | |
|-------------|---|----------------------------------|--|---|---|--------|-----|----|
| | | (a) Check If applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of do contribution | etermı | _ | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| _ | Art—Fractional interests | | | | | | | |
| | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded . | Х | 9 | 87,135 | FMV-sımılar asset s | sales | | |
| LO | Securities—Closely held stock $. $ | | | | | | | |
| L 1 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| .2 | Securities—Miscellaneous | | | | | | | |
| L3 | Qualified conservation contribution—Historic structures | | | | | | | |
| 4 | Qualified conservation contribution—Other | | | | | | | |
| .5 | Real estate—Residential . | | | | | | | |
| 6 | Real estate—Commercial | | | | | | | |
| 7 | Real estate—O ther | | | | | | | |
| .8 | Collectibles | | | | | | | |
| 9 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxıdermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | O ther ▶ () | Х | 1 | | | | | |
| <u> 2</u> 6 | O ther ▶() | | | | | | | |
| 27 | O ther ▶() | | | | | | | |
| 28 | O ther ► () | | | | | | | |
| 29 | Number of Forms 8283 received | | | | 29 | | | 0 |
| | for which the organization compl | eted Form 8 | 3283, Part IV, Donee Ackr | nowledgement | 29 | | I | |
| | 5 | | | | 4 20 11 1 1 | | Yes | No |
| sva | During the year, did the organiza | | | | | | | |
| | must hold for at least three year | | | on, and which is not required | d to be used | | | |
| | for exempt purposes for the enti | | | | | 30a | | No |
| b | If "Yes," describe the arrangement | | | | | | | |
| 31 | Does the organization have a gif | | | | | 31 | | Νo |
| 32a | Does the organization hire or us contributions? | e third parti | es or related organizations | to solicit, process, or sell i | non-cash | 32a | Yes | |
| b | If "Yes," describe in Part II | | | | | | | |
| 33 | If the organization did not report describe in Part II | revenues ı | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|------------------|--|
| Method for Determining Number of Contributors | 1 ' ' | The numbers reported on Schedule M, Part I, column (b) are the number of contributors, not the number of items contributed |
| Third Party Use | 1 | A third party investment broker is used to sell contributed stock at fair market value |

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104000352

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization
The Joshua Fund

Employer identification number

20-5350994

| ldentifier | Return Reference | Explanation |
|--|---|---|
| | Form 990, Part VI, Section A, line 2 | There were three married couples serving on the board of directors either as a voting board members or non-voting officers. Joe1 and Lynn Rosenberg, Tim and Carolyn Lugbill, and Edward and Kailea Hunt |
| | Form 990, Part VI, Section B, line 11 | The Form 990 was prepared by an independent CPA firm, reviewed by the finance team, and then emailed to the board of directors for their review before the return was filed with the IRS |
| | Form 990, Part VI, Section B, line 12c | The annual conflict of interest questionaires are completed annually, reviewed, and retained for the year |
| | Form 990, Part VI, Section B, line 15 | The compensation of the executive director and other officers was determined by the Board members with no conflict of interests. Comparability data is used in this determination. This process is documented in the Board minutes. |
| | Form 990, Part VI, Section C, line 19 | The Form 990 is available upon request |
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 5 | Change in value of foreign currency -105,216 Total to Form 990, Part XI, Line 5 -105,216 |
| Explanation of Responsibility | Form 990, Page 12, Part XI, Line 2c | The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year. |

Additional Data

Software ID: Software Version:

EIN: 20-5350994

Name: The Joshua Fund

Form 990, Special Condition Description:

Special Condition Description