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# Form **990-PF**Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2014
Open to Public Inspection

THE JOSEPHS POUNDATION   A Employer identification number	For	calen	dar year 2014 or tax year beginning		, and ending		
Room-burst   Roo	Na	me of	foundation	<del> </del>		A Employer identification	on number
1488 SANTA ANITA DRIVE   City of town, size or provenice, country, and 2IP or foreign postal code   LAS VEGAS   NV S9115   Initial return   Initial return   Amended celum   Name change   Initial return   Amended celum   Initial return   Name change   Initial return	_1	HE	JOSEPHS FOUNDATION			88-038510	1
Control count   Control country, and ZiP or foreign postal code   LAS VEGAS, NV 89119   Control country   Indicate term   In	Nu	mber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	1	
Early Leading Section 597(b) (1) (A) check here large the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of a former public charity large content of the standard return of the standard ret	1	<u>.48</u>	8 SANTA ANITA DRIVE			(702)385-	2474
G Check all that apply: Instal return		-		ostal code		C If exemption application is	pending, check here
First return							
Address change	G	Check			rmer public charity	D 1 Foreign organization	ns, check here
H Check type of organization:			<del></del>			2 Foreign organizations of	neeting the 85% test
Section 4947(a) (1) notexempt charable trust						check here and attach	computation
Fair market value of all assets at end of year   J Accounting method:   Cash   Accrual   The firm Part II, cot (c), line 16   Other (spectry)   Other (spectry)   The firm Part II, cot (c), line 16   Other (spectry)   Other (spectry)   The firm Part II, cot (c), line 16   Other (spectry)   Other (s	H	$\neg$				1 .	
Part				<u>'</u>		]	
Part     Analysis of Revenue and Expenses   (a) Revenue and expenses   (b) Ret investment   (c) Adjusted net income   (d) Decorpanion			·   -	•	Accruai		
Part II   Analysis of Revenue and Expenses   (a) Revenue and expenses per books   (b) Nel investment   (c) Adjusted net   (d) Dissurancests income   (e) Adjusted net   (e) Adjusted n					pasis.)	under section 507(b)(	T)(B), Check here
Contributions, offs, grafts, etc., received   Contributions, offs, grafts, etc., and the contributions   Contributions, etc., and the contributions   Contribu						(a) Adjusted not	(d) Disbursements
1 Contributions, gifts, grants, etc., received 2		41 ( 1	(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
2 Check ► X		1	<del></del>		· · · · · ·	N/A	(0.00.0 0.00,)
Interest on caunage and temporary   23		2					_
Sa Gross rents		3	Interest on savings and temporary cash investments	23.	23.		STATEMENT 1
Description   Net rental income or (toss)   10,800.		4	Dividends and interest from securities	25,461.	25,461.		STATEMENT 2
Section   Page		5a	Gross rents	10,800.	10,800.		STATEMENT 3
Date   Corosa sales price for all   349,617.		b	Net rental income or (loss)10,800.				
Net snort-term capital gain   9   Income modifications   10a and allowances   CEIVED   11   Other income   2   JUL 2 2 2015   2   12   Total. Add lines   through 14   155,717.   155,717.   155,717.   150   12   13   Compensation of office   160	Φ	6a		119,433.			
Net snort-term capital gain   9   Income modifications   10a and allowances   CEIVED   11   Other income   2   JUL 2 2 2015   2   12   Total. Add lines   through 14   155,717.   155,717.   155,717.   150   12   13   Compensation of office   160	enn	b	assets on line 6a 349, 017.				<u>.  </u>
Net snort-term capital gain   9   Income modifications   10a and allowances   CEIVED   11   Other income   2   JUL 2 2 2015   2   12   Total. Add lines   through 14   155,717.   155,717.   155,717.   150   12   13   Compensation of office   160	ě	7			119,433.		
10a and allowance   10a		B	• •				
b Less Cost of Gross profit De (1985)  11 Other income (1985)  12 Total. Add Index Utrough 14		1.1	Income modifications Gross sales less returns				
c Gross profit by (SS) 10 Other income (ST JUL 2 2015 ) 11 Other income (ST JUL 2 2015 ) 12 Total . Add lines (through 41					<del> </del>		<del></del>
11 Other income   JUL   2 & 2013   12   Total. Add lines   through 14   155,717.   155					<del> :: -</del>		<del></del>
12   Total Add lines   through 11   155,717.   155,717.   155,717.   1   1   1   1   1   1   1   1   1					<del> =</del>		
13   Compensation of office   Compensation   Comp	,			155,717.	155,717.		
14 Other employee.salaries-and-wages   15 Pension plans, employee benefits   16 Legal fees   1,599.   1,599.   0.	9	13	Compensation of officers deorges Tustees, etc	0.	0.		0.
16a Legal fees   b Accounting fees   STMT   4   1,599.   1,599.   0.	9	14					
16a Legal fees   b Accounting fees   STMT   4   1,599.   1,599.   0.	So.	15					
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	w	1160		1 700			
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ie Ger	. b	=				
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ñ	C	•	43,335.	43,335.		<del>  0.</del>
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ative.	1/		001	N Q Q		0
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	Str	10					<del> </del>
25 Contributions, girs, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	ni Ti	20				-	20.500
25 Contributions, girs, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	Aď	21					
25 Contributions, girs, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	'n	22					
25 Contributions, girs, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	P P	23					
25 Contributions, girs, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	atir	24					
25 Contributions, girs, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	bei	.	expenses. Add lines 13 through 23		65,229.		20,500.
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	0	25		92,190.			92,190.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		26	-	105 105	<b>65.00</b>		
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		-		197,688.	65, <u>229.</u>		112,690.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A				41 071	_		
c Adjusted net income (if negative, enter -0-)			•	<41,9/1.			<del>                                     </del>
423501 11.24.14 LHA For Paperwork Reduction Act Notice, see instructions.					JU,400.	N / A	
	4235	01		instructions		IN/A	Forth 990-PF (2014)

88-0385101

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Form **990-PF** (2014)

THE JOSEPHS FOUNDATION

	1990-PF (2014) THE UUSEFIS FOUNDATION 88-U3	<u>8510</u>	<u> </u>	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e insti	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			05.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			05.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		9	05.
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8			11.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 10 ▶ 9		9	16.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities	l	}	
C	Did the foundation file Form 1120-POL for this year?	10	ł	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b		Γ
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	İ		
	remain in the governing instrument?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	<del>                                     </del>
				$\vdash$
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NV	_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
_	of each state as required by General Instruction G? If "No," attach explanation	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		1 - <b>-</b> -	<u> </u>
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	1	Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their games and addresses	10	<b>-</b>	X

	990-PF (2014) THE JOSEPHS FOUNDATION 88-0385  Int VII-A   Statements Regarding Activities (continued)	101		Page 5
П	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	, ,		<b></b>
10	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	,,		37
	If "Yes," attach statement (see instructions)	12	37	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► JOSEPHSFOUNDATION.ORG	0.5	2 4 17	_
14	The books are in care of ► THE JOSEPHS FOUNDATION  Telephone no. ► (702) 3		<u> </u>	4
	Located at ► 1488 SANTA ANITA DRIVE, LAS VEGAS, NV ZIP+4 ►89	1119		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, <b>.</b> ▶	·
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
_	foreign country	ŀ .		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
<b>.</b>	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	46		
		_1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	37
_	before the first day of the tax year beginning in 2014?	1c	-	<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years $\blacktriangleright$ ,,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b></b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeonardy before the first day of the tax year beginning in 2014?	1 46		v

Form 990-PF (2014) THE JOSEPHS FOUNDATION Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	88-03851	01	Page 6
5a During the year did the foundation pay or incur any amount to:	. J 17 LO May De		ueu)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955);					
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization				-	İ
4945(d)(4)(A)? (see instructions)		Ye	es X No	İ	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			j	
the prevention of cruelty to children or animals?		Y	es X No	!	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		-	
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	ļ
Organizations relying on a current notice regarding disaster assistance check l	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption (	rom the tax because it mainta	uned			
expenditure responsibility for the grant?	ľ	1/A □ Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)			-	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			ļ	
a personal benefit contract?		Ye	es 🗓 No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	<b>y</b>		
1 List all officers, directors, trustees, foundation managers and their	compensation.		1.2.6		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) accor allo	Expense unt, other wances
JENNIFER L. JOSEPHS	DIRECTOR				
3554 CHAMA AVENUE					
LAS VEGAS, NV 89121	1.00	0.	0.		0.
ADELE F. JOSEPHS	DIRECTOR				
67 ISLEWORTH DRIVE				]	
HENDERSON, NV 89052	0.00	0.	0.		0.
DIANA Z. MOORE	DIRECTOR				
970 DAWN LIGHT AVENUE					
LAS VEGAS, NV 89123	0.00	0.	0.		0.
PAULINE CREIGHTON	SECRETARY				
85 MAGICAL MYSTERY LANE					
LAS VEGAS, NV 89014	0.00	0.	0.		<u>0.</u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		F
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
NONE					
				ļ. <u></u>	
		<u> </u>			
	<u> </u>	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000					0

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Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	_	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			· · ·
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	-	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the roduced, etc.	Expenses	
1 <u>N/A</u>			
2			
3			
4			-
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<b>•</b>		0.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

112,690.

111,785.

905.

3a

3ь

4

6

Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI	<del></del>	Todio prior to 20 to	2010	2014
line 7	"			104,679.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only	İ		0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 20	)14:			
<b>a</b> From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013 6,69				
f Total of lines 3a through e	6,698.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 112,69	10.			
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior	j	_		
years (Election required - see instructions)	-	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			104 670
d Applied to 2014 distributable amount	0.011			104,679.
e Remaining amount distributed out of corpu				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amor must be shown in column (a))	unt 0.			0.
6 Enter the net total of each column as				
indicated below:	1			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,709.			
<b>b</b> Prior years' undistributed income. Subtract	i	_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed	У	0.		
d Subtract line 6c from line 6b. Taxable	<del></del>	<del></del>		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract lin	10	0.		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014 Subtract	•			
lines 4d and 5 from line 1. This amount mu	st			
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Electio				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009		_		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	14,709.			
10 Analysis of line 9:				
a Excess from 2010				
<b>b</b> Excess from 2011				
c Excess from 2012				
<b>d</b> Excess from 2013 6,69				
e Excess from 2014 8, 01	1.	<u> </u>		
423581 11-24-14				Form <b>990-PF</b> (2014)

	EPHS FOUNDA				885101 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operatir	ng foundation described	ın section	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		i			
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1				<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
Information Regarding Foundation     a List any managers of the foundation whyear (but only if they have contributed right)     NONE	no have contributed more more than \$5,000). (See s	ection 507(d)(2).)			
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable	organizations and does	not accept unsolicited req omplete items 2a, b, c, an	uests for funds. If d d.
a The name, address, and telephone num	iber or e-mail address of t	he person to whom appl	cations should be addre	ssed:	
<b>b</b> The form in which applications should be	pe submitted and information	tion and materials they sl	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as hy neographic	al areas charitable fields	kinds of institutions or	other factors	
• Any reservences of minitations on award	o, ocon as by goograpillos	ar ar oas, onar nabic licius,	mindo of institutions, Of	other factors.	

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year BOYS & GIRLS CLUB OF LAS VEGAS NONE PUBLIC CHARITY CHARITABLE 2850 SOUTH LIDELL ROAD CONTRIBUTION LAS VEGAS, NV 89126 1,000. BOYS & GIRLS CLUB OF LAS VEGAS NONE PUBLIC CHARITY CHARITABLE 2850 SOUTH LIDELL ROAD CONTRIBUTION LAS VEGAS NV 89126 1,000. PUBLIC CHARITY CHARITABLE BOYS & GIRLS CLUB OF LAS VEGAS NONE 2850 SOUTH LIDELL ROAD CONTRIBUTION LAS VEGAS, NV 89126 2,000. NONE PUBLIC CHARITY CHARITABLE BOYS & GIRLS CLUB OF LAS VEGAS 2850 SOUTH LIDELL ROAD CONTRIBUTION LAS VEGAS, NV 89126 500. BOYS TOWN OF NEVADA NONE PUBLIC CHARITY CHARITABLE 821 NORTH MOJAVE ROAD CONTRIBUTION LAS\_VEGAS\_ NV 89101 1,000. SEE CONTINUATION SHEET(S) ➤ 3a Total 92,190, **b** Approved for future payment NONE Total **▶** 3b

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.		1 Dusiness income	(C) Exclu-	ed by section 512, 513, or 514	(e)
1 Program service revenue:	Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	code	<del> </del>	Code	, ,,,,,	
		<del></del>	+ +	<del></del>	
			+ -	<del> </del>	· <del>-</del>
		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
d			+		<del></del>
e			+		<del></del>
g Fees and contracts from government agencies			+		
2 Membership dues and assessments			+		<del></del>
3 Interest on savings and temporary cash			<del>   </del>		
investments			14	23.	
4 Dividends and interest from securities			14	25,461.	
5 Net rental income or (loss) from real estate:		<del></del>	<del>   </del>	23, 401.	·
a Debt-financed property			<del> </del>		
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·	16	10,800.	
6 Net rental income or (loss) from personal			+ + 4	10,000.	
property					
7 Other investment income	-				
8 Gain or (loss) from sales of assets other		<del></del>	1 1		-
than inventory			14	119,433.	
9 Net income or (loss) from special events			+	113/1331	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					<del></del>
a					
b		<u> </u>			
C		1			
d	1				
е					
12 Subtotal. Add columns (b), (d), and (e)		0 .		155,717.	0.
13 Total. Add line 12, columns (b), (d), and (e)		-		13	155,717.
(See worksheet in line 13 instructions to verify calculate	ons.)				
Part XVI-B Relationship of Activi	ties to the Acco	mplishment of E	xempt	Purposes	
Line No Explain below how each activity for whi			A contribu	ited importantly to the accomp	olishment of
the foundation's exempt purposes (oth	er than by providing tun	as for such purposes).			
N/A	<del></del>			· · · · · · · · · · · · · · · · · · ·	
			_	<u>.</u>	
	<del></del>	<del></del>			
					<del></del>
				· <del>- · · · · · · · · · · · · · · · · · ·</del>	
	<u> </u>				
		<del> </del>		<del></del>	
				· · · · · · · · · · · · · · · · · · ·	
	<del></del>		-	-	
		<del></del>			
		<del></del>			· <u> </u>
			<del></del>		

		JOSEPHS FOUNDAT		88-03		Pa	ge <b>13</b>
Part 2			and Transactions ar	nd Relationships With Nonch			
	Exempt Organ	nizations					
1 Did	the organization directly or indi	irectly engage in any of the follow	ving with any other organization	described in section 501(c) of		Yes	No
	· ·	c)(3) organizations) or in section	- · · · · · · · · · · · · · · · · · · ·	ations?			
	· · · · · ·	lation to a noncharitable exempt (	organization of:				
	Cash				1a(1)		<u>X</u>
	Other assets				1a(2)		<u>X</u>
	er transactions:						
	Sales of assets to a noncharita				1b(1)		<u> </u>
		oncharitable exempt organization			1b(2)		<u>X</u>
	Rental of facilities, equipment,				1b(3)		X
	Reimbursement arrangements	j			1b(4)		X
	Loans or loan guarantees	ambarahin ar fundraiaing agliaita	tions		1b(5)		<u>X</u>
		embership or fundraising solicita ailing lists, other assets, or paid e			1b(6)		X
		•		ays show the fair market value of the good:	1c		X
				in any transaction or sharing arrangement		eis,	
		other assets, or services receive		in any transaction of sharing arrangement	i, Show iii		
(a) Line n	· <del>- · · · · · · · · · · · · · · · · · ·</del>	(c) Name of noncharitat		(d) Description of transfers, transactions, as	nd sharing arra	angeme	nts
`		N/A		(*)		arigorne	
		21,722	·		·		-
	-		<del>-</del> ,	"			
. –							
							_
							_
			·				
	-						
<del></del>							
0 - 1 - 4	<u> </u>						
		ctly affiliated with, or related to, or er than section 501(c)(3)) or in se		ITIONS DESCRIDED		37	٦
			SCHOIL DZ7 F		Yes	LA	] No
וו ט	es," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relatio	nshin		
	N/A		(b) Type of organization	(c) Businphon of Toldio	Попр		
	<del></del>						
			-		-		
				atements, and to the best of my knowledge	May the IRS d	iscuse t	hic
Sign	and belief, it is true, correct, and co	mplete Declaration of preparer (other ti	han taxpayer) is based on all informat	ion of which preparer has any knowledge	return with the shown below (	prepare	er
Here	Jenn	4-725/2	7/20/15	Schecker	X Yes		No
	Signature of officer or truster	· _	Date	Title			
	Print/Type preparer's n	ame Preparer's	signature	Date Check If PTI	N	_	
D-:-			NV L and	Self- employed			
Paid	SCOTT LESI		MANUMONA		00179		
Prepa Use (	I i i i i o i i a i i o i	OTT LESLIE & AS	SOCIATES, INC.	Firm's EIN ► 26 -	16080	20	

Firm's address ► 2920 N. GREEN VALLEY PKWY #525 HENDERSON, NV 89014

Phone no. 702-878-2476
Form **990-PF** (2014)

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TE	MPOR	ARY	CASH	INV	ESTMENTS	Sī	PATEMENT	1
SOURCE		REV	A) ENUE BOOK!	S		INV	B) ESTMENT COME	ı	(C) ADJUSTED NET INCOME	3
BANK OF AMERICA				23.			23.			-
TOTAL TO PART I, LI	NE 3		:	23.			23.			
FORM 990-PF	DIVIDENDS	S AND INTE	REST	FRO	M SEC	URI	TIES	Si	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	;	RE	(A) VENUE BOOK		(B) NET INVES MENT INCC		(C) ADJUSTE NET INCO	
WELLS FARGO ADVISORS	25,461.		0.		25,46	1.	25,46	51.		
TO PART I, LINE 4	25,461.		0.		25,46	1.	25,46	1.		
FORM 990-PF		RENTAL I	NCOMI	<u> </u>				SI	CATEMENT	3
KIND AND LOCATION O	F PROPERTY						ACTIVITY NUMBER	RE	GROSS ENTAL INCO	)ME
1488 SANTA ANITA DR	IVE					•	1		10,80	00.
TOTAL TO FORM 990-P	F, PART I,	LINE 5A							10,80	00.
FORM 990-PF		ACCOUNT	'ING E	FEES				SI	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS			) VEST- NCOME		(C) ADJUSTED NET INCOM		(D) CHARITAE PURPOSE	
ACCOUNTING FEES		1,599	•		1,599	<u> </u>				0.
TO FORM 990-PF, PG	 1, LN 16B	1,599			1,599	 •	-			0.

FORM 990-PF	OTHER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON	
MANAGED ACCOUNT FEE	43,335.	43,335	•	0.
TO FORM 990-PF, PG 1, LN 16C	43,335.	43,335		0.
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE ME PURPOSES
FOREIGN TAXES INVESTMENT INCOME TAX	499. <b>4</b> 95.			0.
TO FORM 990-PF, PG 1, LN 18	994.	994	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	CHARITABLE
OFFICE EXPENSE	159.	159	•	0.
TO FORM 990-PF, PG 1, LN 23	159.	159	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8
				FAIR MARKET
DESCRIPTION		В	OOK VALUE	VALUE
DESCRIPTION ————— WELLS FARGO ADVISORS #3398-2	538	B	00K VALUE 1,109,001.	2,140,718.

	TECIATION OF ASSE	TS NOT HELD FOR	RINVESTMENT	STAT	EMENT	9
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATE DEPRECIATION		OK VALUI	E
BUILDING LAND IMPROVEMENTS		510,300. 56,700. 12,732.	104,1	0.	406,16 56,70 6,04	00.
POTAL TO FM 990-F	PF, PART II, LN 14	579,732.	110,8	17.	468,91	15.
FORM 990-PF	INTEREST	' AND PENALTIES		STAT	EMENT	10
UNDERPAYMENT F	NTEREST				1	05. 11. 7. 18.
TOTAL AMOUNT DUE	:				94	41.
FORM 990-PF	LATE	PAYMENT PENALT				
				STAT	EMENT	11
DESCRIPTION	DATE	AMOUNT	BALANCE	STAT	PENAL	
TAX DUE		AMOUNT 905.	<u></u>	MONTHS	PENAL	
TAX DUE DATE FILED	DATE 05/15/1 08/17/1	AMOUNT 905.	BALANCE 905	MONTHS	PENAL <sup>1</sup>	ΓY
DESCRIPTION TAX DUE DATE FILED TOTAL LATE PAYMEN FORM 990-PF	DATE 05/15/1 08/17/1 IT PENALTY	AMOUNT 905.	BALANCE 905 905	MONTHS 4	PENAL <sup>1</sup>	ГҮ 18.
FORM 990-PF	DATE 05/15/1 08/17/1 IT PENALTY LATE	AMOUNT 5 905. 5	BALANCE 905 905	MONTHS 4	PENAL <sup>3</sup>	12 12
TAX DUE DATE FILED TOTAL LATE PAYMEN	DATE 05/15/1 08/17/1 IT PENALTY LATE	AMOUNT 5 905. 5	BALANCE 905 905 905 EST LANCE RA	MONTHS 4	PENALT	12 12

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a 105 SHS ADVANCE AUTO PARTS 05/21/1204/15/14 SHS NORFOLK SOUTHERN CORP 01/19/1206/18/14 06/08/1210/13/14 c 115 SHS OUALCOMM INC d 810 SHS TIM HORTONS INC 03/20/1308/25/14 e 360 SHS TUPPERWARE CORP 08/30/1109/22/14 f 15 SHS VISA INC CLASS A 11/23/1103/13/14 g 50 SHS AMPHENOL CORP 07/17/0704/08/14 h 365 SHS BECTON DICKINSON & CO 07/31/0802/07/14 1540 SHS DIAMOND OFFSHORE DRILLING 08/18/1004/15/14 170 SHS MASTERCARD CLASS A 05/19/1003/05/14 k 100 SHS NOVO NORDISK 04/03/09|03/05/14 1995 SHS ORACLE CORP 02/12/0702/07/14 m 350 SHS PEPSICO INC 12/18/0106/04/14 n 50 SHS PHILLIPS 66 05/22/0604/15/14 0 200 SHS UNITED TECH CORP 09/25/0103/07/14 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 12,792. 7,273. 5,519. а 36,444. 48,019. b 11,575. 6,751. 8,285. 1,534. C 60,997. 42,215. d 18,782. 25,873. 23,566. 2,307. е 3,381 1,353. f 2,028. 4,603. 1,870. 2,733. g 41,622. 31,130. 10,492. 24,654. 32,335. <7,681.> 5,057. 1,471. 3,586. 4.753. 890. 3,863. 38,441. 16,554. 21,887. 30,593. m <u>16,541.</u> 14,052. 3,899. n 1,336. 2,563. 23,065. 4,625. 18,440. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (i) F.M V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any a 5,519. b 11,575. C 1,534. 18,782. 2,307. 2,028. 2,733. g h 10,492. <7,681.> 3,586. 3,863. 21,887. m 14,052. 2,563. n 18,440. { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

(a) List and 2-story bri	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a 10 SHS PRICELIN	NE COM		B condition	08/08/12	03/07/14
b					
С					
<u>d</u>					
e					
<u>f</u>					
<u>g</u> h					
_ <del></del>	<del></del>				
<u>k</u>					
<u> </u>	***				
<u>m</u>		<del></del>			
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	<u>.                                    </u>
a 13,583.		5,830.		.,	7,753.
b					
C					
d	<del></del>		·		
e					
f					
g h				<del></del>	·
1					
k					
1					
<u>m</u>					
<u>n</u>					
Complete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69	(I) I os	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
a					7,753.
b				-	
С					
d					
<u>e</u>	<del> </del>			<del></del>	
f					
g h			·		
1					
J					
k			· · · · · · · · · · · · · · · · · · ·		
m				<del></del>	
n o			·		
<u> </u>					
2 Capital gain net income or (net cap	· (1000), 011101 0		2	1	119,433.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	s) as defined in sections 1222(5) an column (c).	a (b):	2	NI / A	

Supplementary Information

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor BOYS TOWN OF NEVADA NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101 500. BOYS TOWN OF NEVADA NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 821 NORTH MOJAVE ROAD 2,000. LAS VEGAS, NV 89101 CANDLELIGHTERS CHILDHOOD CANCER NONE PUBLIC CHARITY CHARITABLE FOUNDATION CONTRIBUTION 8990 SPANISH RIDGE AVE SUITE 100 LAS VEGAS NV 89148 1,000. CASA DE LUZ NONE PUBLIC CHARITY CHARITABLE 2412 TAM DRIVE CONTRIBUTION LAS VEGAS NV 89102 1,000. CASA DE LUZ NONE PUBLIC CHARITY CHARITABLE 2412 TAM DRIVE CONTRIBUTION 500. LAS VEGAS, NV 89102 CASA DE LUZ NONE PUBLIC CHARITY CHARITABLE 2412 TAM DRIVE CONTRIBUTION LAS VEGAS NV 89102 500. PUBLIC CHARITY CHARITABLE CASA DE LUZ NONE 2412 TAM DRIVE CONTRIBUTION 1,000. LAS VEGAS, NV 89102 CURE FOR THE KIDS NONE PUBLIC CHARITY CHARITABLE 3121 S MARYLAND PKWY SUITE 220 CONTRIBUTION LAS VEGAS NV 89109 5,000. DISCOVERY CHILDRENS MUSEUM NONE PUBLIC CHARITY CHARITABLE 360 PROMENADE PLACE CONTRIBUTION LAS VEGAS, NV 89106 1,500. PUBLIC CHARITY CHARITABLE HELP OF SOUTHERN NEVADA NONE CONTRIBUTION 1640 EAST FLAMINGO ROAD LAS VEGAS, NV 89119 1,500. Total from continuation sheets 86 690

Part XV

THE JOSEPHS FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 1640 EAST FLAMINGO ROAD LAS VEGAS, NV 89119 1,800. HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE 1640 EAST FLAMINGO ROAD CONTRIBUTION LAS VEGAS NV 89119 150. NONE MCCAW SCHOOL OF MINES PUBLIC CHARITY CHARITABLE 57 LYNN LANE CONTRIBUTION HENDERSON, NV 89015 500. MIRACLE FLIGHTS NONE PUBLIC CHARITY CHARITABLE 2764 N GREEN VALLEY PKWY SUITE 115 CONTRIBUTION 5,000. LAS VEGAS, NV 89014 NOAHS ANIMAL HOUSE NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION P.O. BOX 669 250. LAS VEGAS, NV 89125 NONE NOAHS ANIMAL HOUSE PUBLIC CHARITY CHARITABLE P.O. BOX 669 CONTRIBUTION LAS VEGAS NV 89125 500. NV PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION P.O. BOX 20135 1,000. LAS VEGAS, NV 89112 NV PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY CHARITABLE P.O. BOX 20135 CONTRIBUTION 1,500. LAS VEGAS, NV 89112 NV PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY CHARITABLE P.O. BOX 20135 CONTRIBUTION LAS VEGAS, NV 89112 200. PUBLIC CHARITY CHARITABLE NV PARTNERSHIP FOR HOMELESS YOUTH NONE CONTRIBUTION P.O. BOX 20135 LAS VEGAS NV 89112 400. Total from continuation sheets

3 Grants and Contributions Paid During the	<del> </del>	<del></del>		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Warre and address (nome of business)	or substantial contributor	recipient		
V PARTNERSHIP FOR HOMELESS YOUTH	NONE	PUBLIC CHARITY	Į.	
P.O. BOX 20135			CONTRIBUTION	
LAS VEGAS, NV 89112		<del></del>		2,400
V PARTNERSHIP FOR HOMELESS YOUTH	NONE	PUBLIC CHARITY	CHARITARIE	
P.O. BOX 20135	HONE	TOBBIC CIMICIT	CONTRIBUTION	
AS VEGAS NV 89112				400
, 10.1.2 , 1.1. 03111				
V PARTNERSHIP FOR HOMELESS YOUTH	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 20135			CONTRIBUTION	
AS VEGAS, NV 89112				200
V PARTNERSHIP FOR HOMELESS YOUTH	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 20135			CONTRIBUTION	
AS VEGAS, NV 89112				1,950
V PARTNERSHIP FOR HOMELESS YOUTH	NONE	PUBLIC CHARITY	CHARITABLE	
O.O. BOX 20135			CONTRIBUTION	
AS VEGAS, NV 89112				334
DLIVE CREST LAS VEGAS	NONE	PUBLIC CHARITY	CHARITABLE	
5148 WEST SAHARA			CONTRIBUTION	
LAS VEGAS, NV 89146				1,000
LIVE CREST LAS VEGAS	NONE	PUBLIC CHARITY	CHARITABLE	
148 WEST SAHARA			CONTRIBUTION	
AS VEGAS, NV 89146				1,500
	VOVE			
LIVE CREST LAS VEGAS	NONE	PUBLIC CHARITY		
148 WEST SAHARA AS VEGAS NV 89146			CONTRIBUTION	1 000
MS VEGMS, NV 07140				1,000
LIVE CREST LAS VEGAS	NONE	PUBLIC CHARITY	CHARITABLE	
148 WEST SAHARA			CONTRIBUTION	
LAS VEGAS, NV 89146				3,000
AFE NEST	NONE	PUBLIC CHARITY		
2915 W. CHARLESTON BLVD. #3			CONTRIBUTION	
AS VEGAS NV 89102		<u> </u>	L	1,000
Total from continuation sheets				L

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	, who are
SAFE NEST	NONE	PUBLIC CHARITY	CHARITABLE	
2915 W. CHARLESTON BLVD. #3 LAS VEGAS. NV 89102			CONTRIBUTION	1,000
				1,000
SAFE NEST	NONE	PUBLIC CHARITY	CHARITABLE	
2915 W. CHARLESTON BLVD. #3			CONTRIBUTION	
LAS VEGAS, NV 89102				2,000
ALER MAGE	100			
SAFE NEST 2915 W. CHARLESTON BLVD. #3	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
AS VEGAS NV 89102			CONTRIBUTION	1,000
SAFE NEST	NONE	PUBLIC CHARITY		
915 W. CHARLESTON BLVD. #3			CONTRIBUTION	
AS VEGAS, NV 89102				5,000
AFE NEST	NONE	PUBLIC CHARITY	CHARITABLE	
915 W. CHARLESTON BLVD. #3			CONTRIBUTION	
AS VEGAS, NV 89102				1,165
SAFE NEST 2915 W. CHARLESTON BLVD. #3	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
AS VEGAS, NV 89102			CONTRIBUTION	1,163
SAFE NEST	NONE	PUBLIC CHARITY	CHARITABLE	
2915 W. CHARLESTON BLVD. #3			CONTRIBUTION	1.500
AS VEGAS, NV 89102				1,600
SAINT JOHNS GREEK ORTHODOX CHURCH	NONE	PUBLIC CHARITY	CHARITABLE	
300 SOUTH EL CAMINO ROAD			CONTRIBUTION	
AS VEGAS, NV 89118				1,000
ALVATION ARMY	NONE	PUBLIC CHARITY		
035 YALE STREET LAS VEGAS, NV 89108			CONTRIBUTION	1,000
ALVATION ARMY	NONE	PUBLIC CHARITY	CHARITABLE	
035 YALE STREET			CONTRIBUTION	
I. LAS VEGAS NV 89108  Total from continuation sheets			L.,	1,000

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient SALVATION ARMY NONE PUBLIC CHARITY CHARITABLE 2035 YALE STREET CONTRIBUTION N. LAS VEGAS NV 89108 3,000. NONE SHADE TREE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS NV 89030 1,000. NONE PUBLIC CHARITY CHARITABLE SHADE TREE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,000. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION 2,000. N. LAS VEGAS, NV 89030 SHADE TREE NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 1 WEST OWENS N. LAS VEGAS, NV 89030 2,000. NONE PUBLIC CHARITY CHARITABLE SHADE TREE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 3,000. PUBLIC CHARITY CHARITABLE SHADE TREE NONE 1 WEST OWENS CONTRIBUTION 525. N. LAS VEGAS, NV 89030 SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS NV 89030 787. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,400. PUBLIC CHARITY CHARITABLE SHADE TREE NONE CONTRIBUTION 1 WEST OWENS N. LAS VEGAS NV 89030 2,216. Total from continuation sheets

3 Grants and Contributions Paid During th		T		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Tame and address (nome of business)	or substantial contributor	recipient		
ST JUDES RANCH FOR CHILDREN	NONE	PUBLIC CHARITY	CHARITABLE	
100 ST JUDES STREET			CONTRIBUTION	
BOULDER CITY, NV 89005	<del></del>			1,000
ST JUDES RANCH FOR CHILDREN	NONE	PUBLIC CHARITY	CHARITABLE	
100 ST JUDES STREET			CONTRIBUTION	
BOULDER CITY, NV 89005		<u> </u>		2,000
STREET TEENS	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 70478			CONTRIBUTION	
LAS VEGAS, NV 89170				1,000
STREET TEENS	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 70478			CONTRIBUTION	
LAS VEGAS, NV 89170				1,500
STREET TEENS	NONE	PUBLIC CHARITY	CHARITABLE	
P.O. BOX 70478			CONTRIBUTION	
LAS VEGAS, NV 89170				1,000
THE CHILDRENS CABINET INC	NONE	PUBLIC CHARITY	CHARITABLE	
520 SOUTH BOULDER HIGHWAY			CONTRIBUTION	
HENDERSON, NV 89015				500
THE HUNTRIDGE TEEN CLINIC	NONE	PUBLIC CHARITY	CHARITABLE	
2100 SOUTH MARYLAND PARKWAY			CONTRIBUTION	
LAS VEGAS, NV 89104		-		3,000
THE HUNTRIDGE TEEN CLINIC	NONE	PUBLIC CHARITY	CHARITABLE	
2100 SOUTH MARYLAND PARKWAY			CONTRIBUTION	
LAS VEGAS, NV 89104				500
THE HUNTRIDGE TEEN CLINIC	NONE	PUBLIC CHARITY	CHARITABLE	
2100 SOUTH MARYLAND PARKWAY			CONTRIBUTION	
LAS VEGAS, NV 89104				1,000
THREE SQUARE	NONE	PUBLIC CHARITY	CHARITABLE	
4190 NORTH PECOS ROAD			CONTRIBUTION	
LAS VEGAS, NV 89115		<u> </u>	<u> </u>	750

THE JOSEPHS FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation status of recipient Amount Name and address (home or business) VFW NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 705 NORTH LAS VEGAS BLVD LAS VEGAS, NV 89101 500. NONE ZELZAH SHRINE PUBLIC CHARITY CHARITABLE 2222 WEST MESQUITE AVENUE CONTRIBUTION LAS VEGAS, NV 89106 500. ZELZAH SHRINE NONE PUBLIC CHARITY CHARITABLE 2222 WEST MESQUITE AVENUE CONTRIBUTION LAS VEGAS NV 89106 2,000. Total from continuation sheets

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property) 990-PF

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates Identifying number

	JOSEPHS FOUNDATION		<u>.</u>				PAGE		88-0385101
<u>Part</u>	Election To Expense Certain Propert	y Under Section 17	79 Note: If yo	ou have any lis	ted pr	operty, co	mplete Part	V before	you complete Part I
1 Ma	ximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property placed in service (see instructions)							2		
3 Threshold cost of section 179 property before reduction in limitation							3	2,000,000.	
4 Re	duction in limitation. Subtract line 3 fr	om line 2 If zero	or less, ente	er -0-				4	
5 Dol	ar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, see	instruct	ions		5	
6	(a) Description of prop	perty		(b) Cost (busine	ess use	only)	(c) Elected	d cost	
7 Lis	ted property Enter the amount from I	ine 29			l	7			
8 To	tal elected cost of section 179 proper	ty Add amounts	ın column (	c), lines 6 and	7			8	
	ntative deduction Enter the <b>smaller</b> of							9	
0 Ca	rryover of disallowed deduction from	line 13 of your 20	013 Form 45	62				10	-
	siness income limitation. Enter the sm		•		•	ne 5		11	
	ction 179 expense deduction Add line	•			ne 11			12	
	rryover of disallowed deduction to 20		<del></del>			13		<del></del> -	
	Do not use Part II or Part III below for								
Part	<del></del>								
•	ecial depreciation allowance for qualif	ied property (oth	er than liste	d property) pla	aced ir	service (	during		6 266
	tax year							14	6,366.
	operty subject to section 168(f)(1) elec	tion						15	<del></del>
Part	ner depreciation (including ACRS)	unalised bated pr	anarty \ /Car					16	<u> </u>
1 art	III MACRS Depreciation (Do not	include listed pro		ection A	·				<del></del>
7 140	CDS doductions for coasts placed in	200,400 to tov 40						47	12 005
_	CRS deductions for assets placed in						▶ [	17	13,085.
lo if yo	u are electing to group any assets placed in service Section B - Assets F						ral Depresia	tion Svc	
	Occiton b - Assets i	(b) Month and	(c) Basis fo	r depreciation			ai Depi ecia	lilon Sys	l l
	(a) Classification of property	year placed in service		nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	·							
b	5-year property	-							
	7-year property								
d	10-year property						<del>                                     </del>		
e	15-year property			6,366.	15	YRS.	HY	150DI	318.
f	20-year property			<u> </u>			- <del></del>	<u> </u>	310.
g	25 year property	İ			25	5 yrs		S/L	
		/				5 yrs	ММ	S/L	
h	Residential rental property	/				.5 yrs	MM	S/L	
		,	-			yrs	ММ	S/L	
i	Nonresidential real property	,					MM	S/L	
	Section C - Assets Pla	aced in Service	During 2014	1 Tax Year Us	ing th	e Alterna	tive Deprec		/stem
:0a	Class life							S/L	
b	12-year	<u> </u>			12	2 yrs		S/L	
С	40-year	/			40	yrs yrs	ММ	S/L	
Part	IV Summary (See instructions)	·							
1 Lis	ted property Enter amount from line 2	28						21	
	al. Add amounts from line 12, lines 1		es 19 and 20	) ın column (g)	, and I	ne 21.			
	er here and on the appropriate lines of							22	19,769.
	assets shown above and placed in s								
	tion of the basis attributable to section	=	-			23			

THE JOSEPHS FOUNDATION 88-0385101 Form 4562 (2014) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No Yes (e) (ı) **(f)** (g) (h) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation investment placed in (business/investment section 179 (list vehicles first) period Convention deduction other basis use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -% S/L · 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No No Yes No Yes Νo Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) (f) (a) Description of costs (c) (d) (e) Date amortization Amortizable amount Code section Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2014 tax year 43 Amortization of costs that began before your 2014 tax year 43

44

44 Total, Add amounts in column (f) See the instructions for where to report

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, comple					X	
•	are filing for an Additional (Not Automatic) 3-Month Ex	-		•			
-	complete Part II unless you have already been granted		•	,			
	nic filing (e-file). You can electronically file Form 8868 if y				-		
-	d to file Form 990-T), or an additional (not automatic) 3-mo		-		•		
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	Associated With Ce	ertain	
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing of this	form,	
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		<del>-, , , ,</del>				
Part							
•	ration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete			
Part I or	·					• 🗀	
	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
to file in	come tax returns.			Enter file	er's identifying nur	<u>mber</u>	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	Employer identification number (I		
print							
File by the	THE JOSEPHS FOUNDATION			88-0385101			
due date f	or Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SSN	۷)	
filing your return. See	1488 SANTA ANITA DRIVE			<u> </u>	··-		
instruction		oreign add	ress, see instructions.				
	LAS VEGAS, NV 89119						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applica	tion	Return	Application			Return	
ls For		Code					
	00 or Form 990-EZ	01	Form 990-T (corporation)				
Form 99		02	Form 1041-A				
	720 (individual)	03	Form 4720 (other than individual)				
Form 99		04	Form 5227				
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	90-T (trust other than above)	06	Form 8870				
10111100	THE JOSEPHS FO		<u> </u>			12	
• The I	books are in the care of   1488 SANTA ANT			V 891	19		
	bhone No. $\triangleright$ (702)385-2474		Fax No. >	<u> </u>		<del></del>	
•	organization does not have an office or place of business	s in the Lin	·			. 🗀	
	s is for a Group Return, enter the organization's four digit (					chack this	
box ►	. If it is for part of the group, check this box	1					
	request an automatic 3-month (6 months for a corporation				ers the extension is	5 101.	
1 11			tion return for the organization name		The extension		
-		i organiza	non return for the organization flame	eu above.	The extension		
	for the organization's return for:  X calendar year 2014 or						
			d Pt				
	tax year beginning	, an	a enaing		_·		
2 If	the tax year entered in line 1 is for less than 12 months, c	neck rease	on Initial return	Final retur	n		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any				
nonrefundable credits. See instructions.						0.	
	triis application is for Forms 990-FF, 990-1, 4720, or 6009			26	ي ا	Λ	
		•		3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	-			•	0	
	y using EFTPS (Electronic Federal Tax Payment System).			3c	<b>3</b>	0.	
Caution instructi	If you are going to make an electronic funds withdrawal ons.	(direct del	DIT) WITH THIS FORM 8868, See Form 8	1453·EU at	na rorm 8879-EO fo	or payment	