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Form 990-PF

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.

Department of the Treasury Internal Revenue Service

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number THE JOSEPHS FOUNDATION 88-0385101 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1488 SANTA ANITA DRIVE (702)385-2474City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 89119 LAS VEGAS, NV G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method. X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 2,542,885. (Part I, column (d) must be on cash basis ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome ıncome Contributions, gifts, grants, etc., received N/A 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 12. 12 3 STATEMENT 25,537. 25,537. 4 Dividends and interest from securities STATEMENT 13,900. 13,900. 5a Gross rents STATEMENT 13,900. b Net rental income or (loss) 187,936 6a Net gain or (loss) from sale of assets not on line 10 420,604. 187,936 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 227,385 12 Total. Add lines 1 through 11 227,385 13 Compensation of officers, directors, trustees, etc 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 1,670. **b** Accounting fees STMT 4 1,670. 0. c Other professional fees STMT 5 45,265 45,265. 0. and Administrative 17 Interest STMT 6 1,286 18 Taxes 1,286. 0. 18,615. 19 Depreciation and depletion 0. 32,668 6,668. 20 Occupancy 26,000. 21 Travel, conferences, and meetings 685. 685. 0. 0. 22 Printing and publications 110 110. STMT 7 23 Other expenses 466 466. 0. 24 Total operating and administrative expenses. Add lines 13 through 23 100,765 56,150. 26,000. 25 Contributions, gifts, grants paid 87,397 87,397. 26 Total expenses and disbursements Add lines 24 and 25 <u>188,162</u> 56,150 113,397. 27 Subtract line 26 from line 12: 39,223. a Excess of revenue over expenses and disbursements 171,235 b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) N/A LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2015)

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THE JOSEPHS FOUNDATION

See the Part VI instructions.

	n 990-PF (2015) THE JUSEPHS FOUNDATION		0385.		-4:-	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1 34 8 -	see in	stru	CTIO	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 X and enter 1%	1			<u>1,7</u>	<u> 12.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			1 17	_0.
3	Add lines 1 and 2	3			<u>1,7</u>	$\frac{12.}{2}$
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	4			1 7	<u>0.</u>
5	Credits/Payments:	_5			<u> </u>	12.
	1 2015 estimated tax payments and 2014 overpayment credited to 2015 1 Exempt foreign organizations - tax withheld at source 1 6b	1				
	E Tax paid with application for extension of time to file (Form 8868)	 				
	I Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7				Λ
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				$\frac{0}{21}$
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1 7	33.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			<u> </u>	
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
_	art VII-A Statements Regarding Activities	1			_	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene				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	1)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishing					
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		Ĺ	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ (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?		L	2		<u>X</u>
	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		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		_X_
c	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					
		. la				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?	aw			v	
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	,	-	<u>6</u> 7	X	
•	The the foundation have at least \$5,000 in assets at any time during the year in the complete Part in, cor (c), and Part XV	'	F			
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)					
54	NV	-	— I			
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)		— I			
_	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar	ŀ			
-	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ŀ	10		×

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				}
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4945(e))?	Ye	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose	:5?	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			, ,
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or	for		
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	ın Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see insti		•	N/A	5 6
Organizations relying on a current notice regarding disaster assistance check	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned		
expenditure responsibility for the grant?			es 🗔 No	i l
If "Yes," attach the statement required by Regulations section 53 49-		•, ••		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
a personal benefit contract?	pay promising on	□ v ₄	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nerconal hanafit contract?			6b X
If "Yes" to 6b, file Form 8870	personal benefit contract?		_	
·	abaltar transaction?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6		
b If "Yes," did the foundation receive any proceeds or have any net income attril Part VIII Information About Officers, Directors, Trus		nogoro Highl		7b
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	anagers, nighi	У	
1 List all officers, directors, trustees, foundation managers and their	r compensation.			
		(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
TENNIT FED I TOCEDUC	to position	enter-U-)	compensation	allowances
JENNIFER L. JOSEPHS	DIRECTOR			
3554 CHAMA AVENUE	1 00		ا م	0
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	4		_	_
LAS VEGAS, NV 89123	0.00	0.	0.	0.
PAULINE CREIGHTON	SECRETARY			
85 MAGICAL MYSTERY LANE				
LAS VEGAS, NV 89014	0.00	<u> </u>	0.	0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(4)	
(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	(e) Expense account, other allowances
NONE				
	7			
	7			
		1		
				
	1			
Total number of other employees paid over \$50,000	<u> </u>	1	<u> </u>	
TOTAL TISSIES OF STREET OF STREET OF STREET OF STREET OF STREET				

3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
	-	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc		Expenses
1 N/A		
2		
3		
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		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,147,077.
	Average of monthly cash balances	1b	2,147,077. 37,386.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,184,463.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,184,463.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,767.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,151,696.
6	Minimum investment return. Enter 5% of line 5	6	107,585.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	107,585.
2a	Tax on investment income for 2015 from Part VI, line 5		
b		. !	
C	Add lines 2a and 2b	2c	1,712.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	105,873.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	105,873.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	105,873.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	113,397.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	113,397.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,712.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	111,685.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies t	or the section

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Part XIII Undistributed Income (see I	nstructions)			
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7				105,873.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2015:		0.		
1				
a From 2010 b From 2011				
c From 2012				
d From 2013 6,698.				
e From 2014 8, 011.				
f Total of lines 3a through e	14,709.			
4 Qualifying distributions for 2015 from	14,703.			
Part XII, line 4: > \$ 113,397.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				105,873.
e Remaining amount distributed out of corpus	7,524.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,233.			
b Prior years' undistributed income. Subtract				
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		_0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must	ļ			_
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	ر م			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016	22 222			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9.	22,233.			
a Excess from 2011	}			
- · · · · · · · · · · · · · ·	I	1	I	

b Excess from 2012

c Excess from 2013 d Excess from 2014 e Excess from 2015 6,698. 8,011. 7,524.

	EPHS FOUNDA			88-038	5101 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of t	he ruling	▶		- -
b Check box to indicate whether the found	dation is a private operatir	ig foundation described i		4942(j)(3) or494	2(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		_		ļ	
d Amounts included in line 2c not					
used directly for active conduct of	}				
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)					
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	<u> </u>				
(4) Gross investment income			L	<u> </u>	<u>.</u>
Part XV Supplementary Info			if the foundatior	n had \$5,000 or moi	re in assets
at any time during t	ne year-see instr	ructions.)			
Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed r. NONE	o have contributed more		ributions received by the	e foundation before the close	of any tax
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large port	on of the ownership of a par	tnership or
• •		-			
NONE	ion Cromb Cife I com	Cabalanakia ata B			
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	`				
a The hame, address, and telephone hum	iber of e-mail address of t	не регоон то многи арри	cations should be addre	55eu.	
b The form in which applications should be	pe submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:					
Any sootustions on limitations and	a quah as hu as a sasalus.	al arona, chawtal-1-6-11	lunda of continues	other featers:	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields,	kinus of institutions, or	other factors:	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
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	ranodin
a Paid dunng the year				
ADAMS PLACE FOR GRIEF 601 S RANCHO, BLDG C, STE 19 LAS VEGAS, NV 89106	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
BOYS & GIRLS CLUB OF LAS VEGAS 2850 SOUTH LINDELL ROAD	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	
LAS VEGAS, NV 89126				1,000.
BOYS & GIRLS CLUB OF LAS VEGAS 2850 SOUTH LINDELL ROAD LAS VEGAS NV 89126	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000.
BOYS & GIRLS CLUB OF LAS VEGAS	NONE	PUBLIC CHARITY	CHARTMANIE	2,000.
2850 SOUTH LINDELL ROAD LAS VEGAS, NV 89126			CONTRIBUTION	500.
BOYS TOWN OF NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS NV 89101	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000,
Total SEE COI	TINUATION SHEE	T(S)	► 3a	87,397,
b Approved for future payment NONE				
Total		L		
Total			<u>▶ 3b</u>	orm 990-PF (2015)

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 BOYS TOWN OF NEVADA NONE PUBLIC CHARITY CHARITABLE 821 NORTH MOJAVE ROAD CONTRIBUTION 1,000. LAS VEGAS, NV 89101 BOYS TOWN OF NEVADA NONE PUBLIC CHARITY CHARITABLE 821 NORTH MOJAVE ROAD CONTRIBUTION LAS VEGAS NV 89101 500. CANDLELIGHTERS CHILDHOOD CANCER NONE PUBLIC CHARITY CHARITABLE FOUNDATION CONTRIBUTION 8990 SPANISH RIDGE AVE SUITE 100 LAS VEGAS, NV 89148 1,000. 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. NONE PUBLIC CHARITY CHARITABLE CASA DE LUZ CONTRIBUTION 2412 TAM DRIVE LAS VEGAS NV 89102 500. 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 LAS VEGAS NV 89102 750. CURE FOR THE KIDS NONE PUBLIC CHARITY CHARITABLE 3121 S MARYLAND PKWY SUITE 220 CONTRIBUTION LAS VEGAS, NV 89109 2,000. HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION 1640 EAST FLAMINGO ROAD LAS VEGAS, NV 89119 1,500. Total from continuation sheets 81 897. 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 Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE 1640 EAST FLAMINGO ROAD CONTRIBUTION LAS VEGAS, NV 89119 2,600. HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE 1640 EAST FLAMINGO ROAD CONTRIBUTION LAS VEGAS, NV 89119 1,300. HELP OF SOUTHERN NEVADA NONE PUBLIC CHARITY CHARITABLE 1640 EAST FLAMINGO ROAD CONTRIBUTION LAS VEGAS, NV 89119 1,950. PUBLIC CHARITY CHARITABLE MCCAW SCHOOL OF MINES NONE 57 LYNN LANE CONTRIBUTION HENDERSON, NV 89015 500. NOAHS ANIMAL HOUSE NONE PUBLIC CHARITY CHARITABLE P.O. BOX 669 CONTRIBUTION LAS VEGAS NV 89125 500. NONE PUBLIC CHARITY NOAHS ANIMAL HOUSE CHARITABLE CONTRIBUTION P.O. BOX 669 500. LAS VEGAS NV 89125 NV CHILDHOOD CANCER FOUNDATION NONE PUBLIC CHARITY CHARITABLE 6070 S. EASTERN #200 CONTRIBUTION LAS VEGAS NV 89119 1,000. NV CHILDHOOD CANCER FOUNDATION NONE PUBLIC CHARITY CHARITABLE 6070 S. EASTERN #200 CONTRIBUTION LAS VEGAS NV 89119 2,000. NV PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY CHARTTABLE P.O. BOX 20135 CONTRIBUTION LAS VEGAS, NV 89112 1,500. NV PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY CHARITABLE CONTRIBUTION P.O. BOX 20135 LAS VEGAS, NV 89112 2,600. Total from continuation sheets

Part XV Supplementary Information	<u>SEPHS FOUNDATION</u>	N	88-03	85101
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NV PARTNERSHIP FOR HOMELESS YOUTH P.O. BOX 20135 LAS VEGAS, NV 89112	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	400
NV PARTNERSHIP FOR HOMELESS YOUTH P.O. BOX 20135 LAS VEGAS, NV 89112	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	500
NV PARTNERSHIP FOR HOMELESS YOUTH P.O. BOX 20135 LAS VEGAS NV 89112	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,950
NV PARTNERSHIP FOR HOMELESS YOUTH P.O. BOX 20135 LAS VEGAS, NV 89112	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
OLIVE CREST LAS VEGAS 6148 WEST SAHARA LAS VEGAS, NV 89146	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
OLIVE CREST LAS VEGAS 6148 WEST SAHARA LAS VEGAS, NV 89146	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	500
OLIVE CREST LAS VEGAS 6148 WEST SAHARA LAS VEGAS, NV 89146	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000
OLIVE CREST LAS VEGAS 6148 WEST SAHARA LAS VEGAS, NV 89146	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000
OLIVE CREST LAS VEGAS 6148 WEST SAHARA LAS VEGAS, NV 89146	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	500
SAFE NEST 2915 W. CHARLESTON BLVD. #3 LAS VEGAS, NV 89102	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000

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 Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 1,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS_VEGAS_ NV 89102 1,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS NV 89102 3,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 2,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 476. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 465. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 386. SAFE NEST PUBLIC CHARITY CHARITABLE NONE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS NV 89102 545. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 571. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS NV 89102 504. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 360. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 1,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS NV 89102 1,000. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS NV 89102 80. SAFE NEST NONE PUBLIC CHARITY CHARITABLE 2915 W. CHARLESTON BLVD. #3 CONTRIBUTION LAS VEGAS, NV 89102 1,000. NONE SAFE NEST PUBLIC CHARITY CHARITABLE CONTRIBUTION 2915 W. CHARLESTON BLVD. #3 LAS VEGAS, NV 89102 1,000. SALVATION ARMY NONE PUBLIC CHARITY CHARITABLE 2035 YALE STREET CONTRIBUTION N. LAS VEGAS, NV 89108 1,000. SALVATION ARMY NONE PUBLIC CHARITY CHARITABLE 2035 YALE STREET CONTRIBUTION N. LAS VEGAS, NV 89108 1,000. SALVATION ARMY NONE PUBLIC CHARITY CHARITABLE 2035 YALE STREET CONTRIBUTION N. LAS VEGAS, NV 89108 2,000. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 2,000. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,000. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,000. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 500. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,750. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1 250. PUBLIC CHARITY SHADE TREE NONE CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 2,000. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS NV 89030 661. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 505. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 736. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 678. Total from continuation sheets

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) or substantial contributor recipient SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 556. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS NV 89030 595. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 364. PUBLIC CHARITY CHARITABLE SHADE TREE NONE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 315. SHADE TREE NONE PUBLIC CHARITY CHARITABLE 1 WEST OWENS CONTRIBUTION N. LAS VEGAS, NV 89030 1,000. SHRINERS HOSPITAL NONE PUBLIC CHARITY CHARITABLE 2900 ROCKY POINT DR CONTRIBUTION TAMPA FL 33607 500. SHRINERS HOSPITAL NONE PUBLIC CHARITY CHARITABLE 2900 ROCKY POINT DR CONTRIBUTION TAMPA FL 33607 1,000. SHRINERS HOSPITAL NONE PUBLIC CHARITY CHARITABLE 2900 ROCKY POINT DR CONTRIBUTION TAMPA FL 33607 1,500. STREET TEENS NONE PUBLIC CHARITY CHARITABLE P.O. BOX 20135 CONTRIBUTION LAS VEGAS, NV 89170 1,950. STREET TEENS NONE PUBLIC CHARITY CHARITABLE P.O. BOX 70478 CONTRIBUTION LAS VEGAS, NV 89170 1,500. Total from continuation sheets

Part XV

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
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
	or substantial contributor	recipient		
STREET TEENS P.O. BOX 70478 LAS VEGAS, NV 89170	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,600.
STREET TEENS P.O. BOX 70478 LAS VEGAS, NV 89170	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
THE CHILDRENS CABINET INC 520 SOUTH BOULDER HIGHWAY HENDERSON, NV 89015	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	500.
THE HUNTRIDGE TEEN CLINIC 2100 SOUTH MARYLAND PARKWAY LAS VEGAS NV 89104	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	1,000.
THE HUNTRIDGE TEEN CLINIC 2100 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89104	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	2,000.
THREE SQUARE 4190 NORTH PECOS ROAD LAS VEGAS, NV 89115	NONE	PUBLIC CHARITY	CHARITABLE CONTRIBUTION	500.
Total from continuation sheets				

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		code		
a					
b	 	 _		 	
c					
0					
e					
- Face and contracts from accomment agencies					
g Fees and contracts from government agencies	 				
2 Membership dues and assessments 3 Interest on savings and temporary cash	-				
investments			14	12.	
4 Dividends and interest from securities	<u> </u>		$\frac{14}{14}$	25,537.	
5 Net rental income or (loss) from real estate:	H		14	23,331.	
	 		 		 -
a Debt-financed property	 		16	13,900.	
b Not debt-financed property	\vdash	· · · · · · · · · · · · · · · · · · ·	1 10	13,300.	
6 Net rental income or (loss) from personal	l i				
property	 				
7 Other investment income	\vdash				
8 Gain or (loss) from sales of assets other	1 1		1 1 1	107 026	
than inventory	-		14	187,936.	
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			ļ		
a	 - 	 -			
b			├	<u> </u>	
C	-		1		
d		<u></u>			
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	227,385.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	227,385.
(See worksheet in line 13 instructions to verify calculations.)				10	441,303.
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom					plishment of
the foundation's exempt purposes (other than b					
N/A					
		· · · · · · · · · · · · · · · · · · ·			
					

		JOSEPHS FO	UNDATIO	ON		88-0385	101	Pa	ge 13
Part)			sfers To a	nd Transactions a	and Relations	hips With Nonchar	itable		
	Exempt Org	janizations							
1 Did	the organization directly or	indirectly engage in any	of the following	with any other organization	on described in secti	on 501(c) of		Yes	No
the	Code (other than section 50)1(c)(3) organizations) c	or in section 527	, relating to political organ	nizations?				
a Trai	nsfers from the reporting fo	undation to a noncharita	ible exempt orga	anization of:					
(1)	Cash						1a(1)		_X
(2)	Other assets						1a(2)		X
b Oth	er transactions:								
	Sales of assets to a noncha						1b(1)		X
(2)	Purchases of assets from a	a noncharitable exempt (organization				1b(2)		<u>X</u> _
(3)	Rental of facilities, equipme	ent, or other assets					1b(3)		_X_
(4)	Reimbursement arrangeme	ents					1b(4)		<u>X</u>
٠,,	Loans or loan guarantees						1b(5)		<u> </u>
(6)	Performance of services or	r membership or fundrai	ising solicitation	S			1b(6)		X
	iring of facilities, equipment						1c		<u> X</u>
						narket value of the goods, o		ets,	
				d less than fair market vali	ue in any transaction	or sharing arrangement, sh	iow in		
	ımn (d) the value of the goo								
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, and s	haring arra	angemer	nts
			N/A						
		-							
				_ .					
				<u> </u>					
		<u> </u>							

	-								
				- -					
		-							
0 - lo ti	no foundation dispaths or and	brooth official with an							
	ne foundation directly or ind				izations described		٦٧	77	١.,.
	ection 501(c) of the Code (c)(3)) or in section	JII 5217		L	Yes	X	1 ио
וו ע	es," complete the following	f organization		(b) Type of organization		c) Description of relationsh	ın		
	N/A			(b) Type of organization	<u>'</u>	(c) Description of relationsh	ıμ		
	N/A	Δ		 					,
			+						
		·							
	Under penalties of perjury, I dec	clare that I have examined the	is return, including	accompanying schedules and	statements, and to the	best of my knowledge			
Sign	and belief, it is true, correct, and	d complete Declaration of pr	reparer (other than	taxpayer) is based on all inform	nation of which preparer	nas any knowledge retur	the IRS di	prepare	er
Here	Tauling t	sighton.		5-10-16	dec.		vn below (see inst] No
	Signature of officer or tru	stee	211	Date	Title		162		J 140
	Print/Type preparer		Preparer's sig		Date	Check If PTIN			
	7			m/	111	self- employed			
Paid	SCOTT LE	SLIE	Xd	Strukin (VIII)	010/16	* *	179!	545	
Prepa		COTT LESLIE	& ASSC	CIATES, INC		Firm's EIN ▶ 26 – 16			
Use C	Only			, - 1110	- •	1		_ ~	
	Firm's address -	2920 N. GRE	EN VALI	LEY PKWY #52	5				
	1	HENDERSON,				Phone no. 702-87	8-24	476	

N/A

88-0385101 THE JOSEPHS FOUNDATION PAGE Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo, day, yr.) (mo, day, yr.) D - Donation 04/08/1403/26/15 1a 75 SHS STARBUCKS CORP b 150 SHS ADVANCE AUTO PARTS 07/29/1109/21/15 c 85 SHS COGNIZANT TECH SOLUTIONS CORP 05/12/1106/11/15 09/04/1403/17/15 d 1,740 SHS LKQ CORP 01/10/13|10/29/15 e 260 SHS PRECISION CASTPARTS CORP f 680 SHS QUALCOMM INC |01/10/13|07/09/15 a 250 SHS STARBUCKS CORP 04/08/1407/14/15 h 515 SHS VALEANT PHARMACEUTICALS 05/10/13|10/22/15 1 215 SHS VISA INC 11/23/1109/21/15 200 SHS DOLLAR TREE STORES INC 11/23/1006/11/15 k 55 SHS GOOGLE CL C 05/21/07|01/23/15 05/19/1009/22/15 180 SHS MASTERCARD INC m 650 SHS NOVO NORDISK 04/03/0909/22/15 n 700 SHS ORACLE CORP 02/12/0702/03/15 o 75 SHS WELLS FARGO CO 05/22/0606/11/15 (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) 5,362. 7,124. <u>1,762.</u> a 24,144. 10,390. 13,754.5,496. 2,951. 2,545. C 42,684. 22,993. 19,691. d 59,901. <u>51,195.</u> 8,706. е 42,214. 41,499. 715. 13,449. 8,937. 4,512. g 65,<u>981</u>. 28,137. 37,844. h 27,846. 9,248. 18,598. 16,000. 10,554. 5,446. 29,731. <u> 16,653.</u> 13,078. k 16,732. 3,784. 12,948. 35,049. 5,788. 29,261. m 29,949. 11,646. 18,303. n 4,304. 2,507. 1,797. 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), (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (1), if any 1,762. a 13,754. b 2,545. С 19,691. d 8,706. е 715. f 4,512. g 28,137. h 18,598. 10,554. 16,653. k 12,948. ı 29,261. m 18,303. n 1,797. 0 { 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) 2 187,936.

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

FORM 990-PF INTERE	ST ON SAVIN	GS AND TE	MPORAR	Y CASH 1	NVESTMENTS	STATEMENT
SOURCE		REV	REVENUE NET INV		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK OF AMERICA			12	•	12.	
TOTAL TO PART I, LI	NE 3		12.			
FORM 990-PF	DIVIDENDS	AND INTE	REST F	ROM SECU	JRITIES	STATEMENT :
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO	
WELLS FARGO ADVISORS	25,537.		0.	25,537	7. 25,53	37.
TO PART I, LINE 4	25,537.		0.	25,537	25,53	37.
FORM 990-PF		RENTAL I	NCOME		·	STATEMENT
KIND AND LOCATION C	F PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INCOM
1488 SANTA ANITA DR	IVE				1	13,900
TOTAL TO FORM 990-P	F, PART I,	LINE 5A				13,900
FORM 990-PF		ACCOUNT	ING FE	ES		STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTEI NET INCOI	
ACCOUNTING FEES		1,670	•	1,670.	•	0
TO FORM 990-PF, PG	1, LN 16B	1,670	•	1,670.	•	0

FORM 990-PF (THER PROFES	SIONAL FEES	STATEMENT 5			
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABLE		
MANAGED ACCOUNT FEE	45,265.	45,265.			0.	
TO FORM 990-PF, PG 1, LN 16C	45,265.	45,265.				
FORM 990-PF	TAX	ES	STATEMENT 6			
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITAE		
FOREIGN TAXES INVESTMENT INCOME TAX	345. 941.				0.	
TO FORM 990-PF, PG 1, LN 18	1,286.	1,286.			0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	7	
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITABL		
OFFICE EXPENSE	466.	466.			0.	
TO FORM 990-PF, PG 1, LN 23	466.	466.			0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8	
DESCRIPTION		ВО	OK VALUE	FAIR MARKET		
WELLS FARGO ADVISORS #3398-25			2,047,522.			
,,			, ,	•		

FORM 990-PF	DEPRECIATIO	N OF	ASSETS	NOT	HELD I	FOR	INVESTMENT	STATEMENT	9
DESCRIPTION			C	COST OR OTHER BASIS		ACCUMULATED DEPRECIATION	BOOK VALUE		
BUILDING LAND IMPROVEMENTS A/C UNIT					510,300 56,700 12,732 9,380	0. 2.	117,218. 0. 7,289. 4,925.	393,0 56,7 5,4 4,4	00. 43.
TOTAL TO FM 9	90-PF, PART	II,	LN 14		589,112	2.	129,432.	459,6	80.