Form 990

OMB No. 1545-0047 2017

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending										THE STATE OF THE S	ALTON DODGE OF CHARLES TO A PARTY OF THE	1000		
B	Check if applicable: C							9	D Employer identification number					
В		a applicable.								20-4869278				
		ddress change	THE JOSEPH FUND INC							E Telephone number				
		lame change	2907 FEDERAL STREET CAMDEN, NJ 08105											
	l Ir	nitial return	CAMDEN, I	MD 08103)					(856) 576-7012				
	Fi	Final return/terminated												
	A	Amended return								G Gross receipts \$ 625		625,096		
	A	pplication pending	F Name and add	ress of principal officer:					H(a) Is this a	a group return	for subore	dinates? Yes X	10	
									H(b) Are all	subordinates attach a list.	included	? Yes N	Vo	
1	Tax	-exempt status	X 501(c)(3)	501(c) () (i	insert no.)	4947(a)(1) or	527	II NO.	attach a fist.	(See IIIS)	ructions)		
J		The state of the s	SEPHFUNDC						H(c) Group	exemption n	umber >			
K		m of organization:	X Corporation	Trust	Association	Other -	l i	Year of format				gal domicile: N.T	_	
	art I	Summar		Hust	ASSOCIATION	Other		real of format	1011. 201.	2 1111 3	riate of te	gar dorniche: IVO	_	
Te C	art i			ation's missi	ion or most s	ianificant a	ctivities:						-	
	'	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0												
ce														
Jan	2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)												_	
err	1	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.												
õ	3									% OF Its no	3		1	
Activities & (dependent voti								4		1	
	5		of individuals	on and the control of	and the second s					2000 0007000000	5		4	
==	6		of volunteers								6	10		
SE	7a	Total unrelate									7a			
4		Net unrelated									7b	0	_	
	_			0.0 111001110		20 17 11110 0				rior Year		Current Year	•	
	8	Contributions	and grants (Pa	art VIII line	1h)					510,5	26	573,388	_	
Revenue	9	9 Program service revenue (Part VIII, line 2g)								310,3	20.	373,300	•	
len/										711.		836	_	
Re	11									-14,168.		-71,436		
	12		evenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)							497,069.		502,788		
	13											265,961	_	
S	100000	Grants and similar amounts paid (Part IX, column (A), lines 1-3).								270,184. 26			•	
	14		to or for members (Part IX, column (A), line 4)										_	
			er compensation, employee benefits (Part IX, column (A), lines 5-10)							216,1	74.	177,335		
Expenses	16 a	Professional f	rofessional fundraising fees (Part IX, column (A), line 11e)											
d	ь	Total fundrais	sing expenses (Part IX, column (D), line 25) ►											
lets or Ex	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)							59,7	55,632			
	1		ies. Add lines 13-17 (must equal Part IX, column (A), line 25)							546,1	498,928			
			ss expenses. Subtract line 18 from line 12							-49,0	3,860	_		
		nevende 1000	Share the share the state of th								End of Year	·		
	20	Total assets (Part X line 16	í.						g of Current				
33	0.7	Total assets (Part X, line 16)								443,6		456,942	_	
Net A	21		Net assets or fund balances. Subtract line 21 from line 20.							5,5	14,979	·		
				Subtract lin	ne 21 from li	ne 20				438,1	03.	441,963		
Pa	rt II	Signature	e Block											
Unde	r penalti	ies of perjury, I decla eclaration of prepar	re that I have examin	ned this return, in	ncluding accompa	anying schedules	and statements, a	and to the best o	of my knowled	ge and belief,	it is true,	correct, and		
comp	nete. De	eciaration of prepar	er (other than offic	er) is based on	all information o	or which prepar	er has any knowle	euge.						
										5/3	0/20	218		
Sig	ın	Signature	e of officer			1			Dat	te '	-			
Hei	re	JAME	S CATRAME	BONE /	anes	Val	rambo	me	- EXECU	TIVE D	IREC	TOR		
		Type or	print name and title	7		/							_	
		Print/Type pr	eparer's name	-	Preparer's sign	nature		Date		Check	if F	TIN	_	
Pai	Ы	MTCHAE	CHAEL D. LACATENA MICHAEL D. LACATENA							self-employe	_	00294921		
Paid Preparer Use Only													_	
										Firm's FINI	22	2560347		
	J	riin's addres	To Dood II. Direct Door Door Door Door Door Door Door Doo							V-2		2569347	_	
NA	. th = 11	DC discuss this		NFIELD,	NJ 0803		runtion=\			Phone no.	(856	Table 1	_	
iviav	the II	RO DISCUSS THIS	s return with th	e preparer :	SHOWN ADOVE	er (see inst	ructions1					X Yes No		