

Form 990-PF

Department of the Treasury  
Internal Revenue ServiceReturn 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.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

Name of foundation

JOSEPH ROBERT FOUNDATION

A Employer identification number

81-3739110

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

933 N ORIANNA STREET

B Telephone number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code

PHILADELPHIA

PA

19123-2219

(215) 413-9126

Foreign country name

Foreign province/state/country

Foreign postal code

G Check all that apply.

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

H Check type of organization:

☐ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☒ Other taxable private foundationI Fair market value of all assets at  
end of year (from Part II, col (c),  
line 16) ▶ \$

2,936,917

J Accounting method:

☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d), must be on cash basis)

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test,  
check here and attach computation ☐E If private foundation status was terminated under  
section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐Part I Analysis of Revenue and Expenses (The total of  
amounts in columns (b), (c), and (d) may not necessarily  
equal the amounts in column (a) (see instructions))(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

|     |                                                                                   | (a) Revenue and<br>expenses per<br>books | (b) Net investment<br>income | (c) Adjusted net<br>income | (d) Disbursements<br>for charitable<br>purposes<br>(cash basis only) |
|-----|-----------------------------------------------------------------------------------|------------------------------------------|------------------------------|----------------------------|----------------------------------------------------------------------|
| 1   | Contributions, gifts, grants, etc., received (attach schedule)                    |                                          |                              |                            |                                                                      |
| 2   | Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                          |                              |                            |                                                                      |
| 3   | Interest on savings and temporary cash investments                                |                                          |                              |                            |                                                                      |
| 4   | Dividends and interest from securities                                            | 58,357                                   | 58,357                       |                            |                                                                      |
| 5a  | Gross rents                                                                       |                                          |                              |                            |                                                                      |
| b   | Net rental income or (loss)                                                       |                                          |                              |                            |                                                                      |
| 6a  | Net gain or (loss) from sale of assets not on line 10                             |                                          |                              |                            |                                                                      |
| b   | Gross sales price for all assets on line 6a                                       |                                          |                              |                            |                                                                      |
| 7   | Capital gain net income (from Part IV, line 2)                                    |                                          | 46,426                       |                            |                                                                      |
| 8   | Net short-term capital gain                                                       |                                          |                              |                            |                                                                      |
| 9   | Income modifications                                                              |                                          |                              |                            |                                                                      |
| 10a | Gross sales less returns and allowances                                           |                                          |                              |                            |                                                                      |
| b   | Less: Cost of goods sold                                                          |                                          |                              |                            |                                                                      |
| c   | Gross profit or (loss) (attach schedule)                                          |                                          |                              |                            |                                                                      |
| 11  | Other income (attach schedule)                                                    |                                          |                              |                            |                                                                      |
| 12  | Total. Add lines 1 through 11                                                     | 58,357                                   | 104,783                      | 0                          |                                                                      |
| 13  | Compensation of officers, directors, trustees, etc.                               |                                          |                              |                            |                                                                      |
| 14  | Other employee salaries and wages                                                 |                                          |                              |                            |                                                                      |
| 15  | Pension plans, employee benefits                                                  |                                          |                              |                            |                                                                      |
| 16a | Legal fees (attach schedule)                                                      |                                          |                              |                            |                                                                      |
| b   | Accounting fees (attach schedule)                                                 | 1,275                                    | 1,275                        |                            |                                                                      |
| c   | Other professional fees (attach schedule)                                         |                                          |                              |                            |                                                                      |
| 17  | Interest                                                                          |                                          |                              |                            |                                                                      |
| 18  | Taxes (attach schedule) (see instructions)                                        |                                          |                              |                            |                                                                      |
| 19  | Depreciation (attach schedule) and depletion                                      |                                          |                              |                            |                                                                      |
| 20  | Occupancy                                                                         |                                          |                              |                            |                                                                      |
| 21  | Travel, conferences, and meetings                                                 | 653                                      | 653                          |                            |                                                                      |
| 22  | Printing and publications                                                         |                                          |                              |                            |                                                                      |
| 23  | Other expenses (attach schedule)                                                  | 35,631                                   | 35,631                       |                            |                                                                      |
| 24  | Total operating and administrative expenses.<br>Add lines 13 through 23           | 37,559                                   | 37,559                       | 0                          | 0                                                                    |
| 25  | Contributions, gifts, grants paid                                                 | 234,740                                  |                              |                            | 234,740                                                              |
| 26  | Total expenses and disbursements. Add lines 24 and 25                             | 272,299                                  | 37,559                       | 0                          | 234,740                                                              |
| 27  | Subtract line 26 from line 12:                                                    |                                          |                              |                            |                                                                      |
| a   | Excess of revenue over expenses and disbursements                                 | -213,942                                 |                              |                            |                                                                      |
| b   | Net investment income (if negative, enter -0-)                                    |                                          | 67,224                       |                            |                                                                      |
| c   | Adjusted net income (if negative, enter -0-)                                      |                                          |                              | 0                          |                                                                      |

For Paperwork Reduction Act Notice, see instructions.

HTA

Form 990-PF (2019)

61,25

| Part II Balance Sheets      |                                                                                                                      | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)     | Beginning of year | End of year    |                       |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                                                      |                                                                                                                         | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                                                                                                                    | Cash—non-interest-bearing                                                                                               |                   |                |                       |
|                             | 2                                                                                                                    | Savings and temporary cash investments                                                                                  |                   |                |                       |
|                             | 3                                                                                                                    | Accounts receivable ▶                                                                                                   |                   |                |                       |
|                             |                                                                                                                      | Less: allowance for doubtful accounts ▶                                                                                 |                   |                |                       |
|                             | 4                                                                                                                    | Pledges receivable ▶                                                                                                    |                   |                |                       |
|                             |                                                                                                                      | Less: allowance for doubtful accounts ▶                                                                                 |                   |                |                       |
|                             | 5                                                                                                                    | Grants receivable                                                                                                       |                   |                |                       |
|                             | 6                                                                                                                    | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |                   |                |                       |
|                             | 7                                                                                                                    | Other notes and loans receivable (attach schedule) ▶                                                                    |                   |                |                       |
|                             |                                                                                                                      | Less: allowance for doubtful accounts ▶                                                                                 |                   |                |                       |
|                             | 8                                                                                                                    | Inventories for sale or use                                                                                             |                   |                |                       |
|                             | 9                                                                                                                    | Prepaid expenses and deferred charges                                                                                   |                   |                |                       |
|                             | 10a                                                                                                                  | Investments—U S and state government obligations (attach schedule)                                                      |                   |                |                       |
|                             | b                                                                                                                    | Investments—corporate stock (attach schedule)                                                                           |                   |                |                       |
|                             | c                                                                                                                    | Investments—corporate bonds (attach schedule)                                                                           |                   |                |                       |
|                             | 11                                                                                                                   | Investments—land, buildings, and equipment basis ▶                                                                      |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶                                                                   |                                                                                                                         |                   |                |                       |
| 12                          | Investments—mortgage loans                                                                                           |                                                                                                                         |                   |                |                       |
| 13                          | Investments—other (attach schedule)                                                                                  | 2,795,703                                                                                                               | 2,584,528         | 2,936,917      |                       |
| 14                          | Land, buildings, and equipment, basis ▶                                                                              |                                                                                                                         |                   |                |                       |
|                             | Less: accumulated depreciation (attach schedule) ▶                                                                   |                                                                                                                         |                   |                |                       |
| 15                          | Other assets (describe ▶)                                                                                            |                                                                                                                         |                   |                |                       |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                    | 2,795,703                                                                                                               | 2,584,528         | 2,936,917      |                       |
| Liabilities                 | 17                                                                                                                   | Accounts payable and accrued expenses                                                                                   |                   |                |                       |
|                             | 18                                                                                                                   | Grants payable                                                                                                          |                   |                |                       |
|                             | 19                                                                                                                   | Deferred revenue                                                                                                        |                   |                |                       |
|                             | 20                                                                                                                   | Loans from officers, directors, trustees, and other disqualified persons                                                |                   |                |                       |
|                             | 21                                                                                                                   | Mortgages and other notes payable (attach schedule)                                                                     |                   |                |                       |
|                             | 22                                                                                                                   | Other liabilities (describe ▶)                                                                                          |                   |                |                       |
|                             | 23                                                                                                                   | <b>Total liabilities</b> (add lines 17 through 22)                                                                      | 0                 | 0              |                       |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29, and 30.   |                                                                                                                         |                   |                |                       |
|                             | 24                                                                                                                   | Net assets without donor restrictions                                                                                   |                   |                |                       |
|                             | 25                                                                                                                   | Net assets with donor restrictions                                                                                      |                   |                |                       |
|                             | Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30. |                                                                                                                         |                   |                |                       |
|                             | 26                                                                                                                   | Capital stock, trust principal, or current funds                                                                        | 2,795,703         | 2,584,528      |                       |
|                             | 27                                                                                                                   | Paid-in or capital surplus, or land, bldg, and equipment fund                                                           |                   |                |                       |
|                             | 28                                                                                                                   | Retained earnings, accumulated income, endowment, or other funds                                                        |                   |                |                       |
|                             | 29                                                                                                                   | <b>Total net assets or fund balances</b> (see instructions)                                                             | 2,795,703         | 2,584,528      |                       |
| 30                          | <b>Total liabilities and net assets/fund balances</b> (see instructions)                                             | 2,795,703                                                                                                               | 2,584,528         |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |                                                                                                                                                          |   |           |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 2,795,703 |
| 2 | Enter amount from Part I, line 27a                                                                                                                       | 2 | -213,942  |
| 3 | Other increases not included in line 2 (itemize) ▶ INCREASE IN VALUE OF SECURITIES                                                                       | 3 | 2,767     |
| 4 | Add lines 1, 2, and 3                                                                                                                                    | 4 | 2,584,528 |
| 5 | Decreases not included in line 2 (itemize) ▶                                                                                                             | 5 |           |
| 6 | <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 29                                               | 6 | 2,584,528 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock 200 shs MLC Co.) |                                                                                                                                                                                              | (b) How acquired<br>P—Purchase<br>D—Donation                                    | (c) Date acquired<br>(mo., day, yr.)                                                            | (d) Date sold<br>(mo., day, yr.) |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|
| <b>1a</b>                                                                                                                              | 27 058 SHS BLACKROCK                                                                                                                                                                         | P                                                                               | VARIOUS                                                                                         |                                  |
| <b>b</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| (e) Gross sales price                                                                                                                  | (f) Depreciation allowed<br>(or allowable)                                                                                                                                                   | (g) Cost or other basis<br>plus expense of sale                                 | (h) Gain or (loss)<br>((e) plus (f) minus (g))                                                  |                                  |
| <b>a</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 | 0                                                                                               |                                  |
| <b>b</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                            |                                                                                                                                                                                              |                                                                                 | (i) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                  |
| (i) FMV as of 12/31/69                                                                                                                 | (j) Adjusted basis<br>as of 12/31/69                                                                                                                                                         | (k) Excess of col. (i)<br>over col. (j), if any                                 |                                                                                                 |                                  |
| <b>a</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 | 0                                                                                               |                                  |
| <b>b</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>c</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>d</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>e</b>                                                                                                                               |                                                                                                                                                                                              |                                                                                 |                                                                                                 |                                  |
| <b>2</b>                                                                                                                               | Capital gain net income or (net capital loss)                                                                                                                                                | If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 | <b>2</b>                                                                                        | 46,426                           |
| <b>3</b>                                                                                                                               | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in<br>Part I, line 8 |                                                                                 | <b>3</b>                                                                                        | 12,645                           |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

| 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries |                                                                                                                                                                                                                    |                                              |                                                             |           |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|-----------|
| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                        | (b)<br>Adjusted qualifying distributions                                                                                                                                                                           | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |           |
| 2018                                                                                                        | 198,110                                                                                                                                                                                                            | 2,919,831                                    | 0.067850                                                    |           |
| 2017                                                                                                        | 141,408                                                                                                                                                                                                            | 2,846,300                                    | 0.049681                                                    |           |
| 2016                                                                                                        | 45,000                                                                                                                                                                                                             | 442,934                                      | 0.101595                                                    |           |
| 2015                                                                                                        | 0                                                                                                                                                                                                                  | 0                                            | 0.000000                                                    |           |
| 2014                                                                                                        | 0                                                                                                                                                                                                                  | 0                                            | 0.000000                                                    |           |
| <b>2</b>                                                                                                    | Total of line 1, column (d)                                                                                                                                                                                        |                                              | <b>2</b>                                                    | 0.219126  |
| <b>3</b>                                                                                                    | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years.                                      |                                              | <b>3</b>                                                    | 0.043825  |
| <b>4</b>                                                                                                    | Enter the net value of noncharitable-use assets for 2019 from Part X, line 5                                                                                                                                       |                                              | <b>4</b>                                                    | 2,853,062 |
| <b>5</b>                                                                                                    | Multiply line 4 by line 3                                                                                                                                                                                          |                                              | <b>5</b>                                                    | 125,035   |
| <b>6</b>                                                                                                    | Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                         |                                              | <b>6</b>                                                    | 594       |
| <b>7</b>                                                                                                    | Add lines 5 and 6                                                                                                                                                                                                  |                                              | <b>7</b>                                                    | 125,629   |
| <b>8</b>                                                                                                    | Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions. |                                              | <b>8</b>                                                    | 0         |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                    |           |     |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |     |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                         | <b>1</b>  | 672 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)                                                                                                            |           |     |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                                                                                                                         | <b>2</b>  | 0   |
| <b>3</b>  | Add lines 1 and 2                                                                                                                                                                                                                  | <b>3</b>  | 672 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                                                                                                                       | <b>4</b>  |     |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                     | <b>5</b>  | 672 |
| <b>6</b>  | Credits/Payments: <b>FOREIGN TAX CREDITS</b>                                                                                                                                                                                       |           |     |
| <b>a</b>  | <del>2019 estimated tax payments and 2018 overpayment credited to 2019</del>                                                                                                                                                       | <b>6a</b> | 145 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                                | <b>6b</b> |     |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                | <b>6c</b> |     |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                            | <b>6d</b> |     |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                | <b>7</b>  | 145 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                           | <b>8</b>  |     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>                                                                                                                                        | <b>9</b>  | 527 |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>                                                                                                                            | <b>10</b> | 0   |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2020 estimated tax</b> <b>Refunded</b>                                                                                                                                            | <b>11</b> | 0   |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                        |     | X  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities |     | X  |
| <b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                 |     | X  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <b>\$</b> _____ (2) On foundation managers <b>\$</b> _____                                                                                                                                                                        |     |    |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> _____                                                                                                                                                                                                         |     |    |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                                                |     | X  |
| <b>3</b> 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                                                                                                                                   |     | X  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                 |     | X  |
| <b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                                     | N/A |    |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i>                                                                                                                                                                                    |     | X  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                            |     | X  |
| <b>7</b> 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                                                                                                                                                                                                                             | X   |    |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions <b>PENNSYLVANIA</b>                                                                                                                                                                                                                                       |     |    |
| <b>b</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 <i>General Instruction G</i> ? If "No," attach explanation                                                                                                                                          | X   |    |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV                                                                                                          |     | X  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.                                                                                                                                                                                                                         | X   |    |

**Part VII-A Statements Regarding Activities (continued)**

|                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions                                                                                                                                           | 11  | X  |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions                                                                                                                                          | 12  | X  |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► WWW.JOSEPHROBERT.ORG                                                                                                                                                                   | 13  | X  |
| 14 The books are in care of ► REPORTING COMPANY Telephone no ► (215) 413-9126<br>Located at ► 1815 WALNUT STREET, PHILADELPHIA, PA ZIP+4 ► 19107-4708                                                                                                                                                                              |     |    |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ► 15                                                                                                                                          |     |    |
| 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► | 16  | X  |

**Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |     |     |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                               |     |     |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   |     |     |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                         |     |     |
| (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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                |     |     |
| (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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                               |     |     |
| b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>                                                                                                                                                             | 1b  | N/A |
| 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 before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                                                                        | 1c  |     |
| 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)):                                                                                                                                                                                                                                                                                                                 |     |     |
| a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                             |     |     |
| 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)                                                                                                                                                                                  | 2b  | N/A |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                            |     |     |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |     |     |
| b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019) | 3b  | N/A |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               | 4a  | X   |
| b 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 jeopardy before the first day of the tax year beginning in 2019?                                                                                                                                                                                                                                                              | 4b  | X   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

|                                                                                                                                                                                                                                | Yes                          | No                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to                                                                                                                                                       |                              |                                        |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions |                              |                                        |
| Organizations relying on a current notice regarding disaster assistance, check here                                                                                                                                            |                              | <input type="checkbox"/>               |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                    |                              |                                        |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                            |                              |                                        |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                 |                              |                                        |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                             |                              |                                        |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?                                                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| (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) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| LESLIE KAUFMAN<br>933 N ORIANNA STREET PHILADELPHIA, PA 19123 | TRUSTEE<br>10 00                                          | 0                                         |                                                                       |                                       |
| BRUCE A RUSSEL<br>3940 DEER PARK CT HARVE DE GRACE, MD 21078  | TRUSTEE<br>10 00                                          | 0                                         |                                                                       |                                       |
|                                                               |                                                           |                                           |                                                                       |                                       |
|                                                               |                                                           |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (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                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services. See instructions. 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**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

|   |  |  |
|---|--|--|
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

|                                                        |  |  |
|--------------------------------------------------------|--|--|
| 1                                                      |  |  |
| 2                                                      |  |  |
| All other program-related investments See instructions |  |  |
| 3                                                      |  |  |

Total. Add lines 1 through 3



0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                             |           |           |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |           |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 2,896,510 |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 0         |
| <b>c</b> | Fair market value of all other assets (see instructions)                                                    | <b>1c</b> |           |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)                                                                       | <b>1d</b> | 2,896,510 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> |           |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  |           |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 2,896,510 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)     | <b>4</b>  | 43,448    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 2,853,062 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | <b>6</b>  | 142,653   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part )

|           |                                                                                                           |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                             | <b>1</b>  | 142,653 |
| <b>2a</b> | Tax on investment income for 2019 from Part VI, line 5                                                    | <b>2a</b> | 672     |
| <b>b</b>  | Income tax for 2019 (This does not include the tax from Part VI)                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b                                                                                       | <b>2c</b> | 672     |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 141,981 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4                                                                                         | <b>5</b>  | 141,981 |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 141,981 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                     |           |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                           |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26                                                                         | <b>1a</b> | 234,740 |
| <b>b</b> | Program-related investments—total from Part IX-B                                                                                                    | <b>1b</b> |         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                 |           |         |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4                                   | <b>4</b>  | 234,740 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions | <b>5</b>  | 672     |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                               | <b>6</b>  | 234,068 |

**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 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7                                                                                                                       |               |                            |             | 141,981     |
| <b>2</b> Undistributed income, if any, as of the end of 2019                                                                                                                      |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years. 20____, 20____, 20____                                                                                                                            |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                                                          |               |                            |             |             |
| <b>a</b> From 2014                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2015                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2016                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2017                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2018                                                                                                                                                                |               |                            |             |             |
| <b>f</b> Total of lines 3a through e                                                                                                                                              | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 234,740                                                                                                     |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a                                                                                                                               |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions)                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions)                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount                                                                                                                                     |               |                            |             | 141,981     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                               | 92,759        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )                                        |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 92,759        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b                                                                                                          |               |                            | 0           |             |
| <b>c</b> 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 |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions                                                                              |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020                                                               |               |                            |             | 0           |
| <b>7</b> 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)         |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)                                                                              |               |                            |             |             |
| <b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a                                                                                              | 92,759        |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| <b>a</b> Excess from 2015                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2016                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2017                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2018                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2019                                                                                                                                                         | 92,759        |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**N/A**

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling
- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☒ 4942(j)(5)

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Name and address (home or business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                |                                                                                                                                                                                           |                                                                                                 |
| <b>a</b> Paid during the year<br>ARS NOVA WORKSHOP<br>1901 S. 9TH ST BOK BLDG 509<br>PHILADELPHIA, PA 19148<br>ART SPHERE<br>1901 S 9TH STR BOK BLDG 502<br>PHILADELPHIA, PA 19148<br>ASIAN ARTS INITIATIVE<br>1219 VINE ST<br>PHILADELPHIA, PA 19107<br>BROXX ART SPACE<br>305 EAST 140TH ST NO 1<br>NEW YORK, NY 10454<br>CATS BRIDGE TO RESCUE<br>1209 NORTH CEDAR STREET<br>BRISTOL, PA 19007<br>CENTER FOR METAL ARTS<br>106 IRON STREET<br>JOHNSTOWN, PA 15906<br>CFEVA<br>237 S 18TH STREET STE 3A<br>PHILADELPHIA, PA 19103<br>CITIZENS CLIMATE EDUCATION<br>1330 ORANGE AVE SUITE 309<br>CORONADO, CA 92118<br>CITY WILDLIFE<br>15 OGLETHORPE ST NW<br>WASHINGTON, DC 20011<br>COMMUNITY CATS COALITION INC<br>PO BOX 1761<br>BERLIN, MD 21811<br>DA VINCI ART ALLIANCE<br>704 CATHERINE STREET<br>PHILADELPHIA, PA 19147 |                                                                                                           |                                | CRAFTING AND SHIPPING<br>NEIGHBORHOOD ART CLASS<br>VISUAL ARTS EXHIBIT<br>GENERAL<br>GENERAL<br>LAPTOPS<br>GENERAL<br>DIVERSITY SCHOLARSHIPS<br>GENERAL<br>GENERAL<br>NEED-BASED EXHIBITS | 3,000<br>5,000<br>3,600<br>5,000<br>3,900<br>3,500<br>5,000<br>8,000<br>6,500<br>2,000<br>5,790 |
| <b>Total</b> See Attached Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                | ▶ <b>3a</b>                                                                                                                                                                               | 234,740                                                                                         |
| <b>b</b> Approved for future payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                |                                                                                                                                                                                           |                                                                                                 |
| <b>Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           |                                | ▶ <b>3b</b>                                                                                                                                                                               | 0                                                                                               |

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

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |                                                          | Unrelated business income |               | Excluded by section 512, 513, or 514 |               |                                                                    |
|-------------------------------------------------|----------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                 |                                                          | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
| 1                                               | Program service revenue:                                 |                           |               |                                      |               |                                                                    |
| a                                               |                                                          |                           |               |                                      |               |                                                                    |
| b                                               |                                                          |                           |               |                                      |               |                                                                    |
| c                                               |                                                          |                           |               |                                      |               |                                                                    |
| d                                               |                                                          |                           |               |                                      |               |                                                                    |
| e                                               |                                                          |                           |               |                                      |               |                                                                    |
| f                                               |                                                          |                           |               |                                      |               |                                                                    |
| g                                               | Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| 2                                               | Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| 3                                               | Interest on savings and temporary cash investments       |                           |               |                                      |               |                                                                    |
| 4                                               | Dividends and interest from securities                   |                           |               |                                      |               |                                                                    |
| 5                                               | Net rental income or (loss) from real estate:            |                           |               |                                      |               |                                                                    |
| a                                               | Debt-financed property                                   |                           |               |                                      |               |                                                                    |
| b                                               | Not debt-financed property                               |                           |               |                                      |               |                                                                    |
| 6                                               | Net rental income or (loss) from personal property       |                           |               |                                      |               |                                                                    |
| 7                                               | Other investment income                                  |                           |               |                                      |               |                                                                    |
| 8                                               | Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                                                    |
| 9                                               | Net income or (loss) from special events                 |                           |               |                                      |               |                                                                    |
| 10                                              | Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |                                                                    |
| 11                                              | Other revenue: a                                         |                           |               |                                      |               |                                                                    |
| b                                               |                                                          |                           |               |                                      |               |                                                                    |
| c                                               |                                                          |                           |               |                                      |               |                                                                    |
| d                                               |                                                          |                           |               |                                      |               |                                                                    |
| e                                               |                                                          |                           |               |                                      |               |                                                                    |
| 12                                              | Subtotal. Add columns (b), (d), and (e)                  |                           | 0             |                                      | 0             | 0                                                                  |
| 13                                              | Total. Add line 12, columns (b), (d), and (e)            |                           |               |                                      |               |                                                                    |

(See worksheet in line 13 instructions to verify calculations)

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

- |     |                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1   | <p>Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p>                                                                                                                                                      |    |
| a   | <p>Transfers from the reporting foundation to a noncharitable exempt organization of</p>                                                                                                                                                                                                                                                                                                            |    |
| (1) | <p>Cash</p>                                                                                                                                                                                                                                                                                                                                                                                         | 1a |
| (2) | <p>Other assets</p>                                                                                                                                                                                                                                                                                                                                                                                 | 1a |
| b   | <p>Other transactions</p>                                                                                                                                                                                                                                                                                                                                                                           |    |
| (1) | <p>Sales of assets to a noncharitable exempt organization</p>                                                                                                                                                                                                                                                                                                                                       | 1b |
| (2) | <p>Purchases of assets from a noncharitable exempt organization</p>                                                                                                                                                                                                                                                                                                                                 | 1b |
| (3) | <p>Rental of facilities, equipment, or other assets</p>                                                                                                                                                                                                                                                                                                                                             | 1b |
| (4) | <p>Reimbursement arrangements</p>                                                                                                                                                                                                                                                                                                                                                                   | 1b |
| (5) | <p>Loans or loan guarantees</p>                                                                                                                                                                                                                                                                                                                                                                     | 1b |
| (6) | <p>Performance of services or membership or fundraising solicitations</p>                                                                                                                                                                                                                                                                                                                           | 1b |
| c   | <p>Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p>                                                                                                                                                                                                                                                                                                             | 1  |
| d   | <p>If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> |    |

|       | Yes | No |
|-------|-----|----|
| 1a(1) |     | X  |
| 1a(2) |     | X  |
| 1b(1) |     | X  |
| 1b(2) |     | X  |
| 1b(3) |     | X  |
| 1b(4) |     | X  |
| 1b(5) |     | X  |
| 1b(6) |     | X  |
| 1c    |     | X  |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No
- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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

**Sign  
Here**

correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                                                                                     |            |           |
|-------------------------------------------------------------------------------------|------------|-----------|
|  | 1/19/22/20 | President |
| Signature of officer or trustee                                                     | Date       | Title     |

May the IRS discuss this return with the preparer shown below?  
See instructions ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date 9/16/20

Check ☒ if self-employed

PTIN

Firm's name ▶ ARTUR G. ROSENBLIT C. P. A

Firm's EIN ▶

Firm's address ▶ 1770 MELMAR RD, MELTUNOOR KLY PA 19006

Phone no 215-447-2836

**Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.****Recipient(s)**

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

DELAWARE RIVER WATREFRONT CORP

Street

121 N COLUMBUS BLVD

City

PHILADELPHIA

State

PA

Zip Code

19106

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GALLERY INSTALLATION

Amount

5,000

Name

FARM AND NATURAL LANDS TRUST OF YORK COUNTY

Street

156 N. GEORGE ST STE 300

City

YORK

State

PA

Zip Code

17401

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

7,500

Name

FORGOTTEN CATS

Street

SUITE 422 4023 KENNETT PIKE

City

GREENVILLE

State

DE

Zip Code

19807

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

STERILIZE CATS

Amount

5,000

Name

FREEDOM HILL HORSE RESCUE

Street

PO BOX 606

City

DUNKIRK

State

MD

Zip Code

20754

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

FEED AND SUPPLEMENTS

Amount

2,500

Name

FRIENDS OF ORKNEY PARK

Street

852 N LAWRENCE STREET

City

PHILADELPHIA

State

PA

Zip Code

19123

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

LAND PRESERVATION

Amount

7,800

Name

GERDA'S EQUINE RESCUE

Street

5825 ROUTE 30 PO BOX 1352

City

WEST TOWNSHEND

State

VT

Zip Code

05359

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

3,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

GREEN STREET RESCUE

Street

1917 BRANDYWINE STREET

City

PHILADELPHIA

State

PA

Zip Code

19130

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

10,000

Name

HADDONFIELD OUTDOOR TRUST

Street

PO BOX 100

City

HADDONFIELD

State

NJ

Zip Code

08033

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

SCULPTURE CONSERVATION

Amount

5,000

Name

HARVE DE GRACE MARITIME MUSEUM

Street

100 LAFAYETTE ST

City

HARVE DE GRACE

State

MD

Zip Code

21078

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

25,000

Name

HUMANE SOCIETY OF SOMERSET COUNTY MD

Street

PO BOX 43

City

PRINCESS ANNE

State

MD

Zip Code

21853

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

STERILIZE CATS

Amount

5,000

Name

INLIQUID

Street

1400 N AMERICAN STREET

City

PHILADELPHIA

State

PA

Zip Code

19122

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

ARTIST FEES

Amount

5,000

Name

MEALS ON WHEELS OF THE GREATER LEHIGH VALLEY

Street

4240 FITCH DR

City

BETHLEHEM

State

PA

Zip Code

18036

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

PET FOOD FOR HOMEBOUND SRS

Amount

1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

MORE ART, INC

Street

71 NASSAU 13A

City

NEW YORK

State

NY

Zip Code

10038

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

5,000

Name

MYLESTONE EQUINE RESCUE

Street

227 VALLEY ROAD

City

PHILLIPSBURG

State

NJ

Zip Code

08865

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

CARE OF 2 HORSES

Amount

4,000

Name

NORRIS SQUARE NEIGHBORHOOD PROJECT

Street

2141 NORTH HOWARD ST

City

PHILADELPHIA

State

PA

Zip Code

19122

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

COMMUNITY FARMSTAND

Amount

5,000

Name

OCTORARO WATERSHED

Street

517 PINE GROVE RD

City

NOTTINGHAM

State

PA

Zip Code

19362

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

8,000

Name

OPEN SOURCE GALLERY

Street

257 17TH STREET

City

NEW YORK

State

NY

Zip Code

11215

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

5,000

Name

PHILADELPHIA SCULPTORS

Street

1315 WALNUT STREET STE 320

City

PHILADELPHIA

State

PA

Zip Code

19107

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

15,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

PUBLIC EMPLOYEES FOR ENVIRONMENTAL RESP

Street

962 WAYNE AVE SUIT2 610

City

SILVER SPRINGS

State

MD

Zip Code

20910

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

CLEAN WATER LITIGATION

Amount

10,000

Name

ROWAN UNIVERSITY

Street

301 HIGH STREET WEST

City

GLASSBORO

State

NJ

Zip Code

08028

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EXHIBITION

Amount

5,000

Name

SAM'S HOPE

Street

901A E WILLOW GROVE AVE

City

WYNDMOOR

State

PA

Zip Code

19038

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

PET CARE FOR ELDERS

Amount

1,000

Name

SCHUYLKILL CENTER FOR ENVIRONMENTAL ED

Street

8480 HAGYS MILL RD

City

PHILADELPHIA

State

PA

Zip Code

19128

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

ENVIRONMENTAL EXHIBIT

Amount

10,000

Name

SATR GAZING FARM

Street

16760 WHITES STORE RD

City

BOYDS

State

MD

Zip Code

20841

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

5,000

Name

TIGERS STRIKES ASTEROID

Street

20 SAINT JOHNS PLACE 2

City

BROOKLYN

State

NY

Zip Code

11217

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

GENERAL

Amount

5,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

TOOKANY TACONY FRANKFORD WATERSHES

Street

4500 WORTH STREET

City

PHILADELPHIA

State

PA

Zip Code

19124

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

OLNEY CULTURE LAB

Amount

4,500

Name

VOX POPULI

Street

319 N 11TH STREET 3R FLOOR

City

PHILADELPHIA

State

PA

Zip Code

19124

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EXHIBITION

Amount

5,000

Name

HARVE DE GRACE GREEN TEAM

Street

213 SENECA WAY UNIT B

City

HARVE DE GRACE

State

MD

Zip Code

21078

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

ENVIRONMENTAL FILM SERIES

Amount

1,500

Name

MEDIA ARTS COUNCIL

Street

606 B W STATE STREET

City

MEDIA

State

PA

Zip Code

19063

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

LEASE/PUCHASE OUTDOOR CULPTURE

Amount

1,000

Name

JAXSON ARNOLD

Street

2822 W GIRARD AVE

City

PHILADELPHIA

State

PA

Zip Code

19130

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

MATERIALS FOR 2-PERSON SHOW

Amount

900

Name

MARIELLA BISSON

Street

306 MEADS MT RD

City

WOODSTOCK

State

NY

Zip Code

12498

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EXHIBITION EXPENSE

Amount

2,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

DARLA JACKSON

Street

4667 LWIPER STREET

City

PHILADELPHIA

State

PA

Zip Code

19124

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EXHIBITION EXPENSE

Amount

4,500

Name

MARY MCDONNELL

Street

PO BOX 132

City

ELDRED

State

NY

Zip Code

12732

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EXHIBITION CATALOG

Amount

2,000

Name

MICHELLE WEINBURG

Street

463 WEST STREET A514

City

NEW YORK

State

NY

Zip Code

10014

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

EQUIPT FOR ARTIST RESIDE ETC

Amount

2,000

Name

SCHUKILL CENTER FOR ENVIRONMENTAL EDUCATION

Street

8480 HAGYS MILL RD

City

PHILADELPHIA

State

PA

Zip Code

19128

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

FUND RAISER

Amount

250

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

**Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment**

Recipient(s) approved for future payments

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

**Part I, Line 23 (990-PF) - Other Expenses**

|             |                          | 35,631                               | 35,631                   | 0                      | (                                           |
|-------------|--------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| Description |                          | Revenue and<br>Expenses<br>per Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
| 1           | ADVISORY FEES            | 35,093                               | 35,093                   |                        |                                             |
| 2           | MEALS AT CONFERENCE @50% | 151                                  | 151                      |                        |                                             |
| 3           | POSTAGE                  | 54                                   | 54                       |                        |                                             |
| 4           | OFFICE SUPPLIES          | 28                                   | 28                       |                        |                                             |
| 5           | WEB SITE                 | 305                                  | 305                      |                        |                                             |

**Part VII-A, Line 10 (990-PF) - Substantial Contributors**

| 1 | Name           | Check "X" if Business | Street                | City         | State | Zip Code | Foreign Country |
|---|----------------|-----------------------|-----------------------|--------------|-------|----------|-----------------|
| 1 | LESLIE KAUFMAN |                       | 933 N. ORIANNA STREET | PHILADELPHIA | PA    | 19123    |                 |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

|   |                | 0                        |                      | 0              |       | 0        |                 | 0       |                     | 0            |          | 0                  |  |
|---|----------------|--------------------------|----------------------|----------------|-------|----------|-----------------|---------|---------------------|--------------|----------|--------------------|--|
|   | Name           | Check "X"<br>if Business | Street               | City           | State | Zip Code | Foreign Country | Title   | Avg Hrs<br>Per Week | Compensation | Benefits | Expense<br>Account |  |
| 1 | LESLIE KAUFMAN |                          | 933 N ORIANNA STREET | PHILADELPHIA   | PA    | 19123    |                 | TRUSTEE | 10 00               | 0            |          |                    |  |
| 2 | BRUCE A RUSSEL |                          | 3940 DEER PARK CT    | HARVE DE GRACE | MD    | 21078    |                 | TRUSTEE | 10 00               | 0            |          |                    |  |