

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or fiscal year beginning ....., 2018, and ending ....., 20 .....

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**

Name of exempt organization

**THE JOANNA FOUNDATION**

Employer identification number

**57-0314444**

Name and title of officer

**MARGARET P. SCHACHTE****EXECUTIVE VICE PRES****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	<b>3,101</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **GLASER AND COMPANY, LLC** to enter my PIN **45654** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } *Margaret P. Schachte* Date } **07/26/19** 7/29/2019

**Part III Certification and Authentication**

**ERO's EF/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**57510060640**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } *Eric M. Glaser* Date } **07/26/19**

**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Paperwork Reduction Act Notice, see back of form.**Form **8879-EO** (2018)

Form **990-PF****Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

**2018**Department of the Treasury  
Internal Revenue Service**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.**

Open to Public Inspection

**For calendar year 2018 or tax year beginning , and ending**

Name of foundation <b>THE JOANNA FOUNDATION</b>		A Employer identification number <b>57-0314444</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 308</b>	Room/suite	B Telephone number (see instructions) <b>843-792-0868</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SULLIVANS ISLAND SC 29482-0308</b>		C If exemption application is pending, check here ..... <input type="checkbox"/>  D 1. Foreign organizations, check here ..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>  E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>  F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 3,885,402</b> J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		

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)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule) . . .				
	2	Check <b>u</b> <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities . . . . .	85,694	85,694		
	5a	Gross rents . . . . .				
	b	Net rental income or (loss) . . . . .				
	6a	Net gain or (loss) from sale of assets not on line 10 . . . . .	262,148			
	b	Gross sales price for all assets on line 6a <b>2,863,684</b>				
	7	Capital gain net income (from Part IV, line 2) . . . . .		262,148		
	8	Net short-term capital gain . . . . .			0	
	9	Income modifications . . . . .				
	10a	Gross sales less returns and allowances				
Operating and Administrative Expenses	b	Less: Cost of goods sold . . . . .				
	c	Gross profit or (loss) (attach schedule) . . . . .				
	11	Other income (attach schedule) . . . . .				
	12	<b>Total.</b> Add lines 1 through 11 . . . . .	347,842	347,842	0	
	13	Compensation of officers, directors, trustees, etc. . . . .	45,291	453		44,838
	14	Other employee salaries and wages . . . . .				
	15	Pension plans, employee benefits . . . . .	4,932	49		4,883
	16a	Legal fees (attach schedule) . . . . .				
	b	Accounting fees (attach schedule) <b>STMT 1</b> . . . . .	7,700	2,310		5,390
	c	Other professional fees (attach schedule) <b>STMT 2</b> . . . . .	32,776	32,776		
	17	Interest . . . . .				
	18	Taxes (attach schedule) (see instructions) <b>STMT 3</b> . . . . .	3,208	98		
	19	Depreciation (attach schedule) and depletion . . . . .				
	20	Occupancy . . . . .				
	21	Travel, conferences, and meetings . . . . .	5,534	830		4,704
	22	Printing and publications . . . . .				
	23	Other expenses (att. sch.) <b>STMT 4</b> . . . . .	5,840	1,182		4,658
	24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	105,281	37,698	0	64,473
25	Contributions, gifts, grants paid . . . . .	182,995			182,995	
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	288,276	37,698	0	247,468	
27	Subtract line 26 from line 12:					
a	<b>Excess of revenue over expenses and disbursements</b> . . . . .	59,566				
b	<b>Net investment income</b> (if negative, enter -0-) . . . . .		310,144			
c	<b>Adjusted net income</b> (if negative, enter -0-) . . . . .			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2018)

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing .....			
	<b>2</b> Savings and temporary cash investments .....	<b>128,404</b>	<b>299,571</b>	<b>299,571</b>
	<b>3</b> Accounts receivable <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> .....			
	<b>4</b> Pledges receivable <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> .....			
	<b>5</b> Grants receivable .....			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) .....			
	<b>7</b> Other notes and loans receivable (att. schedule) <b>u</b> .....			
	Less: allowance for doubtful accounts <b>u</b> ..... <b>0</b>			
	<b>8</b> Inventories for sale or use .....			
	<b>9</b> Prepaid expenses and deferred charges .....	<b>895</b>	<b>3,396</b>	<b>3,396</b>
	<b>10a</b> Investments – U.S. and state government obligations (attach schedule) .....			
	<b>b</b> Investments – corporate stock (attach schedule) <b>SEE STMT 5</b> .....	<b>3,156,884</b>	<b>3,008,947</b>	<b>3,354,605</b>
	<b>c</b> Investments – corporate bonds (attach schedule) <b>SEE STMT 6</b> .....	<b>204,445</b>	<b>239,785</b>	<b>227,830</b>
	<b>11</b> Investments – land, buildings, and equipment: basis <b>u</b> .....			
	Less: accumulated depreciation (attach sch.) <b>u</b> .....			
	<b>12</b> Investments – mortgage loans .....			
	<b>13</b> Investments – other (attach schedule) .....			
	<b>14</b> Land, buildings, and equipment: basis <b>u</b> ..... <b>3,769</b>			
	Less: accumulated depreciation (attach sch.) <b>u</b> <b>STMT 7</b> ..... <b>3,769</b>			
	<b>15</b> Other assets (describe <b>u</b> ..... )			
	<b>16 Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I) .....	<b>3,490,628</b>	<b>3,551,699</b>	<b>3,885,402</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>1,505</b>	
	<b>18</b> Grants payable .....			
	<b>19</b> Deferred revenue .....			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons .....			
	<b>21</b> Mortgages and other notes payable (attach schedule) .....			
	<b>22</b> Other liabilities (describe <b>u</b> ..... )			
	<b>23 Total liabilities</b> (add lines 17 through 22) .....	<b>0</b>	<b>1,505</b>	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <b>u</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26, and lines 30 and 31.</b> .....			
	<b>24</b> Unrestricted .....	<b>3,490,628</b>	<b>3,550,194</b>	
	<b>25</b> Temporarily restricted .....			
	<b>26</b> Permanently restricted .....			
	<b>Foundations that do not follow SFAS 117, check here</b> <b>u</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b> .....			
	<b>27</b> Capital stock, trust principal, or current funds .....			
	<b>28</b> Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds .....			
	<b>30 Total net assets or fund balances</b> (see instructions) .....	<b>3,490,628</b>	<b>3,550,194</b>	
	<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .....	<b>3,490,628</b>	<b>3,551,699</b>	

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

<b>1</b> Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	<b>1</b>	<b>3,490,628</b>
<b>2</b> Enter amount from Part I, line 27a .....	<b>2</b>	<b>59,566</b>
<b>3</b> Other increases not included in line 2 (itemize) <b>u</b> .....	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 .....	<b>4</b>	<b>3,550,194</b>
<b>5</b> Decreases not included in line 2 (itemize) <b>u</b> .....	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 .....	<b>6</b>	<b>3,550,194</b>

**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 P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a SALE OF SECURITIES</b>		<b>P</b>		
<b>b CAPITAL GAINS DISTRIBUTION</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g))
<b>a 2,834,290</b>		<b>2,601,536</b>	<b>232,754</b>
<b>b 29,394</b>			<b>29,394</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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			<b>232,754</b>
<b>b</b>			<b>29,394</b>
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: small;">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>	<b>2</b>	<b>262,148</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 <span style="font-size: small;">[ ]</span>	<b>3</b>	

**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) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	185,160	4,226,378	0.043811
2016	193,745	3,841,378	0.050436
2015	184,329	4,041,003	0.045615
2014	204,835	4,131,272	0.049582
2013	189,740	3,816,252	0.049719

<b>2</b> Total of line 1, column (d) .....	<b>2</b>	<b>0.239163</b>
<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>	<b>0.047833</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 .....	<b>4</b>	<b>4,387,664</b>
<b>5</b> Multiply line 4 by line 3 .....	<b>5</b>	<b>209,875</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....	<b>6</b>	<b>3,101</b>
<b>7</b> Add lines 5 and 6 .....	<b>7</b>	<b>212,976</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 ..... 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>	<b>247,468</b>

**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. 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>	<b>3,101</b>
<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>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>3,101</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</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>	<b>3,101</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	<b>5,595</b>
<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>	<b>5,595</b>
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	<b>9</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>	
<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>	<b>2,485</b>
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <b>2,485</b> <b>Refunded</b>	<b>11</b>	

**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?		<input checked="" type="checkbox"/>
<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 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.		<input checked="" type="checkbox"/>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <b>u</b> \$ _____ (2) On foundation managers. <b>u</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>u</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		<input checked="" type="checkbox"/>
<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		<input checked="" type="checkbox"/>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		<input checked="" type="checkbox"/>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	
<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	<input checked="" type="checkbox"/>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>u</b> <b>SC</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	<input checked="" type="checkbox"/>	
<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 2018 or the taxable year beginning in 2018? See instructions for Part XIV. If "Yes," complete Part XIV		<input checked="" type="checkbox"/>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<input checked="" type="checkbox"/>

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

	Yes	No
<b>11</b> 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		<b>X</b>
<b>12</b> 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		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>u</b> <b>WWW.JOANNAFOUNDATION.ORG</b>	<b>X</b>	
<b>14</b> The books are in care of <b>u</b> <b>MARGARET P. SCHACHTE</b> Telephone no. <b>u</b> <b>843-883-9199</b> <b>PO BOX 308</b> Located at <b>u</b> <b>SULLIVANS ISLAND</b> <b>SC</b> ZIP+4 <b>u</b> <b>29482</b>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – check here <b>u</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>u</b> <b>15</b>		
<b>16</b> At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>u</b>		<b>X</b>

**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
<b>1a</b> 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? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <b>N/A</b>	<b>1b</b>	
Organizations relying on a current notice regarding disaster assistance, check here <b>u</b> <input type="checkbox"/>		
<b>c</b> 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 2018? <b>N/A</b>	<b>1c</b>	
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 20 , 20 , 20 , 20		
<b>b</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 <b>all</b> years listed, answer "No" and attach statement – see instructions.) <b>N/A</b>	<b>2b</b>	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>u</b> 20 , 20 , 20 , 20		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) <b>N/A</b>	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>X</b>
<b>b</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 2018?	<b>4b</b>	<b>X</b>

**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 <b>any</b> 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	N/A	<b>5b</b>	
<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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>6b</b>	<b>X</b>
<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?	N/A	<b>7b</b>	
<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
SEE STATEMENT 8				

**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				

<b>Total</b> number of other employees paid over \$50,000	<b>0</b>
---	----------

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		u

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 N/A	
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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	



**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>	<b>4,267,618</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>183,467</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>3,396</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>4,454,481</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>4,454,481</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	<b>66,817</b>
<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>	<b>4,387,664</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	<b>219,383</b>

**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>	<b>219,383</b>
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5	<b>2a</b>	<b>3,101</b>
<b>b</b>	Income tax for 2018. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>3,101</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>216,282</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	<b>216,282</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	<b>216,282</b>

**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>	<b>247,468</b>
<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>	<b>247,468</b>
<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>	<b>3,101</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	<b>244,367</b>

**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) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				<b>216,282</b>
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only			<b>19,766</b>	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
<b>d</b> From 2016				
<b>e</b> From 2017				
<b>f</b> <b>Total</b> of lines 3a through e				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: <b>u</b> \$ <b>247,468</b>				
<b>a</b> Applied to 2017, but not more than line 2a			<b>19,766</b>	
<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 2018 distributable amount				<b>216,282</b>
<b>e</b> Remaining amount distributed out of corpus	<b>11,420</b>			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>11,420</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<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 2017. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				<b>0</b>
<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 2013 not applied on line 5 or line 7 (see instructions)				
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a	<b>11,420</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014				
<b>b</b> Excess from 2015				
<b>c</b> Excess from 2016				
<b>d</b> Excess from 2017				
<b>e</b> Excess from 2018	<b>11,420</b>			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling u

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**N/A**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here ☒ **u** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**MARGARET P. SCHACHTE 843-883-9199**  
**P.O. BOX 308 SULLIVANS ISLAND SC 29482**

**b** The form in which applications should be submitted and information and materials they should include:  
**SEE STATEMENT 9**

**c** Any submission deadlines:  
**SEE STATEMENT 10**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**SEE STATEMENT 11**

**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> <i>Paid during the year</i>				
<b>AMERICAN COLLEGE OF THE BUILDING AR</b> <b>649 MEETING STREET</b> <b>CHARLESTON SC 29403</b>		PC	GENERAL SUPPORT	5,000
<b>AMERICAN RIVERS</b> <b>1101 14TH STREET, NW</b> <b>WASHINGTON DC 20025</b>		PC	GENERAL SUPPORT	2,500
<b>THE ARK OF SC</b> <b>502 W 5TH N ST.</b> <b>SUMMERVILLE SC 29483</b>		PC	GENERAL SUPPORT	5,000
<b>ASSOCIATION FOR THE BLIND &amp;</b> <b>1 CARRIAGE LANE</b> <b>CHARLESTON SC 29407</b>		PC	GENERAL SUPPORT	4,128
<b>BERKELEY COUNTY FIRST STEPS PROGRAM</b> <b>6215 MURRAY DRIVE</b> <b>HANAHAN SC 29410</b>		PC	GENERAL SUPPORT	2,500
<b>BERKELEY COUNTY HABITAT FOR HUMANIT</b> <b>1 BELKNAP ROAD</b> <b>GOOSE CREEK SC 29445</b>		PC	GENERAL SUPPORT	2,500
<b>BRIDGE FOR END OF LIFE</b> <b>1156 BOWMAN ROAD</b> <b>MOUNT PLEASANT SC 29465</b>		PC	GENERAL SUPPORT	2,000
<b>CAROLINA YOUTH DEVELOPMENT CENTER</b> <b>5055 LACKAWANNA BLVD.</b> <b>NORTH CHARLESTON SC 29405</b>		PC	GENERAL SUPPORT	5,000
<b>CHARLESTON LEGAL ACCESS</b> <b>1630 MEETING STREET</b> <b>CHARLESTON SC 29445</b>		PC	GENERAL SUPPORT	2,000
<b>CHILDREN'S MUSEUM OF THE LOWCOUNTRY</b> <b>25 ANN STREET</b> <b>CHARLESTON SC 29403</b>		PC	GENERAL SUPPORT	2,000
<b>Total</b>			<b>u 3a</b>	<b>182,995</b>
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>u 3b</b>	





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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year				
<b>CHARLESTON PORT &amp; SEAFARERS SOCIETY</b> 400 LONG POINT RD. MOUNT PLEASANT SC 29464		PC	GENERAL SUPPORT	2,500
<b>CHARLESTON PRO BONO LEGAL SERVICES</b> 111 CHURCH STREET CHARLESTON SC 29401		PC	GENERAL SUPPORT	2,000
<b>CHARLESTON WATERKEEPER</b> 1630 MEETING STREET RD. CHARLESTON SC 29405		PC	GENERAL SUPPORT	5,000
<b>CITY OF CHARLESTON MOJA FESTIVAL</b> 75 CALHOUN STREET CHARLESTON SC 29401		GOV	GENERAL SUPPORT	2,500
<b>COASTAL CONSERVATION LEAGUE OF SC</b> 328 EAST BAY STREET CHARLESTON SC 29401		PC	GENERAL SUPPORT	2,000
<b>COASTAL CRISIS CHAPLAINCY</b> 2500 CITY HALL LANE NORTH CHARLESTON SC 29406		PC	GENERAL SUPPORT	3,000
<b>COLLEGE OF CHARLESTON FOUNDATION</b> 66 GEORGE STREET CHARLESTON SC 29401		PC	GENERAL SUPPORT	50,000
<b>TRIANGLE STRATEGIC AND FINANCIAL</b> 28 WYECREEK AVE. CHARLESTON SC 29412		PC	GENERAL SUPPORT	5,000
<b>DARKNESS TO LIGHT</b> 1064 GARDNER AVENUE CHARLESTON SC 29407		PC	GENERAL SUPPORT	1,000
<b>EDISTO ISLAND OPEN LAND TRUST</b> 547 SC-174 EDISTO ISLAND SC 29438		PC	GENERAL SUPPORT	2,500
<b>Total</b>			<b>u 3a</b>	
<b>b</b> Approved for future payment N/A				
<b>Total</b>			<b>u 3b</b>	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> <b>DORCHESTER CHILDREN'S ADVOCACY CTR</b> <b>303 EAST RICHARDSON AVENUE</b> <b>SUMMERVILLE SC 29483</b>  <b>ENGAGING CREATIVE MINDS</b> <b>7301 RIVERS AVENUE</b> <b>NORTH CHARLESTON SC 29406</b>  <b>GIRL SCOUTS OF EASTERN SC</b> <b>7257 CROSS COUNTY ROAD</b> <b>NORTH CHARLESTON SC 29418</b>  <b>HARRY HAMPTON MEMORIAL WILDLIFE FUN</b> <b>P.O. BOX 2641</b> <b>COLUMBIA SC 29202</b>  <b>HEALING SPECIES</b> <b>637 FARNUM ROAD</b> <b>ORANGEBURG SC 29118</b>  <b>LOWCOUNTRY LAND TRUST</b> <b>635 RUTLEDGE AVENUE</b> <b>CHARLESTON SC 29403</b>  <b>LOWCOUNTRY MARITIME SOCIETY</b> <b>1230 PHERIGO STREET</b> <b>MOUNT PLEASANT SC 29464</b>  <b>MUSC FOUNDATION</b> <b>1143 SIX MILE ROAD</b> <b>MOUNT PLEASANT SC 29466</b>  <b>OPERATION HOME</b> <b>2120 NOISETTE BLVD.</b> <b>NORTH CHARLESTON SC 29405</b>  <b>OUR LADY OF MERCY COMMUNITY OUTREAC</b> <b>1684 BROWNSWOOD ROAD</b> <b>JOHNS ISLAND SC 29455</b>		PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL	SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT	4,000  2,000  2,867  2,000  4,500  2,500  4,000  3,000  3,000  10,000
<b>Total</b>			<b>u 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>u 3b</b>	



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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> <b>PUPPETRY ARTS THEATRE OF CHARLESTON</b> <b>5919 DRAYTON STREET</b> <b>RAVENEL SC 29470</b>  <b>READING PARTNERS SOUTH CAROLINA</b> <b>6296 RIVERS AVENUE</b> <b>NORTH CHARLESTON SC 29405</b>  <b>REDUX CONTEMPORARY ART CENTER</b> <b>1056 KING STREET</b> <b>CHARLESTON SC 29403</b>  <b>SMALLS INSTITUTE FOR MUSIC AND</b> <b>PO BOX 13497</b> <b>CHARLESTON SC 29422</b>  <b>SOUTH CAROLINA EMPOWERMENT</b> <b>62 BRIDGEWAY DRIVE</b> <b>LAURENS SC 29330</b>  <b>TRICOUNTY FAMILY MINISTRIES</b> <b>2105 COSGROVE AVE</b> <b>NORTH CHARLESTON SC 29405</b>  <b>TURNING LEAF PROJECT</b> <b>3765 LEEDS AVE</b> <b>NORTH CHARLESTON SC 29405</b>  <b>THE UNDERGARMENT SOCIETY</b> <b>PO BOX 14576</b> <b>CHARELSTON SC 29422</b>  <b>SOUTH CAROLINA HISTORICAL SOCIETY</b> <b>100 MEETING STREET</b> <b>CHARLESTON SC 29401</b>  <b>SPOLETO FESTIVAL USA</b> <b>14 GEORGE STREET</b> <b>CHARLESTON SC 29401</b>		PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL PC GENERAL	SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT SUPPORT	2,500  2,500  2,500  2,000  2,500  3,000  3,000  10,000  7,000  2,000
<b>Total</b>			<b>u 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>u 3b</b>	

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

FYE: 12/31/2018

**Federal Statements****Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING	\$ 7,700	\$ 2,310	\$	\$ 5,390
TOTAL	\$ 7,700	\$ 2,310	\$ 0	\$ 5,390

**Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ASSET BASED FEES	\$ 32,776	\$ 32,776	\$	\$
TOTAL	\$ 32,776	\$ 32,776	\$ 0	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN INCOME TAXES	\$ 98	\$ 98	\$	\$
FEDERAL EXCISE TAXES	3,110			
TOTAL	\$ 3,208	\$ 98	\$ 0	\$ 0

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

FYE: 12/31/2018

**Federal Statements****Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
INSURANCE	1,135	567		568
MEMBERSHIPS	610			610
OFFICE	4,095	615		3,480
TOTAL	\$ 5,840	\$ 1,182	\$ 0	\$ 4,658

**Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CORPORATE STOCKS AND MUTUAL FUNDS	\$ 3,156,884	\$ 3,008,947	MARKET	\$ 3,354,605
TOTAL	\$ 3,156,884	\$ 3,008,947		\$ 3,354,605

**Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CORPORATE BONDS	\$ 204,445	\$ 236,334	MARKET	\$ 227,830
		3,451	MARKET	
TOTAL	\$ 204,445	\$ 239,785		\$ 227,830

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

FYE: 12/31/2018

**Federal Statements****Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
EQUIPMENT	\$	\$ 3,769	\$ 3,769	\$
TOTAL	\$ 0	\$ 3,769	\$ 3,769	\$ 0

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

FYE: 12/31/2018

**Federal Statements****Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
WALTER C. REGNERY 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	PRESIDENT	0.50	0	0	0
MARGARET P. SCHACHTE 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	EXECUTIVE VI	8.00	45,291	0	0
PATRICIA L. REGNERY (TERM ENDED) 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	TREASURER	0.50	0	0	0
MILDRED D. KITCHELL 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	SECRETARY	0.50	0	0	0
EUGENIE J. PARKER 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	TRUSTEE	0.50	0	0	0
YONGE R. JONES 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	TRUSTEE	0.50	0	0	0
CHRISTOPHER C. SCHACHTE 1768 ATLANTIC AVE SULLIVAN'S ISLAND SC 29482	TRUSTEE	0.50	0	0	0

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

## Federal Statements

FYE: 12/31/2018

### **Statement 9 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents**

#### Description

PROPOSAL SUBMITTED ELECTRONICALLY ON DESIGNATED APPLICATION FORM PROVIDED ON THE JOANNA FOUNDATION WEB SITE OR AVAILABLE BY REQUEST.

### **Statement 10 - Form 990-PF, Part XV, Line 2c - Submission Deadlines**

#### Description

THE FOUNDATION HAS THREE FUNDING CYCLES PER YEAR. UPCOMING DEADLINES ARE POSTED ON ITS WEBSITE.

### **Statement 11 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations**

#### Description

THE FUNDING AREA FOCUSES ON SOUTH CAROLINA. THE FOUNDATION GENERALLY DOES NOT REVIEW REQUESTS FROM ORGANIZATIONS THAT DO NOT HAVE A SIGNIFICANT IMPACT WITHIN AT LEAST ONE OF FIVE DESIGNATED COUNTIES: BERKELEY, CHARLESTON DORCHESTER, LAURENS AND NEWBERRY.

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.****Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0687

**2018**Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed**B** Exempt under section☒ 501(c) ( **3** )☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)**C** Book value of all assets  
at end of year**3,551,699****Print  
or  
Type**Name of organization ( ☐ Check box if name changed and see instructions.)**THE JOANNA FOUNDATION**

Number, street, and room or suite no. If a P.O. box, see instructions.

**PO BOX 308**

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

**SULLIVANS ISLAND SC 29482-0308****D** Employer identification number  
(Employees' trust, see instructions.)**57-0314444****E** Unrelated business activity code  
(See instructions.)**F** Group exemption number (See instructions.) **u****G** Check organization type **u** ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Enter the number of the organization's unrelated trades or businesses. **u** \_\_\_\_\_ Describe the only (or first) unrelated trade or business here  
**u** \_\_\_\_\_. If only one, completeParts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete  
Schedule M for each additional trade or business, then complete Parts III–V.**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** ☐ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation.**J** The books are in care of **u** **MARGARET P. SCHACHTE** Telephone number **u** **843-883-9199****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0</b>	<b>0</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29</b> <b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<b>0</b>

**Part III Total Unrelated Business Taxable income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	<b>Alternative minimum tax (trusts only)</b>	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800 (see instructions)	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	<b>Total credits.</b> Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47		
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49		
50a	Payments: A 2017 overpayment credited to 2018	50a		
b	2018 estimated tax payments	50b	5,595	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	50g		
51	<b>Total payments.</b> Add lines 50a through 50g	51		5,595
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	52		
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed <b>u</b>	53		0
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid <b>u</b>	54		5,595
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax u</b> <b>Refunded u</b>	55		5,595

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here <b>u</b>	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Sign Here**

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.

**u****u EXECUTIVE VICE PRES**May the IRS discuss this return with the preparer shown below (see instructions)?  
☐ Yes ☐ No

Signature of officer	Date	Title	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
			ERIK M. GLASER, CPA				P00724565
Firm's name } <b>GLASER AND COMPANY, LLC</b>				Firm's EIN } <b>20-5788602</b>			
Firm's address } <b>149 E BAY ST SUITE 200</b>							
Firm's address } <b>CHARLESTON, SC 29401-3134</b>				Phone no. <b>843-849-0179</b>			



Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)  
(see instructions)

1. Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>u</b>		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals <b>u</b>				
Total dividends-received deductions included in column 8 <b>u</b>				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
--	--	--	---	---

**Totals** ..... **u****Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
--	--	---	--	---

**Totals** ..... **u****Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
--	--	--	--	---

**Totals** ..... **u****Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) ... **u**

**Part II**

**Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>u</b>					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .....	<b>u</b>					

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14		<b>u</b>	

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service**u** Attach to the corporation's tax return.**uGo to** [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**2018**

Name

**THE JOANNA FOUNDATION**

Employer identification number

**57-0314444**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>3,101</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>3,101</b>
<b>4</b> Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	<b>4</b>	<b>6,538</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>3,101</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year . . . . .	<b>9</b>	<b>05/15/18</b>	<b>06/15/18</b>	<b>09/15/18</b>	<b>12/15/18</b>
<b>10</b> <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column . . . . .	<b>10</b>	<b>775</b>	<b>775</b>	<b>775</b>	<b>776</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions . . . . .  <i>Complete lines 12 through 18 of one column before going to the next column.</i>	<b>11</b>			<b>1,865</b>	<b>3,730</b>
<b>12</b> Enter amount, if any, from line 18 of the preceding column . . . . .	<b>12</b>				
<b>13</b> Add lines 11 and 12 . . . . .	<b>13</b>			<b>1,865</b>	<b>3,730</b>
<b>14</b> Add amounts on lines 16 and 17 of the preceding column . . . . .	<b>14</b>		<b>775</b>	<b>1,550</b>	<b>460</b>
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	<b>15</b>	<b>0</b>	<b>0</b>	<b>315</b>	<b>3,270</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- . . . . .	<b>16</b>		<b>775</b>	<b>0</b>	
<b>17</b> <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 . . . . .	<b>17</b>	<b>775</b>	<b>775</b>	<b>460</b>	<b>0</b>
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column . . . . .	<b>18</b>				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2018)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <i>C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.</i> ) See instructions .....	<b>19</b> <b>SEE WORKSHEET</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 5% (0.05)	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 6% (0.06)	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x **%	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x **%	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x **%	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x **%	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....			<b>38</b> \$	<b>9</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form <b>2220</b>		<b>Form 2220 Worksheet</b>		<b>2018</b>	
		For calendar year 2018, or tax year beginning , and ending			
Name			Employer Identification Number		
<b>THE JOANNA FOUNDATION</b>			<b>57-0314444</b>		
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
Due date of estimated payment	<u>05/15/18</u>	<u>06/15/18</u>	<u>09/15/18</u>	<u>12/15/18</u>	
Amount of underpayment	<u>775</u>	<u>775</u>	<u>460</u>		
Prior year overpayment applied					
	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment		<u>07/10/18</u>	<u>09/17/18</u>	<u>12/09/18</u>	
Amount of payment		<u>1,865</u>	<u>1,865</u>	<u>1,865</u>	

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/18	7/10/18	775	56	5.00	6
2	6/15/18	7/10/18	775	25	5.00	3
3	9/15/18	9/17/18	460	2	5.00	0
TOTAL PENALTY						9
						=====

## THE JOANNA FOUNDATION

## 57-0314444 FORM 990-PF ESTIMATES

Form **990-W**  
(Worksheet)  
Department of the Treasury  
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**  
(and on Investment Income for Private Foundations)

u Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
u Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

**2019**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax for trusts. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	3,101
b	Enter the tax shown on the 2018 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	3,101
c	<b>2019 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	3,101

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions .....	11	05/15/19	06/17/19	09/16/19	12/16/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	776	776	776	776
13	2018 Overpayment. See instructions .....	13	776	776	776	157
14	Payment due (Subtract line 13 from line 12) .....	14				619

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Form <b>990-PF</b>		<b>Underdistribution and Excess Distributions for Part XIII</b>		<b>2018</b>
		For calendar year 2018, or tax year beginning , ending		
Name				Employer Identification Number
<b>THE JOANNA FOUNDATION</b>				<b>57-0314444</b>

**Undistributed Income Carryovers**  
Form 990-PF, Part XIII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2018	Total per Year		Nontaxable or Previously Taxed	Taxable in 2019
Years prior						
20 <b>14</b>						
20 <b>15</b>						
20 <b>16</b>						
2017		19,766	19,766	19,766		
2018			216,282	216,282		
Total Carryover to Next Year						0

\* Carryover amount includes 4942(a) amounts

**Excess Distribution Carryovers**  
Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2013		
2014		
2015		
2016		
2017		
Current Year Excess Distribution Generated (2018)		11,420
Total Carryover to Next Year		11,420



Form **990PF****Two Year Comparison Report****2017 & 2018**

For calendar year 2018, or tax year beginning , ending

Name

Taxpayer Identification Number

**THE JOANNA FOUNDATION****57-0314444**

		2017		2018		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.					
	3. Dividends and interest from securities	3.	84,586	84,586	85,694	85,694	1,108
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.	277,423		262,148	-15,275	
	6. Capital gain net income	6.		277,423	262,148		-15,275
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. <b>Total.</b> Add lines 1 through 8	9.	362,009	362,009	347,842	347,842	-14,167
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.	44,281	443	45,291	453	1,010
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.	3,387	34	4,932	49	1,545
	13. Professional fees	13.	38,006	32,686	40,476	35,086	2,470
	14. Interest	14.					
	15. Taxes	15.	6,587	74	3,208	98	-3,379
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.	10,527	1,878	11,374	2,012	847
	19. Contributions, gifts, grants paid	19.	124,000		182,995	58,995	
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.	226,788	35,115	288,276	37,698	61,488
	21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	135,221	326,894	59,566	310,144	-75,655
<b>Taxes</b>	22. Excise Tax	22.		6,538		3,101	-3,437
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.		6,538		3,101	-3,437
<b>Due / Refund</b>	26. Estimates and overpayments credited	26.		1,526		5,595	4,069
	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. <b>Total payments and credits</b>	29.		1,526		5,595	4,069
	30. <b>Balance due / (Overpayment)</b>	30.		5,012		-2,494	-7,506
	31. Overpayment credited to next year	31.				2,485	2,485
	32. Penalty	32.		50		9	-41
<b>Other</b>	33. <b>Net due / (Refund)</b>	33.		5,062		0	-5,062
	34. Total assets	34.	3,490,628		3,551,699		0
	35. Total liabilities	35.	0		1,505		0
	36. <b>Net assets</b>	36.	3,490,628		3,550,194		0

Form **990PF****Tax Return History****2018**

Use the 2Yr Report for more recent historical information

Name

**THE JOANNA FOUNDATION**

Taxpayer Identification Number

**57-0314444**

		2014		2015		2016	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.					
	3. Dividends and interest from securities	3.		80,219	80,219	78,730	78,730
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.		156,192		44,648	
	6. Capital gain net income	6.			156,192		44,648
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. <b>Total.</b> Add lines 1 through 8	9.	0	0	236,411	236,411	123,378
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.		41,908	419	43,096	431
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.		3,474	35	3,297	33
	13. Professional fees	13.		37,362	32,042	35,995	30,675
	14. Interest	14.					
	15. Taxes	15.		4,195	33	1,051	27
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.		6,304	967	6,737	1,282
	19. Contributions, gifts, grants paid	19.		128,744		137,950	
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.		221,987	33,496	228,126	32,448
	21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	0	0	14,424	202,915	-104,748
<b>Taxes</b>	22. Excise Tax	22.			4,058		909
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.			4,058		909
<b>Due / Refund</b>	26. Estimates and overpayments credited	26.			2,200		950
	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. <b>Total payments and credits</b>	29.			2,200		950
	30. <b>Balance due / (Overpayment)</b>	30.		0	1,858		0
	31. Overpayment credited to next year	31.					26
	32. Penalty	32.			138		15
	33. <b>Net due / (Refund)</b>	33.		0	1,720		0
<b>Other</b>	34. Total assets	34.	0		3,466,127		3,360,254
	35. Total liabilities	35.	0		5,972		4,847
	36. <b>Net assets</b>	36.	0		3,460,155		3,355,407

JOANNAFOUND THE JOANNA FOUNDATION

57-0314444

FYE: 12/31/2018

**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ <u>85,694</u>		14		
TOTAL	\$ <u><u>85,694</u></u>				