

Form **990-PF**

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

OMB No. 1545-0047

**2020**

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 **2020** 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"/>
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		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
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		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>u \$ 4,981,345</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(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)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <b>u</b> <input checked="" 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	63,233	63,233		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	13,177			
	b Gross sales price for all assets on line 6a <b>2,962,449</b>				
	7 Capital gain net income (from Part IV, line 2)		13,177		
	8 Net short-term capital gain			0	
	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 <b>Total.</b> Add lines 1 through 11	76,410	76,410	0		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	46,818	468		46,350
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	3,582	36		3,546
	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>	31,829	31,829		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>Stmt 3</b>	701	136		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	2,697	405		2,292
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>Stmt 4</b>	1,322	600		722
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	94,649	35,784	0	58,300
	25 Contributions, gifts, grants paid <b>See Statement 5</b>	146,285			146,285
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	240,934	35,784	0	204,585	
27 Subtract line 26 from line 12:					
a <b>Excess of revenue over expenses and disbursements</b>	-164,524				
b <b>Net investment income</b> (if negative, enter -0-)		40,626			
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2020)

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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	234,601	223,390	223,390
	3	Accounts receivable <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>			
	4	Pledges receivable <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule) <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	3,414	2,250	2,250
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) <b>See Stmt 6</b>	2,961,666	3,096,589	4,755,705
	c	Investments – corporate bonds (attach schedule) <b>See Stmt 7</b>	287,072		
	11	Investments – land, buildings, and equipment: basis <b>u</b>			
	Less: accumulated depreciation (attach sch.) <b>u</b>				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment: basis <b>u</b>				
	Less: accumulated depreciation (attach sch.) <b>u</b>				
15	Other assets (describe <b>u</b> )				
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	3,486,753	3,322,229	4,981,345	
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 <b>u</b> )			
	23	<b>Total liabilities</b> (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <b>u</b> <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	3,486,753	3,322,229	
	25	Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <b>u</b> <input type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	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)	3,486,753	3,322,229		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	3,486,753	3,322,229		

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 3,486,753
2	Enter amount from Part I, line 27a	2 -164,524
3	Other increases not included in line 2 (itemize) <b>u</b>	3
4	Add lines 1, 2, and 3	4 3,322,229
5	Decreases not included in line 2 (itemize) <b>u</b>	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6 3,322,229

**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 See Worksheet</b>				
<b>b</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</b>				
<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.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss)</b>		[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]		<b>2 13,177</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b>		[ If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 ]		<b>3 -82,120</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

<b>1 Reserved</b>			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
<b>2 Reserved</b> .....			<b>2</b>
<b>3 Reserved</b> .....			<b>3</b>
<b>4 Reserved</b> .....			<b>4</b>
<b>5 Reserved</b> .....			<b>5</b>
<b>6 Reserved</b> .....			<b>6</b>
<b>7 Reserved</b> .....			<b>7</b>
<b>8 Reserved</b> .....			<b>8</b>

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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>	Reserved	<b>1</b>	<b>565</b>
<b>c</b>	All other domestic foundations enter 1.39% 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>565</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>565</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	<b>1,785</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>1,785</b>
<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>u</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>u</b>	<b>10</b>	<b>1,220</b>
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax u 1,220 Refunded u</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?		<b>X</b>
<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 <b>N/A</b>		
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.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>u</b> \$ _____ <b>(2)</b> 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.		<b>X</b>
<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		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<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> .		<b>X</b>
<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?	<b>X</b>	
<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	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>u 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 <b>See Stmt 8</b>		<b>X</b>
<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 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes," complete Part XIV		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<b>X</b>

**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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>u WWW.JOANNAFOUNDATION.ORG</b>	<input checked="" type="checkbox"/>	
14	The books are in care of <b>u MARGARET P. SCHACHTE</b> Telephone no. <b>u 843-883-9199</b> <b>PO BOX 308</b> Located at <b>u SULLIVANS ISLAND</b> SC ZIP+4 <b>u 29482</b>		
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 <b>u 15</b>		<input type="checkbox"/>
16	At any time during calendar year 2020, 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>		<input checked="" type="checkbox"/>

**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? ( <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	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. Organizations relying on a current notice regarding disaster assistance, check here <b>u</b> <input type="checkbox"/> <b>N/A</b>	1b	
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 2020? <b>N/A</b>	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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 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 <b>all</b> years listed, answer "No" and attach statement – see instructions.) <b>N/A</b>	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>u</b> 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 2020 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 2020.)	3b	<input checked="" type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<input checked="" type="checkbox"/>
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 2020?	4b	<input checked="" type="checkbox"/>

**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>		
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?	N/A <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?		<b>6b</b>		<b>X</b>
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?	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 9				

**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 0

**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 <b>N/A</b>	
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 <b>N/A</b>	
2	
3 All other program-related investments. See instructions.	

**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>4,063,705</b>
<b>b</b>	Average of monthly cash balances .....	<b>1b</b>	<b>225,693</b>
<b>c</b>	Fair market value of all other assets (see instructions) .....	<b>1c</b>	<b>2,728</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1d</b>	<b>4,292,126</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>4,292,126</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) .....	<b>4</b>	<b>64,382</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>4,227,744</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	<b>211,387</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>211,387</b>
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5 .....	<b>2a</b>	<b>565</b>
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.) .....	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2c</b>	<b>565</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	<b>210,822</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>210,822</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>210,822</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>204,585</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>204,585</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>0</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	<b>204,585</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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				<b>210,822</b>
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018	<b>519</b>			
<b>e</b> From 2019				
<b>f Total</b> of lines 3a through e	<b>519</b>			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: <b>u</b> \$ <b>204,585</b>				
<b>a</b> Applied to 2019, 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 2020 distributable amount				<b>204,585</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	<b>519</b>			<b>519</b>
<b>6 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>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 2019. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				<b>5,718</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 2015 not applied on line 5 or line 7 (see instructions)				
<b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020				

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<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 10**

**c** Any submission deadlines:  
**See Statement 11**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**See Statement 12**

**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>				
Avian Conservation Center 4719 Highway 17 North Awendaw SC 29429		General	Support	20,000
The Ark of SC P.O. Box 1540 Summerville SC 29482		General	Support	2,500
Association for the Blind and 1 Carriage Lane Charleston SC 29407		General	Support	2,500
Bridges for End-of-Life 1691 Turnbull Street North Charleston SC 29405		General	Support	2,000
Camp Happy Days 1 Carriage Lane Charleston SC 29407		General	Support	2,000
Carolina Children's Charity P.O. Box 30068 Charleston SC 29417		General	Support	2,000
Charleston Legal Access 3775 Spruill Avenue North Charleston SC 29405		General	Support	2,000
Charleston Pro Bono Legal Service 111 Church Street Charleston SC 29401		General	Support	2,000
Charleston Waterkeeper 514 Mill Street Mount Pleasant SC 29464		General	Support	3,500
Children's Museum of the Low 25 Ann Street Charleston SC 29403		General	Support	2,500
<b>Total</b>			<b>u 3a</b>	<b>146,285</b>
<b>b</b> <i>Approved for future payment</i> 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> City of Charleston Office of 75 Calhoun Street Charleston SC 29403			General Support	2,500
The Colour of Music Festival P.O. Box 22724 Charleston SC 29413			General Support	2,000
Dance Matters 28 Wyecreekl Avenue Charleston SC 29412			General Support	2,500
Dee Norton Child Advocacy Center 1061 King Street Charleston SC 29403			General Support	2,500
East Cooper Habitat for Humanity P.O. Box 1990 Mount Pleasant SC 29465			General Support	3,000
Empowered Minds 1676 Lauda Drive Mount Pleasant SC 29464			General Support	3,000
Friends of Lowcountry Lowline 1629 Meeting Street Charleston SC 29405			General Support	7,500
The Green Heart Project 759 King Street Unit A Charleston SC 29403			General Support	2,500
HALOS 4995 Lacross Road North Charleston SC 29406			General Support	3,000
Increasing H.O.P.E 1551 Remount Road North Charleston SC 29406			General Support	2,500
<b>Total</b>			<b>u 3a</b>	
<b>b</b> <i>Approved for future payment</i> 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>Laurens County Museum Association</b> P.O. Box 932 Laurens SC 29360			General Support	1,285
<b>Lions Vision Services</b> 234-C Outlet Pointe Blvd Columbia SC 29210			General Support	2,000
<b>Lowcountry Autism Foundation</b> P.O. Box 31874 Charleston SC 29417			General Support	3,000
<b>Lowcountry Local First</b> 1859 Summerville Drive Charleston SC 29405			General Support	2,500
<b>Lowcountry Maritime School</b> 1230 Pherigo Street Mount Pleasant SC 29464			General Support	2,500
<b>North Charleston Dental Outreach</b> P.O. Box 30994 North Charleston SC 29417			General Support	5,000
<b>Operation Home</b> 3973 Rivers Avenue North Charleston SC 29405			General Support	3,000
<b>Operation Sight</b> 1101 Clarity Road Mount Pleasant SC 29464			General Support	2,000
<b>Our Lady of Mercy Community</b> 1684 Brownswood Road Johns Island SC 29455			General Support	6,000
<b>Preservation Society of Charleston</b> 147 King Street Charleston SC 29401			General Support	1,500
<b>Total</b>			<b>u 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
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>Reading Partners South Carolina</b> P.O. Box 61809 North Charleston SC 29419			<b>General Support</b>	<b>2,500</b>
<b>Rein and Shine</b> 4857 Windward Farm Road Awendaw SC 29429			<b>General Support</b>	<b>2,500</b>
<b>Root &amp; Rebound</b> 210 Shaw Street Greenville SC 29609			<b>General Support</b>	<b>2,500</b>
<b>Specialized Alternatives for Famili</b> 4925 Lacross Road North Charleston SC 29406			<b>General Support</b>	<b>2,500</b>
<b>Stella Maris Catholic Church</b> P.O. Box 280 Sullivan's Island SC 2948			<b>General Support</b>	<b>30,000</b>
<b>The Sustainability Institute</b> 1850 Truxtun Avenue North Charleston SC 29405			<b>General Support</b>	<b>3,000</b>
<b>Tricounty Cradle to Career Collabor</b> 1691 Turnbull Avenue North Charleston SC 29405			<b>General Support</b>	<b>2,500</b>
<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>	







Form <b>990-PF</b>	Capital Gains and Losses for Tax on Investment Income	<b>2020</b>
For calendar year 2020, or tax year beginning _____, and ending _____		

Name <b>THE JOANNA FOUNDATION</b>	Employer Identification Number <b>57-0314444</b>
--------------------------------------	---

	(a) List and describe the kind(s) of property sold, e.g., 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.)
(1)	<b>4359-3272</b>	<b>P</b>		
(2)	<b>4359-3272</b>	<b>P</b>		
(3)	<b>1248-8041</b>	<b>P</b>		
(4)	<b>1248-8041</b>	<b>P</b>		
(5)	<b>4695-9839</b>	<b>P</b>		
(6)	<b>4695-9839</b>	<b>P</b>		
(7)	<b>Capital Gains Distribution</b>			
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

	(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)
(1)	<b>387,095</b>		<b>375,799</b>	<b>11,296</b>
(2)	<b>381,198</b>		<b>385,233</b>	<b>-4,035</b>
(3)	<b>207,737</b>		<b>213,867</b>	<b>-6,130</b>
(4)	<b>123,059</b>		<b>113,710</b>	<b>9,349</b>
(5)	<b>1,247,852</b>		<b>1,335,138</b>	<b>-87,286</b>
(6)	<b>609,541</b>		<b>525,525</b>	<b>84,016</b>
(7)	<b>5,967</b>			<b>5,967</b>
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
(1)			<b>11,296</b>
(2)			<b>-4,035</b>
(3)			<b>-6,130</b>
(4)			<b>9,349</b>
(5)			<b>-87,286</b>
(6)			<b>84,016</b>
(7)			<b>5,967</b>
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

57-0314444

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
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**

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
Asset based fees	\$ 31,829	\$ 31,829	\$	\$
Total	\$ 31,829	\$ 31,829	\$ 0	\$ 0

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
FOREIGN INCOME TAXES	\$ 136	\$ 136	\$	\$
Federal Excise Taxes	565			
Total	\$ 701	\$ 136	\$ 0	\$ 0

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
Expenses	\$	\$	\$	\$
INSURANCE	1,149	574		575
Office	173	26		147
Total	\$ 1,322	\$ 600	\$ 0	\$ 722

57-0314444

**Federal Statements****Statement 5 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants**

<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>
2,000		.			

**Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
CORPORATE STOCKS AND MUTUAL FUNDS	\$ 2,961,666	\$ 3,096,589	Market	\$ 4,755,705
Total	\$ 2,961,666	\$ 3,096,589		\$ 4,755,705

**Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
CORPORATE BONDS	\$ 287,072	\$	Market	\$
Total	\$ 287,072	\$ 0		\$ 0

57-0314444

## Federal Statements

### **Statement 8 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation**

#### Description

---

The SC Secretary of State requires registration, but does not require the filings of such reports for SC Private Foundations.

57-0314444

**Federal Statements****Statement 9 - 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
Christopher C. Schachte 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
MARGARET P. SCHACHTE 1768 Atlantic Ave Sullivan's Island SC 29482	EXECUTIVE VI	8.00	46,818	0	0

57-0314444

**Federal Statements****Statement 10 - 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 11 - 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 12 - 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.

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

OMB No. 1545-0047

**2021**

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	565
b	Enter the tax shown on the 2020 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	565
c	<b>2021 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	565

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions	11	05/17/21	06/15/21	09/15/21	12/15/21
12	<b>Required installments.</b> 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	142	142	142	142
13	<b>2020 Overpayment.</b> See instructions	13	142	142	142	142
14	<b>Payment due</b> (Subtract line 13 from line 12)	14				

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

Form <b>990-PF</b>	<b>Underdistribution and Excess Distributions for Part XIII</b>	<b>2020</b>
For calendar year 2020, or tax year beginning _____, ending _____		
Name <b>THE JOANNA FOUNDATION</b>		Employer Identification Number <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 2020	Total per Year		Nontaxable or Previously Taxed	Taxable in 2021
Years prior						
20 <b>16</b>						
20 <b>17</b>						
20 <b>18</b>						
2019						
2020			<b>210,822</b>	<b>205,104</b>		<b>5,718</b>
Total Carryover to Next Year						<b>5,718</b>

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers

Form 990-PF, Part XIII

Preceding Tax Year Excess Distributions	Current Year	Next Year
	Decreases	Carryover
2015		
2016		
2017		
2018	<b>519</b>	
2019		
Current Year Excess Distribution Generated (2020)		<b>0</b>
Total Carryover to Next Year		<b>0</b>