Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2022

OMB No. 1545-0047

EIN or SSN Name of filer THE JOANNA FOUNDATION 57-0314444 Name and title of officer or person subject to tax MARGARET P. SCHACHTE INTERIM PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax I am a person subject to tax with respect to (name Under penalties of perjury, I declare that |X| I am an officer of the above entity or and that I have examined a copy of the , (EIN) 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize Glaser and Company, LLC _____ to enter my PIN as my signature Enter five numbers, but FRO firm name on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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 PIN on the return's disclosure consent screen.

Margaret P. Schachte Signature of officer or person subject to tax _ **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57640160640 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Frit M. Glaser

Date 07/27/23

ERO's signature _

Providers for Business Returns.

Form 990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

For calendar year 2022 or tax year beginning

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

, and ending

Open to Public Inspection

A Employer identification number Name of foundation THE JOANNA FOUNDATION 57-0314444 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO BOX 308 843-792-0868 City or town, state or province, country, and ZIP or foreign postal code **C** If exemption application is pending, check here SULLIVANS ISLAND SC 29482-0308 **G** Check all that apply: Initial return of a former public charity **D** 1. Foreign organizations, check here Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method: | Cash | X Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here end of year (from Part II, col. (c), 4,150,446 | (Part I, column (d), must be on cash basis.) line 16) \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) éxpenses per books income income purposes (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check |X| if the foundation is not required to attach Sch. B 982 982 3 Interest on savings and temporary cash investments 70,054 70,054 Dividends and interest from securities 4 5a Gross rents b Net rental income or (loss) 68,384 6a Net gain or (loss) from sale of assets not on line 10 3,477,062 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 68,384 7 Net short-term capital gain _____ 0 Income modifications 9 10a Gross sales less returns and allowances Less: Cost of goods sold b Gross profit or (loss) (attach schedule) C Other income (attach schedule) 11 139,420 139,420 12 Total. Add lines 1 through 11 Operating and Administrative Expenses 48,948 490 48,458 Compensation of officers, directors, trustees, etc. 13 14 Other employee salaries and wages Pension plans, employee benefits 3,744 374 3,370 15 Legal fees (attach schedule) 16a 7,700 2,310 5,390 Accounting fees (attach schedule) Stmt 1 b 37,518 37,518 Other professional fees (attach schedule) Stmt 2 17 Interest Taxes (attach schedule) (see instructions) Stmt 3 2,104 709 18 Depreciation (attach schedule) and depletion 19 20 Occupancy 10,312 Travel, conferences, and meetings 1,547 8,765 21 Printing and publications 22 Other expenses (att. sch.) Stmt 4 23 1,784 688 1,096 24 Total operating and administrative expenses. Add lines 13 through 23 112,110 43,636 67,079 169,500 169,500 25 Contributions, gifts, grants paid 281,610 43,636 0 236,579 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: -142,190Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 95,784 Adjusted net income (if negative, enter -0-)

	Part			End o	of year
		should be for end-of-year amounts only. (See instructions	.) (a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	92,982	160,351	160,351
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
	•	Less: allowance for doubtful accounts 0			
"	8				
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges	974	1,002	1,002
155	10a	Investments – U.S. and state government obligations (attach schedule)	3.2		2,002
1	b	Investments – corporate stock (attach schedule) See Stmt 5	3,466,058	3,247,614	3,989,093
			3/100/030	3,21,,011	3/303/033
	C 44	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	42	Less: accumulated depreciation (attach sch.)			
	12 13	Investments – mortgage loans			
		Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis			
	45	Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers – see the	3,560,014	2 409 967	4,150,446
\dashv	47	instructions. Also, see page 1, item I)	10,252	3,408,967 1,395	
	17	Accounts payable and accrued expenses	10,232	1,393	
S	18	Grants payable			
Liabilities	19	Deferred revenue			
ig	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)	10.252	1 205	
-	23	Total liabilities (add lines 17 through 22)	10,252	1,395	
S		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
nces		•	2 540 762	2 407 572	
ala	24	Net assets without donor restrictions	3,549,762	3,407,572	
or Fund Bala	25	Net assets with donor restrictions			
pu		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
교		•			
ō	26	Capital stock, trust principal, or current funds			
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSe	28	Retained earnings, accumulated income, endowment, or other funds	2 540 760	2 407 570	
ğ	29	Total net assets or fund balances (see instructions)	3,549,762	3,407,572	
let	30	Total liabilities and net assets/fund balances (see	2 560 014	2 400 067	
_	D = -4	instructions)	3,560,014	3,408,967	
_	Part				T
1		net assets or fund balances at beginning of year - Part II, column (a), line 29 (m			2 542 562
_		of-year figure reported on prior year's return)		l =	3,549,762
		amount from Part I, line 27a			-142,190
3	Othe	r increases not included in line 2 (itemize)			2 405 555
		ines 1, 2, and 3		4	3,407,572
5	Decr	eases not included in line 2 (itemize)		5	2 407 570
6	Fotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II. column	(b) line 29	6	3,407,572

Pa	art IV Capital Gains a	and Losses for Tax on Invest	ment Income			
	(a) List and describe the 2-story brick wareh	e kind(s) of property sold (for example, real nouse; or common stock, 200 shs. MLC Co	estate, .)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				P		
b	Capital Gains	Distribution				
С						
d						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		in or (loss) (f) minus (g))
а	3,471,995			3,408,678		63,317
b	5,067			•		5,067
С						
d						
е						
	Complete only for assets showing	ng gain in column (h) and owned by the	foundation on 12/3	1/69.	(I) Gains (Co	ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any	col. (k), but no	ot less than -0-) or from col. (h))
a						63,317
b						5,067
						•
d						
e						
3 N	f gain, also enter in Part I, line 8	capital loss) If gain, also enter in If (loss), enter -0- in less) as defined in sections 1222(5) and B, column (c). See instructions. If (loss)	n Part I, line 7		2	68,384
	Part I, line 8	sed on Investment Income (S		4940(b) or 494	3 12 see instru	ictions)
		<u> </u>			+o—see msut	ictions)
1a		described in section 4940(d)(2), check	_	ter "N/A" on line 1.		1 221
h		letter: (attach co			tions) 1	1,331
b		enter 1.39% (0.0139) of line 27b. Exe				
•	Tax under coetien 511 (demon	12, col. (b)	la farmalations and u	others enter 0 \		0
2	Add lines 1 and 0	stic section 4947(a)(1) trusts and taxab			2	1,331
3	Add lines 1 and 2	stic section 4947(a)(1) trusts and taxab	lo foundations only	others enter 0)		1,331
4						1,331
5		ncome. Subtract line 4 from line 3. If ze	10 01 1655, 611(61 -0-			1,331
6	Credits/Payments:	and 2021 evernoument aredited to 202	ء ا	a		
a		and 2021 overpayment credited to 202				
b	Tay paid with application for a	- tax withheld at source	6	-		
C C		xtension of time to file (Form 8868)	۱ ـ	d l		
d 7	Backup withholding erroneous		· · · · · · · · · · · · · · · · · · ·		7	
8	Enter any nonalty for underes	dd lines 6a through 6d \mathbf{x}	if Form 2220 is 5#6	ached	7	64
9	Tay due If the total of lines 5	and 8 is more than line 7, enter amount	jii i Ullili 2220 15 alla nt owed	30116U	9	1,395
10	Overnayment If line 7 is mor	and 8 is more than line 7, enter amou le than the total of lines 5 and 8, enter t	he amount overse		10	1,393
11		be: Credited to 2023 estimated tax	no amount overpa	Refunded		
<u></u>		Do. Crodited to Lozo estimated tax		Noraliaec	4 1 1	

_Pa	irt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers.\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		37	
_	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. SC			
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 General Instruction G? If "No," attach explanation See Stmt 6	8b		X
9	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 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			l
	names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			3,7
	person had advisory privileges? If "Yes," attach statement. See instructions	12	37	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.JOANNAFOUNDATION.ORG	02	010	
14	The books are in care of MARGARET P. SCHACHTE PO BOX 308 Telephone no. 843-8	0.5-	919	
	Located at SULLIVANS ISLAND SC ZIP+4 2948	2		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			L
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
	<u>-</u>	O.C	O DE	

<u> Pa</u>	art VI-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?			X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(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)?	1a(5)		<u> </u>
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		X
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	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 2022? N/A	1d		
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)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		_X_
	If "Yes," list the years 20, 20, 20			
b	· · · · · · · · · · · · · · · · · · ·			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			٠,
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 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 2022.) N/A	3b		
4a	3 , ,			3.7
	purposes?	4a		<u> </u>
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	4-		32
	in 2022?	4b		X

Form **990-PF** (2022)

	art vi-b Statements Regarding Activities for which Form	1 41 20 IVIAY DI	e nequired (continu c a)			
5a	3 ,					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, direct	tly or				
	indirectly, any voter registration drive?				5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in sec	tion 4945(d)				
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational pur	poses, or for				
					5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur						
	in Regulations section 53.4945 or in a current notice regarding disaster assista	ance? See instruct	ions	N/A	5b		
С	Organizations relying on a current notice regarding disaster assistance, check	here					
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax becau	se it				
	maintained expenditure responsibility for the grant?			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on a	a personal				
	benefit contract?				6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
	If "Yes" to 6b, file Form 8870.						
7a							X
b	37/3						
8							
	excess parachute payment(s) during the year?				8		X
P	art VII Information About Officers, Directors, Trustees, F	Foundation Ma	anagers, Hig	hly Paid Emp	oloye	es,	
	and Contractors						
1	List all officers, directors, trustees, and foundation managers and their co	ompensation. Sec	e 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		pense a r allowa	
S	ee Statement 7						
2	Compensation of five highest-paid employees (other than those included "NONE."	d on line 1 - see	instructions). If	none, enter			
	(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		pense a r allowa	
N	ONE						

and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instr (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of contact	(b) componedion
Total number of others receiving over \$50,000 for professional services		
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1 N/A		
2		
3		
4		
Part VIII-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	12	A
1 N/A	J Z.	Amount
1. 57/55		
2		
All other program-related investments. See instructions.		
3		
Fotal. Add lines 1 through 3		

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part IX see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 4,515,401 1a 126,356 Average of monthly cash balances 1b Fair market value of all other assets (see instructions) 1c 1,002 4,642,759 Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 2 4,642,759 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 69,641 4,573,118 Net value of noncharitable-use assets. Subtract line 4 from line 3 5 5 228,656 Minimum investment return. Enter 5% (0.05) of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here and do not complete this part.) 228,656 Minimum investment return from Part IX, line 6 Tax on investment income for 2022 from Part V, line 5 2a 2a Income tax for 2022. (This does not include the tax from Part V.) Add lines 2a and 2b 1,331 2c С 227,325 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 4 227,325 5 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, 227,325 7 line 1 Part XI **Qualifying Distributions** (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 236,579 1a Program-related investments – total from Part VIII-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 236,579 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

Form **990-PF** (2022)

	orialstribated intestri		1			
			(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part	X. line 7				227,325
2	Undistributed income, if any, as of the e					·
а	Enter amount for 2021 only					
b	Total for prior years: 20 , 20					
3	Excess distributions carryover, if any, to					
	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021	614				
f	Total of lines 3a through e		614			
4	Qualifying distributions for 2022 from Pa					
	line 4: \$ 236,579					
а	Applied to 2021, but not more than line	_{2a}				
	Applied to undistributed income of prior					
	(Election required – see instructions)	•				
c	Treated as distributions out of corpus (E					
Ū	required – see instructions)					
d						227,325
	Remaining amount distributed out of co		9,254			
5	Excess distributions carryover applied to		0,201			
J	(If an amount appears in column (d), the					
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
Ū	indicated below:	·				
а	Corpus. Add lines 3f, 4c, and 4e. Subtra	act line 5	9,868			
	Prior years' undistributed income. Subtr		- 7 - 7 - 7			
~	line the frame line Oh					
c	Enter the amount of prior years' undistri	huted				
Ū	income for which a notice of deficiency					
	been issued, or on which the section 49					
	toy has been provingely assessed	` '				
d	Subtract line 6c from line 6b. Taxable					
u						
_	amount – see instructions Undistributed income for 2021. Subtract					
e	4a from line 2a. Taxable amount – see					
	inatorationa					
	Undistributed income for 2022. Subtract					
•						
	4d and 5 from line 1. This amount must					0
7	distributed in 2023 Amounts treated as distributions out of					
7		·				
	to satisfy requirements imposed by sect					
	170(b)(1)(F) or 4942(g)(3) (Election may					
8	required—see instructions) Excess distributions carryover from 201					
0	•					
0	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 20		9,868			
40	Subtract lines 7 and 8 from line 6a		9,000			
10	Analysis of line 9:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020	614				
d	Excess from 2021	9,254				
е	Excess from 2022	9,∠34				

factors:

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

See Statement 10

Any submission deadlines:

See Statement 9

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Annex Dance Company 520 Folly Road Charleston SC 29412 General Support 1,500 The Ark of SC P.O. Box 1540 Summerville SC 29483 General Support 1,500 Art Forms & Theatre Concepts, Inc. 1753 A Skinner Avenue Charleston SC 29407 1,500 General Support Avian Conservation Center P.O. Box 1247 Charleston SC 29429 30,000 General Support Best Buddies in South Carolina 100 Southeast Second St. Miami FL 33131 General Support 1,800 Beyond Basic Life Skills 406 N. Gum St. Summerville SC 29483 General Support 1,500 Camp Happy Days 933 Dupont Rd. Charleston SC 29407 General Support 2,000 Camp Rise Above P.O. Box 31295 Charleston SC 29417 1,500 General Support Center for Creative Partnerships 1961 Middleton Street Orangeburg SC 29115 General Supprot 3,000 Charleston Area Justice Ministry P.O, Box 71416 North Charleston SC 29405 General Support 1,700 169,500 Total **b** Approved for future payment N/A 3b Total

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Charleston Jazz 3005 West Montague Avenue North Charleston SC 29418 General Support 2,000 Charleston Legal Access 3775 Spruill Avenue North Charleston SC 29405 General Support 2,000 Charleston Literary Festival P.O. Box 1825 Charleston SC 29402 1,500 General Support Charleston Pro Bono Legal | Services P.O. Box 1116 Charleston SC 29402 2,000 General Support Coastal Conservation League 131 Spring Street Charleston SC 29403 General Support 1,000 The Colour of Music Festival P.O. Box 22724 Charleston SC 29413 General Support 1,500 Community First Land Trust P.O. Box 71815 North Charleston SC 29405 2,250 General Support Cross Rails Ministries, Inc. 108 Chesterton Drive Goose Creek SC 29445 1,500 General Support Destiny Community Outreach P.O. Box 13984 Charleston SC 29414 General Support 2,500 Doors to Dream 2923 I'On Avenue Sullivan's Island SC 2948 General Support 2,250 Total_ **b** Approved for future payment N/A 3b Total

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Dorchester Trust Foundation P.O. Box 1261 Summerville SC 29484 General Support 1,500 The Echo Project P.O. Box 8 Laurens SC 29360 General Support 2,000 East Cooper Meals on Wheels P.O. Box 583 Mount Pleasant SC 29465 1,000 General Support Edisto Indian Free Clinic 1125 Ridge Road Ridgeville SC 29472 3,000 General Support Grace Impact Development Center 401 Stony Landing Rd. Moncks Corner SC 29461 General Support 2,500 HALOS 4995 Lacross Road North Charleston SC 29406 General Support 2,500 The Humanities Foundation, Inc. 474 Wando Park Blvd. Mount Pleasant SC 29464 2,000 General Support Increasing H.O.P.E. 8570 Rivers Avenue North Charleston SC 29406 1,500 General Support Iron Wolf Recovery Fitness 1546 Balsam St. Charleston SC 29407 General Support 1,500 Laurens County SAFE Home Network P.O. Box 744 Clinton SC 29325 General Support 2,500 Total **b** Approved for future payment N/A 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year The Lens Foundation 171 Church Street Charleston SC 29401 General Support 1,500 Let's Walk 24 Piedmont Avenue Charleston SC 29403 General Support 2,000 Seeds of Life d/b/a Life Resources 890 Johnnie Dodds Blvd. Mount Pleasant SC 29464 1,500 General Support LIFEBRIDGE 1510 Main Street Newberry SC 29108 2,750 General Support Lions Vision Services 234-C Outlet Pointe Blvd. Columbia SC 29210 General Support 1,500 Lowcountry Food Bank 2864 Azalea Drive Charleston SC 29405 General Support 1,750 Lowcountry Local First 1859 Summerville Avenue Charleston SC 29405 1,000 General Support Our Lady Of Mercy Community P.O. Box 607 Johns Island SC 29457 50,000 General Support Operation Home 3973 Rivers Avenue North Charleston SC 29405 General Support 2,000 Operation Sight 1101 Clarity Road Mount Pleasant SC 29464 General Support 1,500 Total **b** Approved for future payment N/A 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Lowcountry AIDS Services d/b/a 3547 Meeting Street Road North Charleston SC 29405 2,000 General Support Postpartum Support Charleston 1605 Harbor View Road Charleston SC 29412 General Support 2,000 Reading Partners South Carolina 6296 Rivers Avenues North Charleston SC 29406 1,500 General Support Real Champions P.O. Box 669 Ridgeland SC 29936 2,000 General Support Redux Contemporary Art Center 1056 King Street Charleston SC 29403 General Support 1,500 Respite Care Charleston 1605 Harbor View Road Charleston SC 29412 General Support 2,000 Ron Howell Foundation P.O. Box 292151 Columbia SC 29229 500 General Support Root & Rebound 210 Shaw Street Greenville SC 29609 1,500 General Support SC Govenor's School for Science & 2711 Middleburg Dr, Columbia SC 29204 General Support 500 The Sustainability Institute 1850 Truxtun Avenue North Charleston SC 29405 General Support 2,000 Total **b** Approved for future payment N/A 3b Total

Page **11**

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WarriorWOD Foundation 4176 Home Town Lane Ravenel SC 29470 General Support 1,500 Waves 4 Women 1004 Jamsie Cove Charleston SC 29412 General Support 2,500 Total 3a **b** Approved for future payment N/A 3b Total

	all AV-A	Analysis of income-producing Ac	Juviues				
En	ter gross amo	ounts unless otherwise indicated.	Unrelated (a) Business code	business income (b) Amount	(c) Exclusion	by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue:	Business sout	7 triodite	code	7 thount	(See instructions.)
	a						
	f						
		nd contracts from government agencies					
2		dues and assessments					
		savings and temporary cash investments			14	982	
		nd interest from securities			14	70,054	
5	Net rental in	come or (loss) from real estate:					
	a Debt-fina	anced property					
		t-financed property					
		come or (loss) from personal property					
		tment income			1 4	60, 204	
		s) from sales of assets other than inventory			14	68,384	
40	Net income	or (loss) from special events					
		or (loss) from sales of inventory					
		ue: a					
	е						
	e Subtotal. Ad	ld columns (b), (d), and (e)		0		139,420	(
	e Subtotal. Ad	ld columns (b), (d), and (e)		0			139,420
13 (Se	e Subtotal. Ad Total. Add lee worksheet	Id columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)				13	139,420
13 (Se	Subtotal. Add I	Id columns (b), (d), and (e)	Accomplish	ment of Exempt	t Purpo	13	
13 (Se	e Subtotal. Ad Total. Add lee worksheet	Id columns (b), (d), and (e) line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add Total. Add lee worksheet Part XV-B	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	
13 (Se	Subtotal. Add I Total. Add I ee worksheet Part XV-B Line No.	Id columns (b), (d), and (e)	Accomplishre is reported in	ment of Exempt	t Purpo	DSes ributed importantly to the	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	_	anization directly or inc		-		_				Yes	No
	organization	01(c) (other than secti	on 501(c)(3)	organizations) or	in section 527,	relating to	political				
а	•	om the reporting foun	dation to a no	oncharitable exem	not organization	of.					
u					-				1a(1)		x
		ssets							1a(2)		X
b	Other trans										
		f assets to a nonchari	table exempt	organization					1b(1)		X
	(2) Purchas	ses of assets from a r	noncharitable	exempt organization	tion				1b(2)		X
	(3) Rental of	of facilities, equipment	, or other ass	sets					1b(3)		X
	(4) Reimbu	rsement arrangement	S						1b(4)		X
	(5) Loans of	or loan guarantees							1b(5)		X
	(6) Perform	ance of services or m	nembership o	r fundraising solid	citations				1b(6)		X
С		facilities, equipment, m							1c		X
d	If the answe	er to any of the above	is "Yes," con	nplete the followin	ng schedule. Col	umn (b) sh	nould always show th	ne fair market			
		goods, other assets,	_		-						
		transaction or sharin	g arrangemer	nt, show in colum	n (d) the value						
`	a) Line no.	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d)	Description of transfers,	transactions, and sharing	arrangem	ents	
N/Z	7										
2a	Is the found	lation directly or indire	ctly affiliated	with, or related to	o, one or more to	ax-exempt	organizations				
		section 501(c) (other							☐ Y	es X	No
b		mplete the following so		· / · //						_	•
	(а) Name of organization		(b) Type of o	rganization		(c) Descr	iption of relationship			
N	1/A										
	I I a	adding of a second to the con-		and this are an in the		ا المعال		at at any long and a	hall-6 ""	. 4	
		nalties of perjury, I declare to nd complete. Declaration of									
								May the IRS of with the preparation			
Sign	/	igned by:			7/21/	2022		See instruction		Yes	No
Here	• Mar	garet P. Schachte DBEE511410			7/31/	2023	T1				
	Ciara atrusa	-f -ff tt			Data		INTERIM	PRESIDENT		_	
	- 	of officer or trustee			Date		Title				
	Print/Ty	pe preparer's name			Preparer's signatu	re		7/31/2023		Check	if
Paid	E 1-	M Clacam C	מסי		Docusigned by: Erik M. Glass	r		., 51, 1023		self-em	ployed
Prepa	arer	M. Glaser, C		Company,	15E7855311BE40A			DTIN D	0724	1565	
Use (Only Firm's r	1050		ville Av		00			-578		
	Firm's a		eston,	SC 294		, ,			3-84		
		CHALL		<u> </u>				T FIIOTIC IIO. UT) DE	

Fees
Accounting
Line 16b - J
Part I, L
990-PF,
1 - Form
Statement '

				Net	Adjusted	O	haritable
Description		Total	<u></u>	estment	Net		Purpose
COUNTING	<i>∞</i>	7,700	₩	2,310	⟨\$\	᠊ᡐ	5,390
Total	ጥ	7,700	₩	2,310	\$	W-	5,390
	Statement 2 - Form		l, Line 16	c - Other Pro	990-PF, Part I, Line 16c - Other Professional Fees		
: :: : : : : : : : : : : : : : : : : :		- - -	<u>2</u>	Net	Adjusted	O	Charitable
Describilon		lolal	2	IVESTITIETT	Nel		Landose

37,518

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37,518

S

set based fees

Total

	Charitable Purpose		\$
	Adjusted Net		0
axes		\ 	₩.
990-PF, Part I, Line 18 - Taxes	Net nvestment	709	709
PF, Part	Inve	₩.	₩
nt 3 - Form 990-	Total	709	2,104
Statement		<i>⟨</i> 0-	₩.
	Description	REIGN INCOME TAXES	Total

Description	· φ	Total	s line	Investment	φ	Adjusted Net	2 ~	Purpose
NSURANCE SILLING FEES		1,202		601				601 495
	\ \v2	1,784	W.	688	w-	0	₩.	1,096

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

-00 14444

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

Fair Market Value	\$ 3,989,093	\$ 3,989,093
Basis of Valuation	Market	
End of Year	\$ 3,247,614	\$ 3,247,614
Beginning of Year	\$ 3,466,058	\$ 3,466,058
Description	RPORATE STOCKS AND MUTUAL FUNDS	Total

Statement 6 - Form 990-PF, Part VI-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.

Statement 7 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALTER C. REGNERY (Term Ended) 768 Atlantic Ave 11livan's Island SC 29482	PRESIDENT	0.50	0	0	0
uristopher C. Schachte 768 Atlantic Ave ullivan's Island SC 29482	TREASURER	0.50	0	0	0
:LDRED D. KITCHELL '68 Atlantic Ave illivan's Island SC 29482	SECRETARY	0.50	0	0	0
JGENIE J. PARKER 768 Atlantic Ave 11livan's Island SC 29482	TRUSTEE	0.50	0	0	0
NGE R. JONES 768 Atlantic Ave 11livan's Island SC 29482	TRUSTEE	0.50	0	0	0
<pre>:LLIAM D. MENNONNA '68 Atlantic Avenue illivan's Island SC 29482</pre>	TRUSTEE	0.50	0	0	0
ARGARET P. SCHACHTE 768 Atlantic Ave 111ivan's Island SC 29482	INTERIM PRES	8 00	48,948	0	0

Statement 8 - Form 990-PF, Part XIV, 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 9 - Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

The Foundation has three funding cycles per year. Upcoming deadlines are posted on its website.

Statement 10 - Form 990-PF, Part XIV, 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-PF	Underdistribution and Excess Di	2022	
	For calendar year 2022, or tax year beginning	, ending	
Name			

THE JOANNA FOUNDATION

Employer Identification Number 57-0314444

Undistributed Income Carryovers Form 990-PF, Part XII

	Pri	or Undistributed I	ncome		Next Year	Carryover
Tax Year	Nontaxable or Previously Taxed	Taxable in 2022	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2023
Years prior						
20 18						
20 19						
20 20						
2021						
2022			227,325	227,325		
Total Carryove	er to Next Year					0

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XII

101111000111111011111111111111111111111					
	Current Year	Next Year			
Preceding Tax Year Excess Distributions	Decreases	Carryover			
2017					
2018					
2019					
2020					
2021 614		614			
Current Year Excess Distribution Generated (2022)		9,254			
Total Carryover to Next Year		9,868			