Form **990-PF** Department of the Treasury Internal Revenue Service

#### PF Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundat

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

FL HURRICANE MILTON DR-3622-EM

OMB No. 1545-0047

For calendar year 2023 or tax year beginning , and ending									
Na	ne of	foundation	A Employer identification	number					
_		MCCANN FOUNDATION, INC.	59-3166283						
		nd street (or P.O. box number if mail is not delivered to street a	Room/suite						
7853 GUNN HWY, #215 (813) 805-2775									
		own, state or province, country, and ZIP or foreign p PA, FL 33626–1611	ostal code		<b>C</b> If exemption application is po	ending, check here			
		all that apply: Initial return	Initial return of a fo	ormer public charity	<b>D</b> 1. Foreign organizations	s, check here			
		Final return	Amended return		0				
		Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation			
H_(	_	type of organization: $\mathbf{X}$ Section 501(c)(3) ex			E If private foundation sta				
			Other taxable private founda		under section 507(b)(1)	(A), check here			
		arket value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a				
(fi	rom F \$	Part II, col. (c), line 16) 01 11 , 016 , 413 . (Part I, colun	her (specify)	<u>c)</u>	under section 507(b)(1)	(B), check here			
P	⊕ Irt I				(.) Adjusted net	(d) Disbursements			
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received			N/A				
	2	Check X if the foundation is not required to attach Sch. B	05 545	AE 515					
	3	cash investments	25,515.	25,515.		STATEMENT 1			
	4	Dividends and interest from securities	250,385.	249,971.		STATEMENT 2			
		Gross rents							
		Net rental income or (loss)	251,684.						
ne	b	Net gain or (loss) from sale of assets not on line 10         Gross sales price for all assets on line 6a         2,321,621.	231,004.						
Revenue	7	Capital gain net income (from Part IV, line 2)		251,684.					
Be	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold							
	c	Gross profit or (loss)							
	11	Other income	<u>31.</u> 527,615.	0. 527,170.		STATEMENT 3			
	12	Total. Add lines 1 through 11	527,615.	<u> </u>		0.			
	13 14	Compensation of officers, directors, trustees, etc.	142,075.	0.		142,075.			
		Other employee salaries and wages Pension plans, employee benefits	8,373.	0.		8,373.			
s	160	Legal fees STMT 4	2,317.	0.		2,317.			
en se	b	Accounting fees STMT 5	9,038.	0.		9,038.			
Expense	c	Other professional fees STMT 6	118,198.	118,198.		0.			
		Interest							
Administrative	18	Interest	14,271.	4,045.		10,226.			
nist	19	Depreciation and depletion							
dmi	20	Occupancy							
		Travel, conferences, and meetings							
and		Printing and publications Other expenses STMT 8	33,692.	0.		33,692.			
Operating	23 24	Total operating and administrative	55,052.	0.		55,052.			
era	27	expenses. Add lines 13 through 23	327,964.	122,243.		205,721.			
ő	25	Contributions, gifts, grants paid	701,493.	_,		701,493.			
		Add lines 24 and 25	1,029,457.	122,243.		907,214.			
	27	Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements $\dots$	-501,842.						
		Net investment income (if negative, enter -0-)		404,927.					
	C	Adjusted net income (if negative, enter -0-)			N/A	000 55			

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23 **1**  Form **990-PF** (2023)

2023.05000 JOY MCCANN FOUNDATION, IN 219319\_1

Form 990-PF (2023)         JOY MCCANN FOUNDATION, INC.         59-31662							3166283 Page 2
P	art	II Balance Sheets Attached schedules and amounts in adjume about the for and of upper	the description		Beginning of year	End o	,
_		column should be for end-of-year ar	nounts only.		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			20,666.	40,583.	
	2	Savings and temporary cash investments			241,341.	587,837.	587,837.
	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					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
<u>s</u>	8	Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
Ä		Investments - U.S. and state government obligations			476,410.	517,329.	493,419.
	b	Investments - corporate stock	STMT	10	5,663,698.	5,007,465.	
	C	Investments - corporate bonds	STMT	11	2,959,865.	2,734,024.	2,673,010.
	11	Investments - land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other	STMT	12	246,012.	246,012.	246,012.
	14	Land, buildings, and equipment: basis					
		Less: accumulated depreciation					
	15	Other assets (describe		)			<u> </u>
	16	Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)			9,607,992.	9,133,250.	11,016,413.
	17	Accounts payable and accrued expenses				0 - 100	
	18	Grants payable				27,100.	
es	19	Deferred revenue					
iliti		Loans from officers, directors, trustees, and other disqualified per					
Liabilities		Mortgages and other notes payable					
_	22	Other liabilities (describe		)			
	~~				0.	27,100.	
	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	-	<u></u>	0.	27,100.	
		and complete lines 24, 25, 29, and 30.	L				
Net Assets or Fund Balances	24						
lan	24	Net assets without donor restrictions					
Ba	23	Foundations that do not follow FASB ASC 958, check					
pur		and complete lines 26 through 30.	L				
Ē	26	Capital stock, trust principal, or current funds			0.	0.	
s S	27	Paid-in or capital surplus, or land, bldg., and equipmer			0.	0.	
set	28	Retained earnings, accumulated income, endowment, or			9,607,992.	9,106,150.	
Ę	29	Total net assets or fund balances			9,607,992.	9,106,150.	
Nei	20					2,200,2001	
30 Total liabilities and net assets/fund balances 9,607,992. 9,133,250.							
Ρ	art	III Analysis of Changes in Net Asse	ts or Fu	nd Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part	II, column (	(a), line	29		
		st agree with end-of-year figure reported on prior year's					9,607,992.
2	•		,				9,607,992. -501,842.
3	Othe	u increases wet included in line O (iteraine)					0.
4	Add	lines 1, 2, and 3		9,106,150.			

5 0. 6 9,106,150. Form **990-PF** (2023) 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

_		MCCANN FOUNDATI		0.17			<u>59-31</u>	
F						<b>CD STATEN</b> (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
10			S. MEO 00.)		- Dona	tion		
<u>1a</u> b								
d								
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale				<b>(h)</b> Gain or (los ((e) plus (f) minus	
<u>a</u>								
b								
<u> </u>								
 e	2,321,621.		2,069,9	37.				251,684.
<u> </u>	· · · · · · · · · · · · · · · · · · ·	ng gain in column (h) and owned by		<u> </u>		(I)	Gains (Col. (h) ga	
	(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			col. (	(k), but not less th Losses (from col	an -0-) <b>or</b>
a								
b								
C								
d								
e								251,684.
2 (	Capital gain net income or (net ca	apital loss)	r in Part I, line 7 )- in Part I, line 7	}	2			251,684.
I	f gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c). See instructions. If (los		}			NT / 1	<b>N</b>
	Part I, line 8	sed on Investment Incom	e (Section 4940(a) 4	) 1940/1	$\frac{3}{0}$	4948 - 9	N/X	
		described in section 4940(d)(2), che				~		5113)
16		letter: (at					1	5,628.
t		enter 1.39% (0.0139) of line 27b. Ex			monue	}		
-		. (b)						
2	Tax under section 511 (domes	tic section 4947(a)(1) trusts and tax	able foundations only; others, e	enter -0	-)		2	0.
3	Add lines 1 and 2						3	5,628.
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations only; others,	enter -(	0-)		4	0.
5	Tax based on investment inco	me. Subtract line 4 from line 3. If ze	ero or less, enter -0-				5	5,628.
6	Credits/Payments:		1 1			405		
		and 2022 overpayment credited to 20				487.		
		tax withheld at source				0.		
		tension of time to file (Form 8868).				0.	-	
_							7	487.
<ul> <li>7 Total credits and payments. Add lines 6a through 6d</li> <li>8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached</li> </ul>							8	123.
8 9		and 8 is more than line 7, enter <b>amo</b>	if Form 2220 is attached unt owed SEE STA		ENT	13	9	5,264.
9 10		than the total of lines 5 and 8, enter					10	5,2040
11		be: Credited to 2024 estimated tax	and amount overpuid			Refunded	11	
<u> </u>								Form 000-DF (0000)

Form **990-PF** (2023)

# Form 990-PF (2023) JOY MCCANN FOUNDATION, INC. Part 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 participate or intervene in				No
	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 <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.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			
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
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	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:			
č	• 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?	6	х	
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.			
	FL			
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	8b	Х	
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 2023 or the tax year beginning in 2023? See the 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 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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			1
-	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	1
-	Website address WWW.MCCANNFOUNDATION.ORG	<u> </u>		•
14	The books are in care of SCOTT D. LYNCH Telephone no. (813)	805	-27	75
	Located at 7853 GUNN HWY, #215, TAMPA, FL ZIP+4 3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
-	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
		orm <b>990</b>	)-PF	(2023)

Form 990-PF (2023) JOY MCCANN FOUNDATION, INC.	<u>59-3166</u>	5283	Р	age <b>5</b>
Part 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.		١	/es	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?		1a(1)		<u>X</u>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		Х
(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)		X
(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		
c 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 2023?		1d		<u>X</u>
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 2023, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2023?		2a		X
If "Yes," list the years , , , ,				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrec	t			
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		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
,,,,				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a	_	<u>x</u>
<b>b</b> If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons aft	er			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to di	spose			
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 2023.)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose				
had not been removed from jeopardy before the first day of the tax year beginning in 2023?		4b		Х
	-	<b>1 1 1 1</b>		

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Form 990-PF (2023) JOY MCCANN FOUNDATION, INC.	59-3166	283	F	Page <b>6</b>
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continue continue)	ued)			
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		Х
(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 described in section				
4945(d)(4)(A)? See instructions		5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
c 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 from the tax because 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 pay premiums on				
a personal benefit contract?		6a		Х
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		Х
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		Х
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<u>N/A</u>	7b		
8 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?		8		Х

# Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors divertexe twosters, and foundation managers and their componentian

List all officers, directors, trustees, and foundation managers and their compensation.						
(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	<b>(e)</b> Expense account, other allowances		
CHRISTOPHER L. CHAPMAN	CHAIRMAN/DIRE					
7853 GUNN HWY, #215						
TAMPA, FL 33626-1611	1.00	0.	0.	0.		
SCOTT D. LYNCH	DIRECTOR					
7853 GUNN HWY, #215	1					
TAMPA, FL 33626-1611	2.00	0.	0.	0.		
TANIA HILBORN	DIRECTOR					
7853 GUNN HWY, #215	1					
TAMPA, FL 33626-1611	3.00	0.	0.	0.		
	1					

# 2 Compensation of five highest-paid employees (other than those included on line 1). 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
LYNN M. COLLINSWORTH - 7853 GUNN	EXECUTIVE DIR	ECTOR		
HWY, #215, TAMPA, FL 33626-1611	40.00	142,075.	28,354.	0.
Total number of other employees paid over \$50,000				0

Form **990-PF** (2023)

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# Form 990-PF (2023) JOY MCCANN FOUNDATION, INC. 59-3166283 Page 7 Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE 0 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 information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A 1 2 3 4 Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 N/A Ο. 2 All other program-related investments. See instructions. 3 0. Total. Add lines 1 through 3

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Ρ	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undatior	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,924,953.
	Average of monthly cash balances	1b	828,838.
C	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	10,753,791.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	10,753,791.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	161,307.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	10,592,484.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	529,624.
P	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certa	in
1	Minimum investment return from Part IX, line 6	1	529,624.
2a	Tax on investment income for 2023 from Part V, line 5 2a 5,628.		
b	Income tax for 2023. (This does not include the tax from Part V.) 2b		
C	Add lines 2a and 2b	2c	5,628.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	523,996.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	523,996.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	523,996.
Ρ	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	907,214.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	907,214.
			Form <b>990-PF</b> (2023)

## Part XII Undistributed Income (see instructions)

	(a) Corpus	<b>(b)</b> Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,	001903		LULL	
line 7				523,996.
<b>2</b> Undistributed income, if any, as of the end of 2023:			0	
a Enter amount for 2022 only			0.	
<b>b</b> Total for prior years:		0		
<b>3</b> Excess distributions carryover, if any, to 2023:		0.		
076 202				
e From 2022 345,949. f Total of lines 3a through e	1,566,740.			
4 Qualifying distributions for 2023 from	1/000//100			
Part XI, line 4: \$ 907,214.				
<b>a</b> Applied to 2022, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus		•••		
(Election required - see instructions)	0.			
<b>d</b> Applied to 2023 distributable amount				523,996.
e Remaining amount distributed out of corpus	383,218.			,
5 Excess distributions carryover applied to 2023				
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	1 040 050			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,949,958.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2022. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2024				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by $a_{2}(z) = \frac{1}{2} \frac{1}{2}$				
section 170(b)(1)(F) or 4942(g)(3) (Election	Ο.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	319,746.			
9 Excess distributions carryover to 2024.	515,740.			
	1,630,212.			
10 Analysis of line 9:	_,,			
<b>a</b> Excess from 2019 287,545.				
b Excess from 2020 337,177.				
c Excess from 2021 276, 323.				
d Excess from 2022 345,949.				
e Excess from 2023 383,218.				
323581 12 20 23				Form <b>990-PF</b> (2023)

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323581 12-20-23

Form **990-PF** (2023)

	NN FOUNDAT			59-31	56283 Page 10
Part XIII Private Operating Fo	undations (see ins	tructions and Part VI	A, question 9)	N/A	
<b>1 a</b> If the foundation has received a ruling or		1 1 0			
foundation, and the ruling is effective for					
<b>b</b> Check box to indicate whether the founda	tion is a private operatin	g foundation described i		4942(j)(3) or49	42(j)(5)
<b>2 a</b> Enter the lesser of the adjusted net	Tax year		Prior 3 years	( 1) 0000	<i></i>
income from Part I or the minimum	( <b>a</b> ) 2023	<b>(b)</b> 2022	(c) 2021	( <b>d</b> ) 2020	(e) Total
investment return from Part IX for					
each year listed					
<b>b</b> 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter:					
(1) Value of all assets					
(2) 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 IX, line 6, for each year					
listed c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
an exempt organization					
(4) Gross investment income					
Part XIV   Supplementary Infor	mation (Complet	e this part only i	f the foundation	had \$5.000 or mor	e in assets
at any time during th					

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).)

#### NONE

**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.

#### NONE

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here **X** 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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

#### SEE STATEMENT 16

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

c Any submission deadlines:

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

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Form 990-PF (2023)

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
ADVENT HEALTH TAMPA FOUNDATION FKA FLORIDA HOSPITAL TAMPA 14055 RIVEREDGE DR., SUITE 250		PC	ANNUAL OPERATING FUND	
TAMPA, FL 33637				12,700
AMERICAN CANCER SOCIETY		PC	ANNUAL OPERATING FUND	
3709 WEST JETTON AVENUE				
TAMPA, FL 33629				12,700
ASOLO REPERTORY THEATRE		PC	ANNUAL OPERATING FUND	
5555 NORTH TAMIAMI TRAIL SARASOTA, FL 34243				12,700
ASOLO REPERTORY THEATRE 5555 NORTH TAMIAMI TRAIL		PC	TO SUPPORT 2023-2024	
SARASOTA, FL 34243			SEASON OF KALEIDOSCOPE SERVING NEURODIVERGENT	
			PEOPLE WITH	
			DISABILITIES	10,000
BIRMINGHAM-SOUTHERN COLLEGE 900 ARKADELPHIA ROAD, BOX 549003		PC	ANNUAL OPERATING FUND	10 700
BIRMINGHAM, AL 35254 Total SEE CO	NTINUATION SHEE	 T(S)	3a	12,700 701,493
<b>b</b> Approved for future payment				
NONE				
Total			3b	0 m <b>990-PF</b> (202

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323611 12-20-23 \*\* SEE PURPOSE OF GRANT CONTINUATIONS

## 09391205 150872 219319

2023.05000 JOY MCCANN FOUNDATION, IN 219319\_1

## Part XV-A

## Analysis of Income-Producing Activities

	Incoloted	hucinoce income	Evelue		
Enter gross amounts unless otherwise indicated.	(a) Business	<u>business income</u> (b) Amount	(C) Exclu- sion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a					
b					
C					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	<u>25,515.</u> 250,385.	
4 Dividends and interest from securities			14	250,385.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	31.	
8 Gain or (loss) from sales of assets other					
than inventory			18	251,684.	
9 Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d			$\left  \right $		
		0.		527,615.	0
12 Subtotal. Add columns (b), (d), and (e)					0. 527,615.
13 Total. Add line 12, columns (b), (d), and (e)				13	527,015.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	o the Accon	nplishment of Exe	empt P	urposes	
Line No. Explain below how each activity for which inco			contribute	ed importantly to the accompl	shment of
the foundation's exempt purposes (other than	by providing fund	is for such purposes).			
N/A					

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	n 990-PF (2023) JOY MCCANN FOUNDATION, INC.	59-3166283	Pa	ige 13
Pa	art XVI Information Regarding Transfers to and Transactions and Relationships With	Noncharitable		
	Exempt Organizations			
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		Х
	(2) Other assets	1a(2)		Х
b				
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		Х
	(2) Purchases of assets from a noncharitable exempt organization			Х
	(3) Rental of facilities, equipment, or other assets			Х
	(4) Reimbursement arrangements			X
	(5) Loans or loan guarantees	1b(5)		Х
	(6) Performance of services or membership or fundraising solicitations			Х
C				Х
d			ets,	
	or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing a	ırrangement, show in		
	column (d) the value of the goods, other assets, or services received.			

(a) Line no.	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions,	, and sharing arrangements
		N/A			
	<u> </u>	<u> </u>			
		<u> </u>		<u> </u>	
		<u> </u>		<u> </u>	
	<u> </u>	<u> </u>		<u> </u>	
	<u> </u>	<b>_</b>		+	
	<u> </u>	<b>_</b>		<u> </u>	
	<u> </u>	<u> </u>		<u> </u>	
	<u> </u>	<u> </u>		+	
	+	+		+	
	+	+		+	
	+	+		+	
<b>On</b> lo the			more tox avampt organiz		
in sec	-			ations described	Yes X No
<u>D</u> II 16	(a) Name of org		(b) Type of organization	(c) Description of relat	
	N/A	Jumea		(-/	
			++		
	,		1 1		
			1 1		
				atements, and to the best of my knowledge	May the IRS discuss this
Sign Here	and belief, it is true, correct, and co	omplete. Declaration of preparer (other that	.n taxpayer) is based on all informati	tion of which preparer has any knowledge.	return with the preparer shown below? See instr.

HEIE			DIRECTO	R	X Yes No
	Signature of officer or trustee	Date	Title		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
				self- employed	
Paid	MICHELLE AMMON				P01235213
Prepa	rer Firm's name CBIZ ADVISORS	, LLC		Firm's EIN 88	-1478669
Use O	nly				
	Firm's address 201 E. KENNEI	DY BLVD. #1500			
	TAMPA, FL 336	602-5865		Phone no. (8	13) 397-4800

Form 990-PF (2023)

			FOUNDATION,	
Part	IV	Capital (	Gains and Losses for Tax o	n Investment Income
			(a) List and describe the	kind(a) of property col

<ul><li>(a) List and describe the kind(s) of property sold, e.g., real estate,</li><li>2-story brick warehouse; or common stock, 200 shs. MLC Co.</li></ul>	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MERRIL LYNCH 2062	P	01/01/23	12/31/23
b MERRIL LYNCH 2062	Р	01/01/22	12/31/23
c MERRIL LYNCH 2062			12/31/23
d MERRIL LYNCH 2062			12/31/23
e MERRIL LYNCH 2062	Р	01/01/22	12/31/23
f CAPITAL GAINS DIVIDENDS			
g			
h			
i			
j			
k			
m			
n			
0			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
a 263,098.		267,874.	-4,776.
b 1,958,087.		1,695,195.	262,892.
c 51.			51.
d 21,316.		21,316.	0.
e 78,959.		85,552.	-6,593.
f 110.		-	110.
g			
h			
i			
i			
k			
1			
m			
n			
0			
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69	(I) 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	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-4,776.
b			262,892.
С			51.
d			0.
е			-6,593.
f			110.
<u>g</u>			
h			
<u>i</u>			
j			
k			
<u> </u>			
<u>m</u>			
0			
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2 251,684.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	d (6):	3 N/A

Part XIV Supplementary Information	ANN FOUNDATION,	INC.	59-316	0203
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOY SCOUTS OF AMERICA GREATER TAMPA		PC	ANNUAL OPERATING FUND	
BAY AREA COUNCIL				
13228 NORTH CENTRAL AVE. TAMPA, FL 33612				12,700.
IAMFA, FL 55012				12,700.
BOYS & GIRLS CLUB OF SARASOTA		PC	ANNUAL OPERATING FUND	
3130 FRUITVILLE ROAD				
SARASOTA, FL 34237				12,700.
BOYS & GIRLS CLUB OF TAMPA BAY		PC	TO SUPPORT THE READING	
STEINBRENNER CENTER			ENRICHMENT PROGRAM TO	
1307 N. MACDILL AVE.			ENHANCE LITERACY	
TAMPA, FL 33607			SKILLS OF AT-RISK	15 000
		PC	YOUTH TO SUPPORT CHILDREN	15,000.
BOYS & GIRLS CLUB OF TAMPA BAY STEINBRENNER CENTER		PC	AND FAMILIES	
			PARTICIPATING IN THE	
1307 N. MACDILL AVE. TAMPA, FL 33607			FREDDIE SOLOMON CLUB	
IMIA, FE 33007			AND CLUB SITES	10,000.
				10,000.
BOYS & GIRLS CLUB OF TAMPA BAY		PC	ANNUAL OPERATING FUND	
STEINBRENNER CENTER				
1307 N. MACDILL AVE.				
TAMPA, FL 33607				12,700.
CHI-CHI RODRIGUEZ YOUTH FOUNDATION		PC	ANNUAL OPERATING FUND	
3030 N. MCMULLEN BOOTH ROAD				
CLEARWATER, FL 33761				12,700.
,				, -
CHILDREN'S HOME NETWORK 10909 MEMORIAL HIGHWAY		₽C	ANNUAL OPERATING FUND	
TAMPA, FL 33615				12,700.
CHILDREN'S HOME NETWORK		PC	TO SUPPORT THE KIDS	
10909 MEMORIAL HIGHWAY			VILLAGE RESIDENTIAL	
TAMPA, FL 33615			PROGRAM IN PROVIDING	
,			BEHAVIORAL HEALTH	
			SERVICES TO FOSTER	15,000.
CHILDREN'S HOME NETWORK		PC	HOLIDAY GIFT	
10909 MEMORIAL HIGHWAY			LOUIDAI GIFI	
TAMPA, FL 33615				4,000.
				4,000.
FLAGLER COLLEGE		PC	ANNUAL OPERATING FUND	
74 KING STREET ST. AUGUSTINE, FL 32084				10 700
Total from continuation sheets				12,700. 640,693.

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FLORIDA ORCHESTRA		PC	ANNUAL OPERATING FUND	
244 SECOND AVENUE NORTH, SUITE 420				
ST. PETERSBURG, FL 33701				12,70
GIRLS INC. OF SARASOTA COUNTY		PC	ANNUAL OPERATING FUND	
201 SOUTH TUTTLE AVENUE				
SARASOTA, FL 34237				12,70
JACKSONVILLE UNIVERSITY		PC	ANNUAL OPERATING FUND	
2800 UNIVERSITY BLVD. N.				
JACKSONVILLE, FL 32233				12,70
LOUISIANA STATE UNIVERSITY HEALTH		PC	ANNUAL OPERATING FUND	
SCIENCES CENTER FOUNDATION				
2000 TULANE AVE, 4TH FLOOR				
NEW ORLEANS, LA 70112				12,70
MACDONALD TRAINING CENTER		PC	TO SUPPORT THE LAUNCH	•
5420 W. CYPRESS ST.			OF COMMUNITY WORKS	
TAMPA, FL 33607-1706			COLLABORATION OPENING	
			COFFEE SHOPS RUN BY	
			PEOPLE WITH	25,00
MACDONALD TRAINING CENTER		PC	ANNUAL OPERATING FUND	
5420 W. CYPRESS ST.				
TAMPA, FL 33607-1706				12,70
MACDONALD TRAINING CENTER		PC	HOLIDAY GIFT	
5420 W. CYPRESS ST.				
TAMPA, FL 33607-1706				4,00
MASSACHUSETTS GENERAL HOSPITAL		PC	ANNUAL OPERATING FUND	
125 NASHUA ST., SUITE 540				
BOSTON, MA 02114				12,70
MOFFITT CANCER CENTER & RESEARCH		PC	ANNUAL OPERATING FUND	
INSTITUTE				
12902 MAGNOLIA DRIVE				
TAMPA, FL 33612-9416				12,70
RAMPANT LION FOUNDATION		PC	ANNUAL OPERATING FUND	
ATTN: MIKE HILTS 6921 JACKSON RD.,				
SUITE 400 ANN ARBOR, MI 48103 Total from continuation sheets				12,70

Part XIVSupplementary Information3Grants and Contributions Paid During the Yes	ear (Continuation)			
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
RINGLING MUSEUM		PC	ANNUAL OPERATING FUND	
5401 BAY SHORE ROAD SARASOTA, FL 34243				12,700
SAFE CHILDREN'S COALITION FKA YMCA OF SARASOTA		PC	ANNUAL OPERATING FUND	
1500 INDEPENDENCE BLVD, SUITE 210 SARASOTA, FL 34234				12,700
				,,,,,,,
SAINT LEO UNIVERSITY		PC	ANNUAL OPERATING FUND	
PO BOX 6665				
SAINT LEO, FL 33574-6665				12,700.
SALVATION ARMY		PC	HOLIDAY GIFT	
1603 N. FLORIDA AVENUE, PO BOX 2839		r C	HOLIDAI GIFI	
TAMPA, FL 33601				2,000.
SALVATION ARMY 1603 N. FLORIDA AVENUE, PO BOX 2839		PC	ANNUAL OPERATING FUND	
TAMPA, FL 33601				12,700.
SARASOTA OPERA		PC	ANNUAL OPERATING FUND	
61 N. PINEAPPLE AVE. SARASOTA, FL 34236				12,700.
ST. ANDREW'S EPISCOPAL CHURCH		PC	ANNUAL OPERATING FUND	
509 E. TWIGGS STREET TAMPA, FL 33602-3916				12,700.
ST. JOSEPH'S HOSPITAL FOUNDATION		PC	TO SUPPORT THE	
2700 W. DR. MARTIN LUTHER KING JR.			CREATION OF A CHRONIC	
BLVD., SUITE 310 TAMPA, FL 33607			COMPLEX CARE CLINIC FOR ADULTS	40,000.
ST. JOSEPH'S HOSPITAL FOUNDATION		PC	ANNUAL OPERATING FUND	
2700 W. DR. MARTIN LUTHER KING JR.				10 700
BLVD., SUITE 310 TAMPA, FL 33607				12,700.
STETSON UNIVERSITY COLLEGE OF LAW		PC	ANNUAL OPERATING FUND	
1401 61ST STREET S				
GULFPORT, FL 33707 Total from continuation sheets				12,700.

3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
STRAZ CENTER FOR THE PERFORMING ARTS		PC	ANNUAL OPERATING FUND	
1010 NORTH W.C. MACINNES PL.				4.0 - 0.0
TAMPA, FL 33602-3720				12,700
TAMPA CROSSROADS		₽C	ANNUAL OPERATING FUND	
5109 N. NEBRASKA AVE.				
TAMPA, FL 33603				12,700
TAMPA GENERAL HOSPITAL FOUNDATION		PC	TO SUPPORT	
PO BOX 1289			TAMPAWELL/TGH'S	
TAMPA, FL 33601			COMMUNITY WELLNESS	
			PROGRAM TO IMPROVE	
			HEALTH AND RESILIENCE	15,000
TAMPA GENERAL HOSPITAL FOUNDATION		PC	ANNUAL OPERATING FUND	
PO BOX 1289				10 500
TAMPA, FL 33601				12,700
TAMPA MUSEUM OF ART-CORNELIA CORBETT		PC	ANNUAL OPERATING FUND	
CENTER				
120 WEST GASPARILLA PLAZA				
TAMPA, FL 33602				12,700
UNITED WAY SUNCOAST		PC	HOLIDAY GIFT	
4925 INDEPENDENCE PARKWAY SUITE 120				
TAMPA, FL 33634				5,000
UNITED WAY SUNCOAST		PC	TO SUPPORT WORKFORCE	
4925 INDEPENDENCE PARKWAY SUITE 120			DEVELOPMENT PROGRAMS	
TAMPA, FL 33634			FOR ALICE POPULATIONS	15,000
UNITED WAY SUNCOAST		PC	ANNUAL OPERATING FUND	
4925 INDEPENDENCE PARKWAY SUITE 120				
TAMPA, FL 33634				12,700
UNIVERSITY OF FLORIDA UF FOUNDATION		PC	TO SUPPORT THE	
1938 W. UNIVERSITY AVE.			COMMUNITY CAT	
GAINESVILLE, FL 32603-1735			MANAGEMENT PROGRAM	
			WITHIN THE COLLEGE OF	
			VETERINARY MEDICINE'S	37,793
UNIVERSITY OF FLORIDA UF FOUNDATION		PC	ANNUAL OPERATING FUND	
1938 W. UNIVERSITY AVE.				
GAINESVILLE, FL 32603-1735		1		12,700

Part XIV Supplementary Information	ANN FOUNDATION,	INC.	59-316	0203
3 Grants and Contributions Paid During the Y				
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	Purpose of grant or contribution	Amount
UNIVERSITY OF SOUTH FLORIDA-SAM & MARTHA GIBBONS ALUMNI CENTER 4202 EAST FOWLER AVENUE TAMPA, FL 33620-6200	or substantial contributor	recipient PC	TO SUPPORT PARTNERSHIP PROGRAM WITH USF COLLEGE OF PUBLIC HEALTH AND HILLSBOROUGH COUNTY	28,500
UNIVERSITY OF SOUTH FLORIDA-SAM & MARTHA GIBBONS ALUMNI CENTER 4202 EAST FOWLER AVENUE TAMPA, FL 33620-6200		₽C	ANNUAL OPERATING FUND	12,700
UNIVERSITY OF TAMPA 401 W. KENNEDY BLVD. TAMPA, FL 33606		PC	ANNUAL OPERATING FUND	12,700
WEDU 1300 NORTH BLVD. TAMPA, FL 33607-5645		PC	ANNUAL OPERATING FUND	12,700
YMCA OF TAMPA BAY 110 E. OAK AVENUE TAMPA, FL 33602		₽C	TO SUPPORT THE VEGGIE VAN	15,000
YMCA OF TAMPA BAY 110 E. OAK AVENUE TAMPA, FL 33602		₽C	HOLIDAY GIFT	3,000
YMCA OF TAMPA BAY 110 E. OAK AVENUE TAMPA, FL 33602		PC	ANNUAL OPERATING FUND	12,700
Total from continuation sheets				

Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CHILDREN'S HOME NETWORK

TO SUPPORT THE KIDS VILLAGE RESIDENTIAL PROGRAM IN PROVIDING BEHAVIORAL

HEALTH SERVICES TO FOSTER CHILDREN

NAME OF RECIPIENT - MACDONALD TRAINING CENTER

TO SUPPORT THE LAUNCH OF COMMUNITY WORKS COLLABORATION OPENING COFFEE

SHOPS RUN BY PEOPLE WITH DISABILITIES.

NAME OF RECIPIENT - TAMPA GENERAL HOSPITAL FOUNDATION

TO SUPPORT TAMPAWELL/TGH'S COMMUNITY WELLNESS PROGRAM TO IMPROVE HEALTH

AND RESILIENCE OF TAMPA BAY RESIDENTS

NAME OF RECIPIENT - UNIVERSITY OF FLORIDA UF FOUNDATION

TO SUPPORT THE COMMUNITY CAT MANAGEMENT PROGRAM WITHIN THE COLLEGE OF

VETERINARY MEDICINE'S SHELTER MEDICINE PROGRAM

NAME OF RECIPIENT - UNIVERSITY OF SOUTH FLORIDA-SAM & MARTHA GIBBONS

ALUMNI CENTER

Part XIV

TO SUPPORT PARTNERSHIP PROGRAM WITH USF COLLEGE OF PUBLIC HEALTH AND

HILLSBOROUGH COUNTY MOSQUITO CONTROL TO CONTROL TREATMENT

323655 04-01-23

Form	2220
Departe	ment of the Treasury

Internal Revenue Service

Name

8

# **Underpayment of Estimated Tax by Corporations**

FORM 990-PF

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

2023

Employer identification number 283

OMB No. 1545-0123

	JOY	MCCANN	FOUNE	DATION,	INC	•						59	-31	66
Note:	Generall	y, the corpora	ation is not I	required to fi	le Form	2220 (see	Part II k	below for	exceptions)	because	the IRS v	will figure	any p	enal

lty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Dort I	<b>Doguirod Appuel Dovroant</b>
Parti	Required Annual Payment

1 Total tax (see instructions)			1	5,628.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term				
contracts or section 167(g) for depreciation under the income forecast method	2b			
c Credit for federal tax paid on fuels (see instructions)	2c			
d Total. Add lines 2a through 2c			2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The co	orporation			
does not owe the penalty			3	5,628.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution</b> : If the or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line	4	2,750.		
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to sk	kip line 4,			
enter the amount from line 3			5	2,750.
<b>Part II</b> Reasons for Filing - Check the boxes below that apply. If any boxes are checke	ed, the corp	ooration <b>must</b> file Form :	2220	
even if it does not owe a penalty. See instructions.				
• The communities is using the efficiency installing to the definition of the defini				

The corporation is using the adjusted seasonal installment method. 6

7 The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/23	06/15/23	09/15/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	688.	687.	688.	687.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	487.			
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14		201.	888.	1,576.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	487.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		201.	888.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	201.	687.	688.	687.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owed	d.	
-						F

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

LHA 312801 02-05-24

FORM	990-PF
Form 2220	(2023)

## Part IV Figuring the Penalty

			(a)	(b)	(C)			(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month							
	instead of 4th month.) See instructions	19						
0	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21						
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23						
<u>'</u> 4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$		\$	
25	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25						
26	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SE	E ATTACHED	WORKSHEED			
8	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024 $\hfill \ldots$	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35						
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	1	\$	
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	ital he	ere and on Form 1120, I	ine 34; or the compara	ble			
	line for other income tax returns					. 38	¢	123

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this

information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

#### FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Num	iber
JOY MCCANN	FOUNDATION,	INC.		59-316	5283
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/23	688.	688.			
05/15/23	-487.	201.	31	.000191781	1
06/15/23	687.	888.	92	.000191781	16
09/15/23	688.	1,576.	15	.000191781	5
09/30/23	0.	1,576.	76	.000219178	26
12/15/23	687.	2,263.	16	.000219178	8
12/31/23	0.	2,263.	136	.000218579	67
nalty Due (Sum of Col	umn F).				123

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF	INTEREST O	N SAVINGS	AND TEMPO	RARY CASH	INVESTMENTS	STATEMENT	1
			(A)		(B)	(C)	
SOURCE			REVENU		INVESTMENT	ADJUSTED	

SOURCE	PER BOOKS	INCOME	NET INCOME
VALLEY NATIONAL BANK	25,515.	25,515.	
TOTAL TO PART I, LINE 3	25,515.	25,515.	

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
AMORTIZATION/ACCRE					
TION ADJ	3,358.	0.	3,358.	3,358.	
MERRILL LYNCH					
02062	170,381.	0.	170,381.	170,381.	
MERRILL LYNCH					
02062	110.	110.	0.	0.	
MERRILL LYNCH					
02062	414.	0.	414.	0.	
MERRILL LYNCH					
02062	60,382.	0.	60,382.	60,382.	
MERRILL LYNCH		•			
02062	4,226.	0.	4,226.	4,226.	
MERRILL LYNCH	11 604	0	11 604	11 604	
02062	11,624.	0.	11,624.	11,624.	
TO PART I, LINE 4	250,495.	110.	250,385.	249,971.	

FORM 990-PF OTHER	INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SETTLEMENT INCOME	31.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	31.	0.	

FORM 990-PF	LEGAL	FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL SERVICES	2,317.	0.		2,317.	
TO FM 990-PF, PG 1, LN 16A	2,317.	0.		2,317.	
FORM 990-PF	ACCOUNTI	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING SERVICES	9,038.	0.		9,038.	
 TO FORM 990-PF, PG 1, LN 16B	9,038.	0.		9,038.	
=					
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 6	

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MERRILL LYNCH MANAGEMENT FEES	118,198.	118,198.		0.
TO FORM 990-PF, PG 1, LN 16C	118,198.	118,198.		0.

FORM 990-PF	TAX	TAXES S			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FOREIGN TAXES	10,226. 4,045.	0. 4,045.		10,226.	
TO FORM 990-PF, PG 1, LN 18	14,271.	4,045.		10,226.	

09391205 150872 219319

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
DUES & SUBSCRIPTIONS INSURANCE MISCELLANEOUS TELEPHONE EDUCATION & TRAINING	6,525. 22,719. 3,429. 679. 340.	0.		6,525. 22,719. 3,429. 679. 340.		
TO FORM 990-PF, PG 1, LN 23	33,692.	0.		33,692.		

FORM 990-PF U.S. AND STATE/C	CITY GOV	<b>ERNMENT</b>	OBLIGATIONS	STATEMENT 9
DESCRIPTION	U.S. GOV'T	OTHER GOV ' T	BOOK VALUE	FAIR MARKET VALUE
US AND STATE GOVERNMENT OBLIGATION:	5 X		517,329.	493,419.
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	517,329.	493,419.
TOTAL STATE AND MUNICIPAL GOVERNMEN TOTAL TO FORM 990-PF, PART II, LINI		ATIONS -	517,329.	493,419.
		=		
FORM 990-PF CO	RPORATE	STOCK		STATEMENT 10
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
STOCKS INCL UNSETTLED PURCHASES		-	5,007,465.	6,975,552.
TOTAL TO FORM 990-PF, PART II, LINI	Е 10В	-	5,007,465.	6,975,552.

## 59-3166283

FORM 990-PF CORPORATE BO	DNDS	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	2,734,024.	2,673,010.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,734,024.	2,673,010.

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 12
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
A/R SPLIT DOLLAR LIFE CONTRACT		COST	246,012.	246,012.
TOTAL TO FORM 990-PF, PART II,	LINE 1	13	246,012.	246,012.

FORM 990-PF	INTEREST	AND PENALTIES	STATEMENT 13
TAX DUE FROM FORM 990-PI UNDERPAYMENT PENALTY LATE PAYMENT INTEREST	F, PART V		5,141. 123. 211.
LATE PAYMENT PENALTY			154.
TOTAL AMOUNT DUE			5,629.
FORM 990-PF	፲.አጥም	PAYMENT INTEREST	STATEMENT 14

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/24 11/15/24	5,141.	5,141. 5,352.	.0800	184	211.
TOTAL LATE PAYMENT	INTEREST					211.

59-3166283

FORM 990-PF	LATE PA	STAI	EMENT 15		
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15/24 11/15/24	5,141.	5,141. 5,141.	6	154.
TOTAL LATE PAYMENT PENALT	Y				154.

#### FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT 16

#### NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LYNN M. COLLINGSWORTH, EXECUTIVE DIRECTOR 7853 GUNN HWY, #215 TAMPA, FL 33626-1611

TELEPHONE NUMBER

813-805-2775

EMAIL ADDRESS

LYNN@MCCANNFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHMENT 1

ANY SUBMISSION DEADLINES

SEE ATTACHMENT 1

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHMENT 1