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

EXTENDED TO NOVEMBER 15, 2017 **Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number JOANNIDES FAMILY FOUNDATION 26-3903831 Number and street (or P O box number if mail is not delivered to street address) Room/stute B Telephone number 10013 WAYNE ROAD 307-634-1511 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CHEYENNE, WY 82009 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 14,608. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 211,690. N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 13, W. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1 (0.41) Œ ŔĬ **\***: 7 Capital gain net income (from Part IV, line 2) : \$ 34245.09 Net short-term capital gain . 11 4-1 Income modifications 10a Gross sales less returns and allowances 331 ¥ĺ. 100 b Less Cost of goods sold c Gross profit or (loss) ş. 11 Other income 211,690. 0. 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1.975. b Accounting fees STMT 0. 1,975. CVIVED c Other professional fees 17 Interest 19 Depreciation and depletion Taxes Š 20 Occupancy 21 Travel, conferences, and meetings , 22 Printing and publications STMT 2 39. 0. 539. 23 Other expenses 24 Total operating and administrative 2,014. 0. expenses. Add lines 13 through 23 2,514. 196,690. 196,690. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 198,704 0. Add lines 24 and 25 199,204. 27 Subtract line 26 from line 12: 12,986. 2 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

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623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	2,122.
2	Enter amount from Part I, line 27a	2	12,986.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	15,108.
5	Decreases not included in line 2 (itemize) PRIOR PERIOD ADJUSTMENT	_5	500.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	14,608.

650,291.

199,204.

7

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> </u>	See in	Struc	tion	Page 4
		<del></del>	T	3000	tion	<del>)</del>
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	<del></del>	┼──			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1_	<del> </del>			0.
	of Part I, line 27b				•	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	<del></del>	<del> </del>			<u> </u>
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<del> </del>			<u>0.</u>
_	Add lines 1 and 2	3	<b>├</b>			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	├			0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			<del></del>	0.
	Credits/Payments:	i '				
	2016 estimated tax payments and 2015 overpayment credited to 2016	į				
	Exempt foreign organizations - tax withheld at source		İ			
	Tax paid with application for extension of time to file (Form 8868)	ĺ				
	Backup withholding erroneously withheld	<b></b>	<del> </del>			
	Total credits and payments. Add lines 6a through 6d	7_	<b>├</b> ──			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	——			
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<b>├</b>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				
	rt VII-A Statements Regarding Activities	——	<del></del> _		V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN	ŀ		Yes	
	any political campaign?	•	ł	_1a		X
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		ŀ	_1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	∍d or	l			
_	distributed by the foundation in connection with the activities.		ł			$\overline{\mathbf{x}}$
	Did the foundation file Form 1120-POL for this year?		ŀ	1c	-	<del>^</del>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation.   \$			. 1	~	
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					1
E	managers. > \$0.			,   		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	W/86 .	X
	If "Yes," attach a detailed description of the activities.	_	- 1			
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	,	ŀ	3	-1 / 3	X
A 2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ŀ	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	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.		Ì		•	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ	6		
	By language in the governing instrument, or				, -' & ,	A3.3
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			Ť	
	remain in the governing instrument?		Ī	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 XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				- ]	
			]			
þ	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		ŀ	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 caler	ioar	ŀ	<del></del>		<del>~</del>
10	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ŀ	9		X
_10_	עיט מווץ איט סיויס טייט טייס טייס טייס טייס טייס ט		Fort	m <b>99</b> 0	-PF	
			1 011		'	10/

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Part VII-B   Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ıed)	
<ul> <li>Part VII-B   Statements Regarding Activities for Which Formula Statements Regarding Activities for Which Formula Statements Regarding Activities for Which Formula Statement (Statement of Statement Statement)</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section (Statement Statement)</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes?</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, of the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under section 53.4945 or in a current notice regarding disaster assistance (see instructions)</li> <li>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the section of the secti</li></ul>	4945(e))? to carry on, directly or indired described in section or educational purposes, or for er the exceptions described in tions)?	ctly,  Ye Ye Ye Ye  Ye  Or  Regulations	s X No s X No s X No s X No	ib
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-6a Did the foundation, during the year, receive any funds, directly or indirectly, to participate a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a per If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax ships of the state of the stat	N 5(d) ay premiums on ersonal benefit contract?	∵/A	s X No	Sb X
b If "Yes," did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A 7	'b
Part VIII: Information About Officers, Directors, Truste Paid Employees, and Contractors		nagers, Highly ————		·
List all officers, directors, trustees, foundation managers and their c		(a) Companyon	(d) Contributions to	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 3		0.	0.	0.
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000  NONE	(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
Total number of other employees paid over \$50,000			<b>•</b>	0

Part VIII Information About Officers, Directors, Trustees, Foundation		903831 Page 7
Paid Employees, and Contractors (continued)		
3. Five highest-paid independent contractors for professional services. If none, enter "N	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	1	
	4	
	1	
	-	
	1	
		<del></del>
	1	
Total number of others receiving over \$50,000 for professional services		▶ 0
PartiX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A	74, 010.	
2		
3		
· · · · · · · · · · · · · · · · · · ·		
4		<del></del>
*		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 <u>N/A</u>		
_ <del></del>		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		^

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P	minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	indations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	144	
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	8,365.
	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	8,365.
	make the late the late and the feature recented on long to and		
٠	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,365.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	125.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,240.
6	Minimum investment return. Enter 5% of line 5	6	412.
	art XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	ınd certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	412.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2000年	_
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	412.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	412.
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 XIII, line 1		412.
P	art XII Qualifying Distributions (see instructions)	· <b>-</b>	<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	199,204.
b		1b	<u> </u>
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:	Ĭ \$ .	
а	Suitability test (prior IRS approval required)	3a	
b		3b	400 004
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	199,204.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	199,204.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	e section

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Part XIII Undistributed Income (see instructions)

`	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI,				44.0
line 7  2 Undistributed income, if any, as of the end of 2016		<u> </u>		412.
a Enter amount for 2015 only			0.	
b Total for prior years:				
y rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 112,976.				
b From 2012 181,563.				
c From 2013 175,780.				
d From 2014 227, 106.				
e From 2015 217,653.	,	*		
f Total of lines 3a through e	915,078.			
4 Qualifying distributions for 2016 from	· .	÷ .		
Part XII, line 4: ► \$ 199, 204.		, , , , , , , ,	,	
a Applied to 2015, but not more than line 2a	, , , ,		0.	, ,
<b>b</b> Applied to undistributed income of prior			4	1,000
years (Election required - see instructions)		0.	/ / / -	
c Treated as distributions out of corpus			, , , , , , , , , , , , , , , , , , ,	
(Election required - see instructions)	0.		, , , , ,	
d Applied to 2016 distributable amount		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	in it is the second	412.
e Remaining amount distributed out of corpus	198,792.			
Excess distributions carryover applied to 2016 (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:	1 112 070			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,113,870.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'		<u> </u>		
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	46.657.931.172		312223	
amount - see instructions		0.		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Undistributed income for 2015. Subtract line		1 (		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017		* * * * * * * * * * * * * * * * * * * *	·	0.
7 Amounts treated as distributions out of	ł	}		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	112 076			
not applied on line 5 or line 7	112,976.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	1,000,894.		]	
10 Analysis of line 9:	1,000,094.			
a Excess from 2012   181,563.				
b Excess from 2013 175,780.				
c Excess from 2014 227, 106.				
d Excess from 2015 217,653.	1			ł
e Excess from 2016 198, 792.	1			
	<del></del>	<del></del>	<del></del>	- 000 55

	ES FAMILY F				03831 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating	1		
foundation, and the ruling is effective for	r 2016, enter the date of t	the ruling	▶		
<b>b</b> Check box to indicate whether the found	<u>lation is a private operatir</u>	ng foundation described in		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<del></del>	_
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Totai
investment return from Part X for			•		Í
each year listed	Ĺ	<u></u>			<u> </u>
<b>b</b> 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,	1		1	1	
line 4 for each year listed			<b></b>	<u> </u>	<u> </u>
d Amounts included in line 2c not	1				
used directly for active conduct of					}
exempt activities		<u></u>	<u> </u>	<u> </u>	<u> </u>
e Qualifying distributions made directly	}		<b>\</b>		
for active conduct of exempt activities.	]				1
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		Ì	,		
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from				}	
an exempt organization		<u> </u>	<u> </u>		
(4) Gross investment income					
Part XV. Supplementary Info			f the foundation	had \$5,000 or mo	ore in assets
1 Information Regarding Foundation	on Managers				
List any managers of the foundation what year (but only if they have contributed)	ho have contributed more	than 2% of the total cont section 507(d)(2).)	ributions received by the	e foundation before the clo	se of any tax
TIMOTHY J. JOANNIDES					
b List any managers of the foundation who other entity) of which the foundation has	ho own 10% or more of t		(or an equally large port	ion of the ownership of a p	partnership or
NONE	-				
2 Information Regarding Contribut		•	_		
Check here <b>X</b> if the foundation the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of	the person to whom appl	cations should be addre	essed:	
<b>b</b> The form in which applications should	be submitted and inform	ation and materials they s	hould include:		
				<del> </del>	
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:	

26-3903831

### Part XVI Analysis of Income-Producing Activities

Egter gross amounts unless otherwise indicated.  1 Program service revenue:	(a) Business code	ed business income (b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
a	0000				
b					
C					
d					
e	I				
f	_		↓		
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			<del> </del>		
4 Dividends and interest from securities	- 1832 A 174 154	Academics 2011 cald stock lakes in	4 2° - 18782	######################################	1 4 8 8 5 C
5 Net rental income or (loss) from real estate:	(4) <b>(4)</b> (4)		1/38	Mark 145 (46) 147 (46)	William All Marian (1976)
<ul><li>a Debt-financed property</li><li>b Not debt-financed property</li></ul>		<u> </u>	1	-	<u> </u>
6 Net rental income or (loss) from personal			╁		
property					İ
7 Other investment income			<del>                                     </del>	·	<del></del>
8 Gain or (loss) from sales of assets other			<u> </u>		
than inventory	-				
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					· · · · · · · · · · · · · · · · · · ·
a					
b					
c	_		<u> </u>		
d	_		<u> </u>		
e	_				
12 Subtotal. Add columns (b), (d), and (e)	; *	0.		0.	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	)			13	0.
Relationship of Activities		emplishment of Exc	empt	Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other than			contrib	outed importantly to the accord	nplishment of
			_		
					<del></del>
		·		<del>- · · · · · · · · · · · · · · · · · · ·</del>	
				· .	
			-	<del></del>	
<del></del>		<del>-</del>			
			_		

Form	990-P		IDES FAMILY FOUNDATION	26-3903		<u>P</u> a	ige 13_
Pa	rt XV	Information Re Exempt Organi	garding Transfers To and Transactions and zations	d Relationships With Noncharit	able		
1	Did th	e organization directly or indire	ectly engage in any of the following with any other organization	described in section 501(c) of		Yes	No
	the Co	de (other than section 501(c)	(3) organizations) or in section 527, relating to political organiza	utions?			
a	Trans	iers from the reporting founda	tion to a noncharitable exempt organization of:				
	(1) C	ash			1a(1)		_X_
	(2) C	ther assets			1a(2)		X
b	Other	transactions:					
	(1) S	ales of assets to a noncharitat	ole exempt organization		1b(1)		X
	(2) P	urchases of assets from a nor	ncharitable exempt organization		1b(2)		X
	(3) F	ental of facilities, equipment, o	or other assets		1b(3)		X
	(4) F	eimbursement arrangements			1b(4)		X
	(5) L	oans or loan guarantees			1b(5)		X
	(6) P	erformance of services or mei	mbership or fundraising solicitations		1b(6)		X
C			iling lists, other assets, or paid employees		1c		<u> </u>
d			"Yes," complete the following schedule. Column (b) should always			ets,	
			oundation. If the foundation received less than fair market value	in any transaction or sharing arrangement, sho	חו שכ		
<del></del>		<del>- `                                   </del>	other assets, or services received.	T			
(a) ∟	ine no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sh	arıng arra	ngemen	ts
			N/A				
		<u> </u>		<del></del>			
				<del> </del>			

	I							
					_			
		L			l			
ın se	e foundation directly or indirect ection 501(c) of the Code (other es," complete the following sch	r than section 501(c	•		izations described		Yes	X No
	(a) Name of org			(b) Type of organization		(c) Description of re	lationship	
	N/A							
Sign Here	Under penalties of perjury, I declare and belief, it is true, correct, and consider the signature of officer or truster.	aprête Declaration of pr	is return, including reparer (other than	accompanying schedules and staxpayer) is based on all inform  Solution of the state	statements, and to the best ation of which preparer has Acsides.	as any knowledge	May the IRS dis return with the shown below (s X Yes	preparer
Paid	Print/Type preparer's not KENNETH G.		Preparer's	ignature	Date -05/11/17	Check if self- employed	PTIN P000191	52
Prepa Use 0	rer Firm's name ► MCG	EE, HEARI		IZ, LLP	<u>                                      </u>	Firm's EIN ► 8		
	Firm's address ▶ P .	O. BOX 1	088					
	CH.	EYENNE, V	WY 8200	3		Phone no. 30	7-634-21	.51

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

J	OANNIDES FAMILY FOUNDATION	26-3903831
Organization type (check	one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule		
<del></del>	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions by one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, if cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ons exclusively for religious, chantable, etc., purposes, but no such contributions to exhere the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000. If this box religious, chantable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

JOANNIDES	FAMILY	FOUNDATION

26-3903831

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	HALLADAY MOTORS  2100 WESTLAND RD  CHEYENNE, WY 82001	\$49,190.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	TIM JOANNIDES  10013 WAYNE ROAD  CHEYENNE, WY 82009	\$162,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions )		

Name of organization

Employer identification number

#### JOANNIDES FAMILY FOUNDATION

26-3903831

(a) No. Trom Description of noncash property given S. (b) FMV (or estimate) (see instructions) (d) Date received (see instructions) (d) Date received (see instructions) (see instructions) (d) Date received (see instructions) (see instruction	Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)			\$	
(a) No. Tom Part I  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (Ge instructions)  (f) FMV (or estimate) (Ge instructions)  (g) Date received  (g) FMV (or estimate) (g) Date received  (g) FMV (or estimate) (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received  (g) Date received	No. from		(c) FMV (or estimate)	
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(a) No. (b) Description of noncash property given  (a) (a) (a) (b) (c) FMV (or estimate) (See instructions)  (a) (a) (b) (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) (a) (b) (b) FMV (or estimate) (See instructions)  (a) (a) (b) FMV (or estimate) (See instructions)  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (a) No. from Part I  (a) Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions)  (o) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (Date received)  (d) Date received			\$	
(a) No. from Description of noncash property given See instructions Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)  (d) Date received  (e) FMV (or estimate) (See instructions)  (d) Date received  (d) Date received  (e) FMV (or estimate) (See instructions)	No. from		FMV (or estimate)	1
No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions)  (c) See instructions)  (d) Date received  (a) No. from Description of noncash property given  (b) FMV (or estimate) (C)  (c) FMV (or estimate) (d)  Date received  (d) Date received			\$	
(a) No. from Part I  Description of noncash property given  (b) FMV (or estimate) (See instructions)  Date received	No. from		FMV (or estimate)	ł
No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (See instructions) Date received	<del></del>		\$	
	No. from		FMV (or estimate)	)
			\$	

Employer identification number

JOANNII	DES FAMILY FOUNDATION			26-3903831		
Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follow	NIDO JIDE EDITY. For organization	ns		
	Use duplicate copies of Part III if additiona	l space is needed				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gift	t			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	·		insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of tra	insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4					
	n ansieree's name, audress, a	IM SIF TY	Tielabolistiip Of Be	ALISION TO BRIDING CC		

FORM 990-PF	ACCOUNTING FEES S		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,975.	0.		1,975.
TO FORM 990-PF, PG 1, LN 16B	1,975.	0.		1,975.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	39.	0.		539.
TO FORM 990-PF, PG 1, LN 23	39.	0.		539.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TIMOTHY J. JOANNIDES 10013 WAYNE ROAD CHEYENNE, WY 82009	DIRECTOR 0.00	0.	0.	0.
KATHY A. JOANNIDES 10013 WAYNE ROAD CHEYENNE, WY 82009	DIRECTOR 0.00	0.	0.	0.
CHRISTOPHER J. JOANNIDES 3704 CAREY AVENUE CHEYENNE, WY 82001	DIRECTOR 0.00	0.	0.	0.
ANGELA S. JOANNIDES 5017 CREWS COURT CHEYENNE, WY 82001	DIRECTOR 0.00	0.	0.	0 .
NICKOLAS S. JOANNIDES 29576 CROWN CREEK LAGUNA NIGUEL, CA 92677	DIRECTOR 0.00	0.	0.	0 .
ANDREW L. JOANNIDES 10013 WAYNE ROAD CHEYENNE, WY 82009	DIRECTOR 0.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE	GE 6, PART VIII	0.	0.	0.

# **Joannides Family Foundation Grants to Organizations**

12/31/2016

Organization	Address	Amount
American Hellenic Educational Progressive Association	717 Rodeo Avenue, Cheyenne WY 82009	13,201 2
American Diabetes Association		500 00
American Hellenic Institute	1220 16th Street, NW • Washington, D.C. 20036	1,250.0
American Heritage Center		200.00
Assumption Greek OC		2,000 00
Bethel Ministries	314 E 6th St, Cheyenne, WY 82007	600.00
Boys & Gırls Club	515 W Jefferson Rd, Cheyenne, WY 82007	2,500.00
Carolyn Williams		750.00
Cheyenne Frontier Days Old West Museum	4610 Carey Ave Cheyenne, WY 82001	375 00
Cheyenne Animal Shelter	800 Southwest Drive, Cheyenne, WY 82007	400.00
Cheyenne Childrens Museum	PO Box 92 Cheyenne WY 82003	1,250.00
Cheyenne Day of Giving	P O Box 192 Cheyenne, WY 82003	500 00
Cheyenne East High FBLA Chapter	2800 E Pershing	60.00
Cheyenne Guitar Society		120 00
Cheyenne Greek Festival	501 West 27th Street Cheyenne WY 82001	30.00
Cheyenne Rotary Foundation	2923 E. Lincolnway Cheyenne, WY 82001	2,000.00
Climb Wyoming	1001 West 31st Street, Cheyenne WY, 82001	1,000 00
Comea House	1504 Stinson Ave, Cheyenne, WY 82001	1,000 00
Corbett Medical Foundation	PO Box 343 Saratoga WY 82331 USA	1,150 00
Country Club of Green Valley	77 E Paeo De Golf, Green Valley AZ 85614	100 00
CRMC Foundation		6,000 00
CRMC Foundation Davis Hospice Center	214 E 23rd St Cheyenne, WY 82001	750.00
Eddie Bittle	Marılyn Makı, Treasurer 1029 N Paseo De Golf Green Valley, AZ 8561	250 00
Empty Stocking Fund	702 W Linconlway, Cheyenne, WY 82001	200.00
Fisher Hedge Foundation		500 00
Friday Food Bag	PO Box 1186 Cheyenne, WY 82003-1186	450 00
Greek Orthodox Metropolis	4550 E Alameda Ave, Glendale, CO 80246	5,250 00
Halladay Motors	2100 Westland Rd Cheyenne WY 82001	1,250 00
Holy Apostles Christian Church	9521 Hynds Blvd, Cheyenne, WY 82009	46,095 00
Holy Trinity Greek Orthodox Church	1350 East C ST Casper, WY 82601	2,900 00
International Orthodox Christian Charities	110 West Road STE 360 Baltimore MD 21204	500 00
Ivinson Memorial Hospital Fund		200 00
Jimmy Kokotas		100 00
LCCC Foundation	1400 E College Dr Cheyenne, WY 82007	1,250 00
Leadership 100	645 Fifth Ave STE 906 New York, NY 10022	7,000 00
Longs Peak Council		1,000 00
Meals on Wheels	2015 South Greeley Highway, Cheyenne WY 82007	150 00
Metropolis Advocates of Denver	4550 E Alameda Ave, Denver, CO 80246	3,000 00
Mia Maria		160.00
NADCF Emergency Fund		500.00
National Hellenic Society	1425 K Street NW Ste 350 Washington, DC 20005	3,000 00
National Park Foundation		100.00
Navy Ball Fund	875 N Randolph St #225, Arlington, VA 22203	350 00
Northern Illinois University Fund		3,000 00
Orthodox Christian Church		2,000.00
Orthodox Christian Mission Center	220 Mason Manatee Way St Augustine, FL 32086	500 00
Orthodox Christian Prison Ministry		250 00
Platte Valley Community Center		500 00
Platte Valley Legacy Foundation		750 00
Philoptochos Society of St. George Church	2930 31st Ave Rock Island, Illinois	50 00
Quad City Symphony Orchestra	327 Brady Street Davenport IA 52801	375 00
Recover Wyoming	1603 Capitol Avenue, Ste 405, Cheyenne, WY	2,500 00
Rio Masonic Lodge		250.00
Rock Island-Milan Education Foundation	2101 6th Ave Rock Island, IL 61201	500 00
Rotary Club of Cheyenne		500 00
Sons of Pericles	1909 Q St NW #500 Washington, DC 20009	100.00
Special Olympics of Wyoming	232 E 2nd St. STE 201 Casper WY 82601	100 00
St. Constantine & Helen Greek Orthodox Church	501 West 27th Street Cheyenne WY 82001	1,400 00
St. Demetrious Greek Orthodox Church	1145 East Fort Lowell Rd Tucson, AZ 85719	14,100.00
St George Greek Orthodox Church	2930 31st Ave. Rock Island, Illinois	3,200 00
St. Katherine GOC	722 Knob Hill Ave, Redondo Beach, CA 90277	150 00

St Labre Indian School	PO Box 77 Ashland, MT 59004	225 00
St Mary's Angelican Church		500 QO
St Nicholas Orthodox Church		500 00
Statue of Liberty Ellis Island	17 Battery Place STE 210 New York, NY 10004	475 00
Sunrise Rotary Foundation	2800 W Lincolnway PO Box 732 Cheyenne, WY 82003	200 00
The Ladies Philoptochos Society		50 00
The Order of St. Andrew	P.O Box 1218	1,250 00
The Saratoga Museum	104 E Constitution Ave PO Box 1131 Saratoga, WY 82331	535 00
United Way of Laramie County	P O Box 20301 Cheyenne WY 82003	20,000 00
University of Colorado Foundation	12401 E 17th Ave Aurora, CO 80045	2,500 00
University of Wyoming - Athletics		500 00
UW Alumni Association - Scholarship Fund		200 00
WY Community Foundation	1472 N 5th ST, Suite 201, Laramie, WY 82072	1,000 00
Wyoming Children's Society	314 E 21st Street Cheyenne, WY 82001	1,200.00
Wyo Jurisdiction Womens Report		300 00
YMCA	1426 e Lincolnway, Cheyenne WY 82001	500 10
Youth Alternatives		750 00
Donations by TJJ		25,838 57
		196,689.92