⋒ 990-PF

EXTENDED TO NOVEMBER 15, 2018 **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. ► Go to www irs gov/Form990PF for instructions and the latest information.

Department of the Treasury For calendar year 2017 or tax year beginning , and ending Name of foundation A Employer identification number 26-3903831 JOANNIDES FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 307-634-1511 10013 WAYNE RD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 82009 CHEYENNE, WY Initial return Initial return of a former public charity D 1 Foreign organizations, check here G Check all that apply: 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 X Cash I Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 126. Part I, Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome (cash basis only) 220,228. N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B. 江海病,寒草 Interest on savings and temporary cash investments SCANNED OCT \$ 1 201 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) THE STATE OF 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) ******** ; 8 Net short-term capital gain 250 Income modifications Gross sales less returns and allowances and Salahar b Less Cost of goods sold c Gross profit or (loss) 250. STATEMENT: 1 11 Other income 0. 220 478. 0. 250 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 1.396. STMT 2 0. 1,396 **b** Accounting fees c Other professional fees 17 Interest 18 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 177. 0. 177 23 Other expenses 24 Total operating and administrative 1,573 1,573. expenses Add lines 13 through 23 233,387 233,387 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 234,960 0 234,960 Add lines 24 and 25 "福澈 27 Subtract line 26 from line 12. -14,482. 24 2 Excess of revenue over expenses and disbursements 47 L. ' 2 - Tanke to H 5 5 C. J. 1986 0. b Net investment income (if negative enter -0-) 3800 die in E OR MEN 250. c Adjusted net income (if negative enter -0-)

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Page 2

-		Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End c	of year
Pa	art I	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
7	1	Cash - non-interest-bearing	14,608.	126.	126.
	•	Savings and temporary cash investments			
-					
		Accounts receivable			ļ <u> </u>
		Less: allowance for doubtful accounts			
١		Pledges receivable			
		Less: allowance for doubtful accounts		····-	
١	5	Grants receivable	<u></u>		•
	6	Receivables due from officers, directors, trustees, and other			
- 1	•	disqualified persons	1		1
ľ	-				
ļ	•	Other notes and loans receivable			
- 1		Less: allowance for doubtful accounts	 		
\$	8	Inventories for sale or use	<u> </u>		
Assets		Prepaid expenses and deferred charges			
۲	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	_	investments - land, buildings, and equipment basis	R 6 10	40. 1. 1. 1.	* '.
	"			<u>***</u>	
		Less accumulated depreciation	 		
i	12	Investments - mortgage loans	ļ-·-		
1	13	Investments - other	3 3 2 2 2		\$ * * * * * * * * * * * * * * * * * * *
	14	Larnd, buildings, and equipment: basis			
		Less accumulated depreciation			l
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	14,608.	126.	126.
	17	Accounts payable and accrued expenses			***
	l	Grants payable			
	18				
es	19	De ferred revenue	ļ -		· · / * · /
Liabilities	20	Loauns from officers, directors, trustees, and other disqualified persons			. ' '(, ')
abi	21	Mortgages and other notes payable			
=	22	Other liabilities (describe >)			*** ,
	1				· · · · · · · · · · · · · · · · · · ·
	23	Total liabilities (add lines 17 through 22)	0.1	0.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	-	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
S			14,608.	126.	
Fund Balances	- '	Unrestricted	14,000.	120.	1
<u>la</u>		Temporarily restricted	·		
Ba	26	Per manently restricted			
ם		Foundations that do not follow SFAS 117, check here	1		
교	l	and complete lines 27 through 31.	1		Į į
þ	27	Capital stock, trust principal, or current funds	,		i I
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Assets	1	Retained earnings, accumulated income, endowment, or other funds			1
, A	29		14,608.	126.	1
Net	30	Total net assets or fund balances	14,000.	120.	{
	l		14.500	100	
_	31	Total liabilities and net assets/fund balances	14,608.	126.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
<u>_</u>	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
'		st agree with end-of-year figure reported on prior year's return)		1	14,608.
_				-	-14,482.
2		r amount from Part I, line 27a		2	
3		r increases not included in line 2 (itemize)			0.
		lines 1, 2, and 3		4	126.
-		eases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6_	126.

Add lines 5 and 6
 Enter qualifying distributions from Part XII, line 4
 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

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560,315.

234,960.

0.

	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		See ins			age 4	
		10			10113	'	
	exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					l	
	Date of ruling or determination letter:					<u> </u>	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	·······			 -	
	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).						
	(2				0.	
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)					0.	
_	Add lines 1 and 2 Subtation A (resource) toy (demostra section 49.47(a)/4) trusts and toyable foundations only others enter (0.)	3 4				0.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			_		0.	
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_5				"	
•	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.			*	_		
		. 1					
		·	••				
	nav para min approach no skeleting	** ,					
	business with the second secon	7			<u>:</u> _	0.	
	Total credits and payments. Add lines 6a through 6d					0.	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.	
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u> </u>	
	Overp ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2018 estimated tax	10					
	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded T VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Т	Yes	No	
		ш	F	1a	•••	X	
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	hon	-	1b		X	
D	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	11011	1	ייי		^	
	distributed by the foundation in connection with the activities.		Į.	1.2	.]	^ -	
_	Did the foundation file Form 1120-POL for this year?		13	1c	**	\mathbf{x}	
-	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u>'' </u>	9 . %		
a	(1) On the foundation. \$:	٠ ا		ì.	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1.	٠. ا	25	: 1	
е	managers. \blacktriangleright \$0.		Ÿ	·	" - % " - %		
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?		F.	2	*	$\overline{\mathbf{x}}$	
2	If "Yes," attach a detailed description of the activities.		3		" .	$\overline{}$	
9	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		3,		~	1	
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		F	3		$\overline{\mathbf{x}}$	
A o	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?	N	/a	4b			
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X	
J	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:						
٠	By language in the governing instrument, or		-		l		
	 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 XV			7	Х		
•							
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. NONE		l		İ	1	
	· · · · · · · · · · · · · · · · · · ·					į	
h	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 calen	dar	Γ				
•	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9	1	X	٠
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X	
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			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	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?			
	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_	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► TIMOTHY J. JOANNIDES Telephone no. ► 307-63		511	
	Located at ► 10013 WAYNE ROAD, CHEYENE, WY ZIP+4 ►82	009		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	/ 3▶	•
40	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A Yes	- Na
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		res	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16		_
	foreign country	,	,	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			25.8
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	, ,		- 5 5
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			4×* , •
	a disqualified person?	** 84 **	* *	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	~~	Q.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		7,
	(5) Transfer any income or assets to a disqualified person (or make any of either available			a.
	for the benefit or use of a disqualified person)?		,	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		,	3.0
	If the foundation agreed to make a grant to or to employ the official for a period after			1
_	termination of government service, if terminating within 90 days.)			:
t	of tany 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	9.4		٠
		1b *		30° % }
	organization of the control of the c	, 3, 1, 1, 1	-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
,	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 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>		<u> </u>
_	defined in section 4942(j)(3) or 4942(j)(5)):		-	,
á	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017? Yes X No			
	If "Yes," list the years \blacktriangleright			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
			l	
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
_	during the year?			
ł	of f"Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A			
4.	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	-+	<u>x</u>
	Did the foundation mivest during the year any amount in a mariner that would jeopardize its charitable purpose that Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		 -
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		
_		m 99 0	-PF	

orm 990-PF (2017) JOANNIDES FAMILY FOUNDAT Part VII-B Statements Regarding Activities for Which F		equired :	<u>26-39038</u>	31 P	age
	UIIII 4/20 IVIAY DE N	equired (contin	ued)	Yes	NF:
5a During the year, did the foundation pay or incur any amount to:	40.457.110		[22]	res	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,	-	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	·			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	, or educational purposes, or f		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			
expenditure responsibility for the grant?		[/A	s No	, (
	-	'/		-	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	nov oromumo on				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u></u>	۳ لکتا" إ		_
a personal benefit contract?		Ye	s 🗓 No		7,7
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ_	6b	Х
If "Yes" to 6b, file Form 8870.			 		4 _
7a At any time during the tax year, was the foundation a party to a prohibited tax: b If "Yes," did the foundation receive any proceeds or have any net income attributed.		Ye	s X No L	7b	
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
List all officers, directors, trustees, and foundation managers and t	heir compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe	nse
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowan	othe
	to position	Citter o j	compensation	anowan	000
	7				
SEE STATEMENT 4	†	0.	0.	1	0.
DED STUTEMENT 4	 	 		 	
	-	1			
	4	1			
				ļ —	
	1				
	}	1		l	
		1		ł	
	<u></u>				
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to	(e) Expe	nse
Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	employee benefit plans and deferred	(e) Expe	inse othe.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deterred compensation	(e) Expe account, allowan	nse other
	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	inse other ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	nse other ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	inse othe.
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	inse other ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	ense othe ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	ense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	ense othe ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, o allowan	ense other ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, allowan	ense othe ces
(a) Name and address of each employee paid more than \$50,000 NONE	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expe account, of allowant	ces
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deterred compensation	(e) Expe account, allowant	ces

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the etc.	Expenses
1N/A		
2		
3		
4		
Part IX≗B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 N/A	1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
Total 700 miles I till bught o		Form 990-PF (2017)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
•	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	7,367.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,367.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	7,367.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	111.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,256.
6	Minimum investment return. Enter 5% of line 5	6	363.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here and do not complete this part.)	ons and certain	
1	Minimum investment return from Part X, line 6	1	363.
2a	Tax on investment income for 2017 from Part VI, line 5	.39	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	O.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	363.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	363.
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	7	363.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- % ³	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	234,960.
þ	Program-related investments - total from Part IX-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:	<u></u>	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	234,960.
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	234,960.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundated 4940(e) reduction of tax in those years.	tion qualifies for the	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				363.
2 Undistributed income, if any, as of the end of 2017		-		
a Enter amount for 2016 only			0.	
b Total for prior years:				
	,	0.		
3 Excess distributions carryover, if any, to 2017:				·
a From 2012 181,563.				
b From 2013 175,780.	*			
c From 2014 227,106.	*			
d From 2015 217,653.		*		•
e From 2016 198,792.			* *	* *
f Total of lines 3a through e	1,000,894.			
4 Qualifying distributions for 2017 from			* 4	
Part XII, line 4: ► \$ 234,960.		•		
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior	y.		ç.⁴	
years (Election required - see instructions)	```.	0.	<u> </u>	
c Treated as distributions out of corpus		,		ξ, .
(Election required - see instructions)	0.		<u> </u>	
d Applied to 2017 distributable amount	, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·	363.
e Remaining amount distributed out of corpus	234,597.	v		
5 Excess distributions carryover applied to 2017	0.	**		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	, ,	ž		, ,
6 Enter the net total of each column as indicated below:	, **			,
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	1,235,491.			
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	404 700	i		
not applied on line 5 or line 7	181,563.			
9 Excess distributions carryover to 2018.	1 050 000			
Subtract lines 7 and 8 from line 6a	1,053,928.			
10 Analysis of line 9:				
a Excess from 2013 175,780.				
b Excess from 2014 227, 106.				
c Excess from 2015 217,653.				
d Excess from 2016 198,792.				
e Excess from 2017 234,597.				

Form 990-PF (2017) JOANN ID	ES FAMILY	FOUNDATION			903831 Page
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		-	···▶└──		
b Check box to indicate whether the found		iting foundation described		4942(j)(3) or	1942(₁)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(4) 2014	(é) Total
income from Part I or the minimum	(a) 2017	(0) 2010	(6) 2015	(d) 2014	(e) Iotai
investment return from Part X for					· _
each year listed				ļ	
b 85% of line 2a			 	*′.	
c Qualifying distributions from Part XII,				. *	-
line 4 for each year listed				ļ	
d Amounts included in line 2c not			,	. – ′	
used directly for active conduct of					
exempt activities	ļ.,		<u> </u>		ļ
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			1	_	L
3 Complete 3a, b, or c for the alternative test relied upon:			<i>y</i>		1
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		- II	<u> </u>		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed _			1	ļ	
c "Support" alternative test - enter:					
(1) Total support other than gross					
in vestment income (interest,					
di vidends, rents, payments on					
securities loans (section 5 12(a)(5)), or royalties)	124		İ		i
(2) Support from general public			 		
and 5 or more exempt	}				
or ganizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from		-	 		
arn exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation h	ad \$5 000 or mo	re in accete
at any time during t			ii tile loulidation i	iau \$5,000 oi iiio	16 III assets
1 Information Regarding Foundation	•	- Ab 00/ - E4b - 1 - 1 - 1			
a List any managers of the foundation where year (but only if they have contributed in the contributed in	10 Nave contributed mor more than \$5 000) (See	e than 2% of the total cont esection 507(d)(2))	ributions received by the f	oundation before the clo	se of any tax
TIMOTHY J. JOANNIDES		30000011 001 (0)(2).)			
					
b List any managers of the foundation who other entity) of which the foundation has	IO OWN IO% OF MORE OF I	trie stock of a corporation (est	or an equally large portion	n of the ownership of a p	artnership or
•	is a 1070 or greater inter	631.			
NONE		·- <u>-</u>			
2 Information Regarding Contribut					
Check here X if the foundation	only makes contribution	s to preselected charitable	organizations and does no	ot accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or email address of	the person to whom applic	ations should be addresse	ed:	
b The form in which applications should t	oe submitted and inform	nation and materials they s	hould include:		
Any submission deadliness					
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographi	ical areas, charitable fields	kinds of institutions, or of	ther factors:	
a yang toomissions at minimum of affair	,, ggpin				

• •

3 Graints and Contributions Paid During the Year or Approved for Future Payment						
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount		
<u></u>	or substantial contributor	recipient				
a Paid dunng the year				}		
				į		
SEE LIST ATTACHED						
				233,387.		
				1		
						
		1]		
		!				
Total			<u>▶ 3a</u>	233,387.		
b Approved for future payment				!		
NONE						
ı						
İ						
						
		-				
Total			> 3b	0.		

7

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ided by section 512, 513, or 514	(0)
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	Code		1	 	
a	-		-	-	
b	-				
<u> </u>	-		1-		
d			-		
e			 	<u> </u>	
g Fees and contracts from government agencies	-		 		
	 		├─		
2 Membership dues and assessments	 		1	 	
3 Interest on savings and temporary cash]]]		
investments 4 Dividends and interest from securities	 		 	 	
	<u> </u>	127 - 27 - 20	F4		
5 Net rental income or (loss) from real estate:	<u> </u>	A 400 M 1/11	1-	18 17 17 17	
a Debt-financed property	 		├	 	
b Not debt-financed property	 		 		
6 Net rental income or (loss) from personal					
property	 		╁──		
7 Other investment income	 		 	 	
8 Gain or (loss) from sales of assets other	- 1		1		
than inventory	 		├		
9 Net income or (loss) from special events	 		-	 	
10 Gross profit or (loss) from sales of inventory	 	 		 	
11 Other revenue: a INCOME MODIFICATION-			Į.		
	-		├		250.
	-				
C	-		_		
	J 3				
d	-		 		
e	-			0	250
e		0.	1.20	0.	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.	1 100	0.	250. 250.
e				13	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Acco	mplishment of Exe	empt	Purposes	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
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e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accomp	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accord	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other than	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accord	250.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in the foundation's exempt purposes (other tha	to the Accor	mplishment of Exe n column (e) of Part XVI-A ds for such purposes).	empt	Purposes Duted importantly to the accord	250.

Form 990-PF (2017) Part XVII Ir Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

l Did	the or	ganization directly or indir	rectly engage in any o	of the followin	g with any other organization	on described in sect	ion 501(c)		res	NO
(oth	ner thar	n section 501(c)(3) organi	izations) or in section	n 527, relating	to political organizations?					
a Trai	nsfers 1	from the reporting founda	ation to a noncharitat	le exempt org	anization of:					
(1) Cash 1										X
	Other	assets						1a(2)		X
, ,		sactions:						· -1-1		
	_	of assets to a noncharitat	hle exempt organizati	กท				1b(1)		X
		ases of assets from a nor	•					1b(2)		Y
				yanızanını						X X X
(3)		I of facilities, equipment,						1b(3)		<u> </u>
(4)		oursement arrangements						1b(4)		
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfo	rmance of services or me	mbership or fundrais	ing solicitation	ns			1b(6)		X
c Sha	aring of	facilities, equipment, mai	iling lists, other asset	ts, or paid em	ployees			1c		Х
d if th	he ansv	ver to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should al	ways show the fair	market value of the goods, ot	her ass	ets,	
or s	services	s given by the reporting fo	oundation. If the four	dation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, sho	w in		
col	umn (d) the value of the goods, (other assets, or servi	ces received.						
a) Line n	۰	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descriptio	n of transfers, transactions, and sha	arıng ama	ingemen	ts
	_	<u> </u>		N/A					_	
	\dashv						·			
										
				-						
			 							
	_		ļ							
	——						_			
			<u> </u>							
							<u> </u>			
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								-		
						<u> </u>	· · ·			
	-+					 	 · · · 			
	-+					 				
										
			<u></u>							
2a Ist	the four	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described		_		_
ın:	section	501(c) (other than sectio	in 501(c)(3)) or in ser	ction 527 ?				_ Yes	X	No
_b If "	Yes, co	implete the following scho	edule.							
		(a) Name of org			(b) Type of organization		(c) Description of relationship	p		
		N/A								
						1				
						<u> </u>				
	Lipdo	nonaltine of persons I dealers	that I have everyned the	ratum unaludus	accompanying schedules and st	tatements, and to the hi	est of my knowledge			
٥.					taxpayer) is based on all informa		May	he IRS d		
Sign				•			show	n below?	See ins	tr I
Here			9		12 9-17-18	DIREC	ror <u>X</u>	J Yes		No
	Sign	ature of office or trustee	<u> </u>	_	ďate	Title				
		Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check If PTIN			
	1			/ /	+	[]	self- employed			
Paid		KENNETH G.	DUGAS	12,6	- میلی	08/20/18	P00	019	152	
Prep	arer	Firm's name ► MCG		E & PA	IZ! LLP	UU / 20/ 10	Firm's EIN ► 83-03			
Use		Finite Figure	ra, mraku.	u c FA.	··· ,		FIGURE IN P 03 03	J	ر ب	
U3E (yıııy	Francis address 5 =	0 807 10	0.0			 		 .	
		Firm's address ▶ P.			•		207 50		1 - 1	
		СН	EYENNE, W	Y 8200	<u> </u>		Phone no. 307-63			
_							For	m 99 0)-PF	(2017)

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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					
	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					
Note: Only a section 501(o	is covered by the General Rule or a Special Rule . e)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, otor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount Z, line 1 Complete Parts I and II.	or 16b, and that received from				
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, chantable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it rolle, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, chantable, etc.,				
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forthe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

TOANNITDES	FAMILV.	FOUNDATION
TOANNEDED	LWMIT	LOUNDATION

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	\$\$	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	\$ <u>170,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ALLY BANK 6985 UNION PARK CENTER MIDVALE, UT 84047	\$1,500.	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
4	HOLY TRINITY GOC 1350 EAST C ST. CASPER, WY 82601	\$728.	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 Occash 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.)

Employer identification number

JOANNIDES FAMILY FOUNDATION

26-3903831

Part []	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
1		_ \$	

Employer identification number

JOANNI	DES FAMILY FOUNDATION		· · · · · · · · · · · · · · · · · · ·		26-3903831
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	columns (a) through (e) and the fo	illowina line er	Itry. For organizations	
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition		or less for the ye	ear (Enter this info once)	-
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-		(e) Transfer of	 gift		
Transferee's name, address, and ZIP + 4 Relationship of transfero				sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	iption of how gift is held
}		(e) Transfer of	 gift		
	Transferee's name, address, and ZIP + 4			ationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
+		(e) Transfer of	gift		
-	Transferee's name, address, and ZIP + 4			ntionship of trans	sferor to transferee
		,			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
			:		
-		(e) Transfer of	nift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
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FORM 990-PF	OTHER INCOME		STATEMENT 1	
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INCOME MODIFICATION- RECOVERY GRANT	OF	250.	0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	250.	0.	
FORM 990-PF	ACCOUNT	ring fees		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	1,396	5. 0	•	1,396.
TO FORM 990-PF, PG 1, LN 16B	1,396. 0.		•	1,396.
FORM 990-PF	OTHER	EXPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FILING FEES CHECKS	26 151			26. 151.
TO FORM 990-PF, PG 1, LN 23	177	7. 0	•	177.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB			
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, PAG	E 6, PART VIII	0.	0.	0.		