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OMB No 1545-0052

Return of Private Foundation 2018 or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Open to Public Inspection

For	caler	ndar year 2018, or tax year	beginning 01-01-20)18 , a	nd end	ing 12-31	-2018	
		indation ES FAMILY FOUNDATION				A Employer id	entification numbe	r
JOANNIDES FAMILI FOUNDATION						26-3903831		
		street (or P O box number if mail is no AYNE RD	ot delivered to street address;	Room/suite		B Telephone nu	ımber (see ınstructio	ns)
						(307) 634-151	1	
		i, state or province, country, and ZIP or WY 82009	foreign postal code			C If exemption	application is pendin	g, check here
G Cl	neck al	l that apply 🔲 Initial return	\square Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 👢 🗍
		Final return	Amended return				rganizations meeting ik here and attach co	
			ge 📙 Name change			•	undation status was t	· -
_			501(c)(3) exempt private				on 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable ket value of all assets at end		E private foundation Cash		E If the found	ation is in a 60-monti	h termination —
of	year (f	rom Part II, col (c), ▶\$ 3,248	Other (specify) (Part I, column (d) must		Jai		in 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and	Expenses (The total	(-) D				(d) Disbursements
		of amounts in columns (b), (c), and (equal the amounts in column (a) (see	d) may not necessarily	(a) Revenue and expenses per books	(b) Ne	t investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc ,	received (attach	192,000				
	2	schedule) Check ▶ ☐ If the foundation is r	not required to attach	192,000				
		Sch B						
	3	Interest on savings and temporar	•					
	4 5a	Dividends and interest from secu Gross rents	rities					
	b	Net rental income or (loss)						
<u>e</u>	6a	Net gain or (loss) from sale of as	sets not on line 10					
Revenue	ь	Gross sales price for all assets on	ı lıne 6a					
Re	7	Capital gain net income (from Part IV, line 2)				0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allow	vances					
	b c	Less Cost of goods sold Gross profit or (loss) (attach sche	··	<u>.</u>				
	11	Other income (attach schedule)						
	12			192,000		0		
	13	Compensation of officers, directo	rs, trustees, etc	0		0		0
	14	Other employee salaries and wag	es					
Se S	15	Pension plans, employee benefits						
in Sc	16a	Legal fees (attach schedule)		576	5	0		576
and Administrative Expenses	ь	Accounting fees (attach schedule)	2,450		0		2,450
еE	c	Other professional fees (attach so	chedule)					
atıv	17	Interest				· · ·		
Str	18	Taxes (attach schedule) (see inst	,					
Ę	19	Depreciation (attach schedule) ar	nd depletion					
Actr	20	Occupancy						2.22
, br	21	Travel, conferences, and meeting Printing and publications		2,800	1	0		2,800
	22	Other expenses (attach schedule		232	2	0		232
Ē	24	Total operating and administr	•	<u> </u>				
Operating		Add lines 13 through 23	<u>-</u>	6,058	3	0		6,058
0	25	Contributions, gifts, grants paid		182,820	_			182,820
	26	Total expenses and disbursen	nents. Add lines 24 and	188,878	3	0		188,878
	27	Subtract line 26 from line 12						, ,
	a	Excess of revenue over expen disbursements	ses and	3,122	,			
	ь	Net investment income (if neg	atıve, enter -0-)	5,122		0		
	c	Adjusted net income (If negative	ve, enter -0-)					
For	Paper	work Reduction Act Notice, see	instructions.	1	Ca	t No 11289	X For	m 990-PF (2018)

	3	Accounts receivable ▶		
		Less allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less allowance for doubtful accounts ▶		
S	8	Inventories for sale or use		
sets	9	Prepaid expenses and deferred charges		
As	10a	Investments—U S and state government obligations (attach schedule)		
	b	Investments—corporate stock (attach schedule)		
	С	Investments—corporate bonds (attach schedule)		
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe >)		
	16	Total assets (to be completed by all filers—see the		
	1		l	ı

Liabilities

2

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶

instructions Also, see page 1, item I) 126 3,248 3,248 17 Accounts payable and accrued expenses . 18 Grants payable 19 Deferred revenue . Loans from officers, directors, trustees, and other disqualified persons 20 Mortgages and other notes payable (attach schedule). 21 22 Other liabilities (describe >_ Total liabilities(add lines 17 through 22) 0 23 Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 126 3,248 Temporarily restricted 25 Permanently restricted . 26 Foundations that do not follow SFAS 117, check here

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

Net Assets or Fund Balances 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances (see instructions) 126 3,248 126 3,248 31 Total liabilities and net assets/fund balances (see instructions) . Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 126

Part III

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

2

3

6

3,122

3,248 Form **990-PF** (2018)

0

⁴ Add lines 1, 2, and 3 3,248 5 Decreases not included in line 2 (itemize) ▶ 0

	(a) List and describ 2-story brick wa	ed e n	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1a							
_							
_							
_							
_							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) or other basis opense of sale		Gain o	h) r (loss)) minus (g)
a							
b							
С							
d							
e							
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	n on 12/31/69			I)
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		(k) s of col (ı) ol (ʒ), ıf any		Gains (Col (h) gain minu col (k), but not less than -0- Losses (from col (h))	
a							
b							
С							
d							
е							
2	Capital gain net income	e or (net capital loss)	If gain, also enter in If (loss), enter -0- in		}	2	
3	Net short-term capital of	gain or (loss) as defined in sections 1	1222(5) and (6)				
	If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instruction	ons) If (loss), enter	-0-	} L	3	
Part	V Qualification I	Under Section 4940(e) for Re	duced Tay on Ne	t Investment	Tncc	nme.	
For op	itional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on i	net investment in	icome)	
	on 4940(d)(2) applies, le	·					
		ne section 4942 tax on the distributal ot qualify under section 4940(e) Do			riod?	L Y€	es 🗹 No
		nount in each column for each year,			triec		
	(a)			Te making any er	itiles	(d)	
	e period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharita	able-use assets		Distribution rati (col (b) divided by c	
	2017	234,960		7,256			32 381477
	2016	199,204		8,240			24 175243
	2015	217,904		5,024			43 372611
	2014	227,315		4,174			54 459751
	2013	175,820		793			221 715006
	Fotal of line 1, column (•			2		376 104088
3 /	Average distribution ratio	o for the 5-year base period—divide t	the total on line 2 by	5 0, or by the	_		

number of years the foundation has been in existence if less than 5 years 75 220818 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 5,969 5 448,993 **5** Multiply line 4 by line 3 **6** Enter 1% of net investment income (1% of Part I, line 27b) . 0 6 7 448,993 8 188,878 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

Page 3

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

2b

2c

3

4

5

6

1a

1b

2

3a 3b

4

5

298

298

298

188,878

188.878

188.878

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n

Income tax for 2018 (This does not include the tax from Part VI). . .

Distributable amount before adjustments Subtract line 2c from line 1.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4 5

6

1

2

3

4

5

Part XII

298

298

0

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(d)

2018

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Part XIII	Undistributed Income	(see instructions)

b Total for prior years

a From 2013.

b From 2014. c From 2015. . .

d From 2016.

e From 2017.

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018 175.780

234,597

227.106

217,653

198.792

234.597

188.580

227,106 217.653 198.792

(a)

Corpus

1.053.928

188.580

1,242,508

175.780

1,066,728

(b)

Years prior to 2017

(c)

2017



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Part XVI-A Analysis of Income-Produ	cing Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments	s				
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal proper Other investment income.	erty				
8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
e					
12 Subtotal Add columns (b), (d), and (e)		С		•	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify			1	3	0
Part XVI-B Relationship of Activities		ment of Exem	pt Purposes		
Explain below how each activity for with accomplishment of the foundation instructions))
•				F	orm 990-PF (2018)

. (==	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
П	Exempt Organizations

Part XVII	Exempt Organiz	zations			io ana itolatio		·······································		
1 Did the org	ganization directly or inc than section 501(c)(3)	directly engage ii	n any of the	following with any 527, relating to pol	other organization	on described in sections?	on 501	Yes	No
a Transfers f	rom the reporting found	dation to a nonch	narıtable ex	empt organization	of				
(1) Cash									No
(2) Other	assets						. 1a(2)		No
b Other trans	sactions								
(1) Sales	of assets to a noncharı	table exempt org	anization.				. 1b(1)		No
(2) Purch	ases of assets from a n	oncharitable exe	mpt organız	zation			1b(2)		No
(3) Renta	l of facilities, equipmen	it, or other assets	5				1b(3)		No
	oursement arrangemen						. 1b(4)		No
` '	or loan guarantees.						. 1b(5)	_	No
	mance of services or me						1b(6)		No
-	facilities, equipment, m	-							No
of the good	ver to any of the above ds, other assets, or serv saction or sharing arrai	vices given by the	e reporting	foundation If the f	oundation receive	d less than fair mark	ket value		
(a) Line No	(b) Amount involved	(c) Name of nonc	haritable eve	mpt organization	(d) Description of	transfers, transactions,	and sharing arra	angemen	its
(a) Ellie ito	(b) ranount involved	(c) Name of home	Harreable exe	inpe organization	(a) Bescription of	cransiers, transactions,	and sharing and	angemen	
	dation directly or indire	•	,	•		_			
described i	n section 501(c) (other	than section 50:	1(c)(3)) or i	ın section 527? .		∐Ye	es 🗹 No		
b If "Yes," co	omplete the following so		1						
	(a) Name of organizatio	n	(1	b) Type of organizatio	n	(c) Description	of relationship		
of m	er penalties of perjury, y knowledge and belief, h preparer has any kno	, it is true, correc							
Sign Here	****			2019-11-14	*****		May the IRS or return with the prepa		
5	Signature of officer or tr	rustee		Date	Title		below (see instr)?	_	
	Print/Type preparer's	name Pre	parer's Sıgr	nature	Date	Check if self-	PTIN P0001	9152	
Paid Preparer	KENNETH G DUGAS			2019-11-1		employed ► ☐			
Jse Only	Firm's name ► MCG	EE HEARNE & PA	IZ LLP			F	irm's EIN ▶83	3-03312	229
	Firm's address ▶ PO	BOX 1088							
		IEYENNE, WY 82	003			F	Phone no (30)	7) 634-2	2151
	i e								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation TIMOTHY J JOANNIDES CHATRMAN 0 00 10013 WAYNE ROAD CHEYENNE, WY 82009 CHRISTOPHER J JOANNIDES DIRECTOR 0.00 2815 PENDELL LN DIKECIOK 0 00 24742 AVONDALE DRIVE LAGUNA HILLS, CA 92653

FORT SMITH, AR 72901				
ANGELA S JOANNIDES	DIRECTOR	0	0	C
6628 CRAWFORD PLACE RD APPLING, GA 30802	0 00			
NICKOLAS S JOANNIDES	DIRECTOR	0	0	

DIRECTOR 0 00

ANDREW L TOANNIDES

741 FOTIS DRIVE UNIT 10 DEKALB, IL 60115

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
5TH DISTRICT AHEPA CANCER RESEARCH PO BOX 481 EDISON, NJ 08818		GENERAL SUPPORT	200

EDISON, NJ 08818			
ADVOCATES 1000 GREEK ORTHODOX METROPOLIS OF DENVER 4550 EAST ALAMEDA AVENUE DENVER, CO 80246		GENERAL SUPPORT	2,000
AMERICAN HELLENIC EDUCATIONAL		GENERAL SUPPORT	8,440

METROPOLIS OF DENVER 4550 EAST ALAMEDA AVENUE DENVER, CO 80246			
AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION 717 RODEO AVENUE CHEYENNE, WY 82009		GENERAL SUPPORT	8,440

Total	 	▶ 3a	182,820
AMERICAN HELLENIC EDUCATIONAL PROGRESSIVE ASSOCIATION 717 RODEO AVENUE CHEYENNE, WY 82009		GENERAL SUPPORT	8,440
DENVER, CO 80246			

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AMADO FOOD BANK 28720 S NOGALES HWY AMADO, AZ 85645			GENERAL SUPPORT	300
AMERICAN CANCER SOCIETY PO BOX 20390 CHEYENNE, WY 82003			GENERAL SUPPORT	100
AMERICAN HELLENIC INSTITUTE			GENERAL SUPPORT	1,250

182,820

WASHINGTON, DC 20036

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

a Falu during the year			
ASSUMPTION CATHEDRAL 4610 EAST ALAMEDA AVENUE DENVER, CO 80246		GENERAL SUPPORT	500
DENVER, CO 80246			1

BETHEL MINISTRIES314 E 6TH STREET CHEYENNE, WY 82007		GENERAL SUPPORT	250
BOYS & GIRLS CLUB		GENERAL SUPPORT	1,000

CHETENINE, WT 82007			
BOYS & GIRLS CLUB 515 W JEFFERSON RD		GENERAL SUPPORT	1,000
CHEYENNE WY 82007	I		

BOYS & GIRLS CLUB		GENERAL SUPPORT	1,00
515 W JEFFERSON RD			
CHEYENNE, WY 82007			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

,	or substantial contributor		
a Paid during the year			
BRADLEY TOMPKINS		GENERAL SUPPORT	250

DECATUR, AL 35601			
CAROLYN WILLIAMS330 SHILOH DRIVE		GENERAL SUPPORT	

CAROLYN WILLIAMS330 SHILOH DRIVE PENSACOLA, FL 32503		GENERAL SUPPORT	

Total .

PENSACOLA, FL 32503			
CC GV77 E PASEO DE GOLF		GENERAL SUPPORT	150

800

CC GV77 E PASEO DE GOLF GREEN VALLEY, AZ 85614	G	GENERAL SUPPORT	15

CC GV77 E PASEO DE GOLF		GENERAL SUPPORT	
GREEN VALLEY, AZ 85614			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

a Palu during the year			
CHEYENNE FRONTIER DAYS OLD WEST MUSEUM		GENERAL SUPPORT	900
4610 CAREY AVENUE			
CHEYENNE, WY 82001			

CHEYENNE, WY 82001			
CHEYENNE ANIMAL SHELTER 800 SOUTHWEST DRIVE CHEYENNE, WY 82007		GENERAL SUPPORT	200

800 SOUTHWEST DRIVE CHEYENNE, WY 82007		GENERAL SUPPORT	200
CHEYENNE BOTANIC GARDENS		GENERAL SUPPORT	6,250

	CHEYENNE, WY 82007			
П	CHEYENNE BOTANIC GARDENS 710 S LIONS PARK DRIVE		GENERAL SUPPORT	6,250
	CHEYENNE, WY 82001			

,			
CHEYENNE BOTANIC GARDENS 710 S LIONS PARK DRIVE CHEYENNE, WY 82001		GENERAL SUPPORT	6,250

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CHEYENNE COUNTRY CLUB 800 STINER RD		GENERAL SUPPORT	125

CHEYENNE, WY 82001			
CHEYENNE YMCA1426 E LINCOLNWAY CHEYENNE, WY 82001		GENERAL SUPPORT	1,000
CLIMB WYOMING		CENERAL CURRORT	250

CHEYENNE, WY 82001		GENERAL SUPPORT	1,000
CLIMB WYOMING 123 EAST 17TH STREET CHEYENNE. WY 82001		GENERAL SUPPORT	250

CLIMB WYOMING 123 EAST 17TH STREET CHEYENNE, WY 82001		GENERAL SUPPORT	250
Total	 	▶ 3a	182,820

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
COMEA HOUSE1504 STINSON AVENUE CHEYENNE, WY 82001		GENERAL SUPPORT	500

CHETEININE, WT 62001			
CORBETT MEDICAL FOUNDATION PO BOX 343 SARATOGA, WY 82331		GENERAL SUPPORT	500

SARATOGA, WY 82331			
COWBOY JOE CLUB 1000 E UNIVERSITY AVE		GENERAL SUPPORT	2,000

COWBOY JOE CLUB 1000 E UNIVERSITY AVE LARAMIE, WY 82071		GENERAL SUPPORT	2,000

1000 E UNIVERSITY AVE LARAMIE, WY 82071		
Total	3a	182,820

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CRAFTPO BOX 2210 CHEYENNE, WY 82003		GENERAL SUPPORT	5,000
CHEYENNE REGIONAL MEDICAL CENTER FOUNDATION		GENERAL SUPPORT	2,500

recipient

CHEYENNE, WY 82003			
CHEYENNE REGIONAL MEDICAL CENTER FOUNDATION 214 EAST 23 STREET CHEYENNE, WY 82001		GENERAL SUPPORT	2,
	· · · · · · · · · · · · · · · · · · ·	 · · · · · · · · · · · · · · · · · · ·	1

FOUNDATION 214 EAST 23 STREET CHEYENNE, WY 82001			
CHEYENNE GREEK FESTIVAL 501 WEST 27TH STREET		GENERAL SUPPORT	530

CHEYENNE, WY 82001			
CHEYENNE GREEK FESTIVAL 501 WEST 27TH STREET CHEYENNE, WY 82001		GENERAL SUPPORT	530

CHEYENNE GREEK FESTIVAL 501 WEST 27TH STREET CHEYENNE, WY 82001		GENERAL SUPPORT	530

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year			
DALLAS DOP13555 HILLCREST RD		GENERAL SUPPORT	175

DAY OF GIVINGPO BOX 192 CHEYENNE, WY 82003		GENERAL SUPPORT	

or substantial contributor

CHEYENNE, WY 82003		GENERAL SUPPORT	
DOP -DISTRICT 17		GENERAL SUPPORT	

CHETEINIVE, WI 02003		
DOP -DISTRICT 17 6361 S KILLARNEY ST CENTENNIAL.CO 80016	GENERAL SUPPORT	50

500

DOP -DISTRICT 17		GENERAL SUPPORT	50
6361 S KILLARNEY ST CENTENNIAL, CO 80016			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
EDDIE BITTLE1029 N PASEO DE GOLF GREEN VALLEY, AZ 85614		GENERAL SUPPORT	150

200

182,820

GREEN VALLEY, AZ 85614			
FAMILY HARVEST CHURCH 320 W 23RD STREET CHEYENNE, WY 82001		GENERAL SUPPORT	

320 W 23RD STREET CHEYENNE, WY 82001		GENERAL SUPPORT	200
FRIENDS OF FOSTER FAMILIES		GENERAL SUPPORT	250

311212111127111 32332			
FRIENDS OF FOSTER FAMILIES		GENERAL SUPPORT	250
1520 LOGAN AVENUE			
CHEYENNE, WY 82001			

FRIENDS OF FOSTER FAMILIES 1520 LOGAN AVENUE CHEYENNE, WY 82001		GENERAL SUPPORT	250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FRIENDS OF THE ATLASPO BOX 2989 CHEYENNE, WY 82003		GENERAL SUPPORT	

1212/11/12, 1111 02003				
RIENDS OF YOUTH ALTERNATIVES 328 TALBOT CT			GENERAL SUPPORT	
HEYENNE WY 82001				
HETEININE WIT 8/0111	1	1	I .	

FRIENDS OF YOUTH ALTERNATIVES 1328 TALBOT CT CHEYENNE, WY 82001		GENERAL SUPPORT	200
GILDA'S CLUB WESTCHESTER		GENERAL SUPPORT	250

CHEYENNE, WY 82001			
GILDA'S CLUB WESTCHESTER 80 MAPLE AVE		GENERAL SUPPORT	250
WHITE PLAINS, NY 10601			

GILDA'S CLUB WESTCHESTER		GENERAL SUPPORT	250
80 MAPLE AVE			
WHITE PLAINS, NY 10601			

WHITE PLAINS, NY 10601		
Total	 ▶ 3a	182,820

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution

recipient

GENERAL SUPPORT

4,099

182,820

any foundation manager

or substantial contributor

Name and address (home or business)

HALLADAY MOTORS2100 WESTLAND RD

CHEYENNE, WY 82001

a Paid during the year			
GREEK ORTHODOX METROPOLIS OF SAN FRANSICO 245 VALENCIA STREET SAN FRANCISCO, CA 94103		GENERAL SUPPORT	500
GREEK ORTHODOX METROPOLIS 4550 EAST ALAMEDA AVENUE		GENERAL SUPPORT	7,741

L	SAN FRANCISCO, CA 94103			
П	GREEK ORTHODOX METROPOLIS 4550 EAST ALAMEDA AVENUE DENVER, CO 80246		GENERAL SUPPORT	7,

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor		
a Paid during the year			
HELLENIC COLLEGE AND HOLY CROSS		GENERAL SUPPORT	1,000

BROOKLINE, MA 02445			
HOLY APOSTLES CHRISTIAN CHURCH 9521 HYNDS BLVD		GENERAL SUPPORT	
CHEVENINE M/V 02000	1		

HOLY APOSTLES CHRISTIAN CHURCH 9521 HYNDS BLVD CHEYENNE, WY 82009		GENERAL SUPPORT	32,200
HOLY TRINITY GREEK ORTHODOX		GENERAL SUPPORT	2,650

CHEYENNE, WY 82009			
HOLY TRINITY GREEK ORTHODOX CHURCH 1350 EAST C STREET		GENERAL SUPPORT	2,650

CHURCH 1350 EAST C STREET CASPER, WY 82601	

CASPER, WY 82601			
Total	 	▶ 3a	182.820

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

182,820

any foundation manager

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
HOPE CAMPUS301 SOUTH E STREET FORT SMITH, AR 72901		GENERAL SUPPORT	2,000
INN BETWEEN CHARITY GOLF 972 CHAMBERS ST 5		GENERAL SUPPORT	150

OGDEN, UT 84403			
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204		GENERAL SUPPORT	500
			1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JACK & SHIRLEY HUMPHREY SCHOLORSHIP		GENERAL SUPPORT	250
101 WEST 19TH STREET CHEYENNE WY 82001			

CHEYENNE, WY 82001			
LAKE FOREST HILLS ELEMENTARY 3140 LAKE FOREST DR AUGUSTA, GA 30909		GENERAL SUPPORT	2,100
LEADERCHIR 100		CENERAL CURRORT	E 350

3140 LAKE FOREST DR AUGUSTA, GA 30909			
LEADERSHIP 100 645 FIFTH AVE SUITE 403 NEW YORK, NY 10022		GENERAL SUPPORT	5,250

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
NATIONAL MS SOCIETY 10013 WAYNE ROAD CHEYENNE, WY 82009		GENERAL SUPPORT	150

CHEYENNE, WY 82009			
NATIONAL HELLENIC MUSEUM 333 S HALSTED ST CHICAGO, IL 60661		GENERAL SUPPORT	250

NAVY BALL303 STAR VALLEY DR		GENERAL SUPPORT	500
CHICAGO, IL 60661			

CHICAGO, IL GOOGI			
NAVY BALL303 STAR VALLEY DR IRON MOUNTAIN, WY 82009		GENERAL SUPPORT	500

182,820

RON MOUNTAIN, WY 82009	AVY BALL303 STAR VALLEY DR	!	GENERAL SUPPORT
	RON MOUNTAIN, WY 82009		

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
NEEDS INC900 CENTRAL AVENUE CHEYENNE, WY 82001		GENERAL SUPPORT	1,500

CHETERINE, WIT 02001			
NIU ATHLETICSALTGELD HALL 135 DEKALB, IL 60115		GENERAL SUPPORT	750

DEKALB, IL 60115		GENERAL SUPPORT	/50
OLD BALDY CLUBPO BOX 707		GENERAL SUPPORT	1.995

OLD BALDY CLUBPO BOX 707		GENERAL SUPPORT	1,995
SARATOGA WV 82331			, i

OLD BALDY CLUBPO BOX 707		GENERAL SUPPORT	1,99
SARATOGA, WY 82331			

ARATOGA, WY 82331		

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

PO BOX 1597 NEW YORK, NY 10025

Total .

,	or substantial contributor		
a Paid during the year			
ORTHODOX CHRISTIAN MISSION CENTER 220 MASON MANATEE WAY ST AUGUSTINE, FL 32086		GENERAL SUPPORT	100
ONEWAY MINISTRIESPO BOX 21671 CHEYENNE, WY 82003		GENERAL SUPPORT	1,000

recipient

250

220 MASON MANATEE WAY ST AUGUSTINE, FL 32086			
ONEWAY MINISTRIESPO BOX 21671 CHEYENNE, WY 82003		GENERAL SUPPORT	1,
ORTHODOX PRISON MINISTRY		GENERAL SUPPORT	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ORTHODOX CHRISTIAN NETWORK PO BOX 9658 WASHINGTON, DC 20016		GENERAL SUPPORT	500

WASHINGTON, DC 20016			
PHILOPTOCHOS126 E 37TH STREET NEW YORK, NY 10016		GENERAL SUPPORT	500
PLATTE VALLEY COMMUNITY CENTER PO BOX 128		GENERAL SUPPORT	750

NEW YORK, NY 10016			
PLATTE VALLEY COMMUNITY CENTER PO BOX 128 SARATOGA, WY 82331		GENERAL SUPPORT	75

182,820

PLATTE VALLEY COMMUNITY CENTER		GENERAL SUPPORT	
PO BOX 128			
SARATOGA, WY 82331			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor		
a Paid during the year			
RECOVER WYOMING 122 WEST LINCOLNWAY CHEVENNE WY 82001		GENERAL SUPPORT	500

CHEYENNE, WY 82001		
ROCK ISLAND-MILAN EDUCATION FOUNDATION	GENERAL SUPPORT	500
2101 6TH AVENUE		

ROCK ISLAND-MILAN EDUCATION FOUNDATION 2101 6TH AVENUE ROCK ISLAND, IL 61201		GENERAL SUPPORT	500
RIVERVIEW HOPE CAMPUS		GENERAL SUPPORT	2,000

2101 6TH AVENUE ROCK ISLAND, IL 61201			
RIVERVIEW HOPE CAMPUS 301 SOUTH E STREET		GENERAL SUPPORT	2,000

NOCK ISLAND, IL OIZOI			1
RIVERVIEW HOPE CAMPUS 301 SOUTH E STREET FORT SMITH, AR 72901		GENERAL SUPPORT	2,000

Total	 ▶ 3a	182 820
301 SOUTH E STREET FORT SMITH, AR 72901		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

3120 OLD FAITHFUL RD 200 CHEYENNE, WY 82001

Total .

,	or substantial contributor		
a Paid during the year			
SAFE HOMES INCPO BOX 3187 AUGUSTA, GA 30914		GENERAL SUPPORT	500
SARATOGA HISTORICAL AND CULTURAL ASSOCIATION PO BOX 1131		GENERAL SUPPORT	545

recipient

500

SARATOGA HISTORICAL AND CULTURAL ASSOCIATION PO BOX 1131 SARATOGA, WY 82331		GENERAL SUPPORT	
SENIOR COMPANION PROGRAM		GENERAL SUPPORT	,

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SPECIAL OLYMPICS OF WYOMING 232 E 2ND ST SUITE 201		GENERAL SUPPORT	100

CASPER, WY 82601			
ST BASIL ACADAMY 79 SAINT BASIL ROAD		GENERAL SUPPORT	
CARRICON NV 10E24	I		

ST BASIL ACADAMY 79 SAINT BASIL ROAD GARRISON, NY 10524		GENERAL SUPPORT	
ST DEMETRIOUS GREEK ORTHODOX		GENERAL SUPPORT	30

GARRISON, NY 10524			
ST DEMETRIOUS GREEK ORTHODOX CHURCH 1145 EAST FORT LOWELL RD TUCSON AZ 85719		GENERAL SUPPORT	30,134

200

Total	 ▶ 3a	182,820
CHURCH 1145 EAST FORT LOWELL RD TUCSON, AZ 85719		
ST DEMETRIOUS GREEK ORTHODOX	GENERAL SUPPORT	30,134

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

ASHLAND, MT 59003

CHEYENNE, WY 82001

Total .

ST MARKS1908 CENTRAL AVE

	or substantial continuator		
a Paid during the year			
ST GEORGE GREEK ORTHODOX CHURCH 2930 31ST AVE ROCK ISLAND, IL 61201		GENERAL SUPPORT	4,250
ST LABRE INDIAN SCHOOL		GENERAL SUPPORT	50

recipient

GENERAL SUPPORT

1,000

2930 31ST AVE ROCK ISLAND, IL 61201			
ST LABRE INDIAN SCHOOL		GENERAL SUPPORT	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

(or substantial contributor		
a Paid during the year			
SAINT MARY'S ANGLICAN MISSION		GENERAL SUPPORT	1,000

recipient

122 WEST WALNUT STREET CHATHAM, IL 62629			
STARKEY HEARING FOUNDATION 6700 WASHINGTON AVE SOUTH		GENERAL SUPPORT	800

STARKEY HEARING FOUNDATION 6700 WASHINGTON AVE SOUTH EDEN PRAIRIE, MN 55344		GENERAL SUPPORT	800
STATUE OF LIBERTY ELLIS ISLAND 17 BATTERY PLACE SUITE 210		GENERAL SUPPORT	250

6700 WASHINGTON AVE SOUTH EDEN PRAIRIE, MN 55344			
STATUE OF LIBERTY ELLIS ISLAND 17 BATTERY PLACE SUITE 210 NEW YORK, NY 10004		GENERAL SUPPORT	250
Total	 	▶ 3a	182,820

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ST CONSTANTINE & HELEN GREEK ORTHODOX CHURCH 501 WEST 27TH STREET CHEYENNE, WY 82001			GENERAL SUPPORT	1,200
DONATIONS BY TJJ10013 WAYNE ROAD CHEYENNE, WY 82009			GENERAL SUPPORT	25,336
THEBOD CHURCH 109B E RAY FINE BLVD ROLAND, OK 74954			GENERAL SUPPORT	1,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	0. 0.000.000.000		
a Paid during the year			
UNACCOMPANIED STUDENTS PO BOX 1143		GENERAL SUPPORT	250

PO BOX 1143 CHEYENNE, WY 82003			
UNITED WAY OF LARAMIE COUNTY PO BOX 20301 CHEYENNE, WY 82003		GENERAL SUPPORT	6,000

PO BOX 20301 CHEYENNE, WY 82003			-,
UNIVERSITY OF WYOMING FOUNDATION 222 SOUTH 22ND STREET		GENERAL SUPPORT	700

182,820

ı	,			
	UNIVERSITY OF WYOMING FOUNDATION		GENERAL SUPPORT	700
	222 SOUTH 22ND STREET			
ı	LARAMIE, WY 82070			

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
WILLIE GALLEGOS408 WALKER LANE CHEYENNE, WY 82007		GENERAL SUPPORT	200
EMPTY STOCKING FUND		GENERAL SUPPORT	200

EMPTY STOCKING FUND 7301 LEGACY PKWY CHEYENNE, WY 82009		GENERAL SUPPORT	200
UWAA SCHOLARSHIP CLUB		GENERAL SUPPORT	250

0.12.12.11.12, 11.1 02005			
UWAA SCHOLARSHIP CLUB 222 SOUTH 22ND STREET LARAMIE, WY 82070		GENERAL SUPPORT	25

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
WYOMING CHILDREN'S SOCIETY 314 E 21ST STREET CHEYENNE, WY 82001		GENERAL SUPPORT	250

VYOMING STOCK GROWERS		GENERAL SUPPORT	
SSOCIATION			
O BOX 206			
THEVENINE MAY 00000			

Total .

WYOMING STOCK GROWERS		GENERAL SUPPORT	150
ASSOCIATION			
PO BOX 206			
CHEYENNE, WY 82003			

efile GRAPHIC print - DO NOT F	ROCESS As Filed	Data -	D	LN: 93491318013949		
TY 2018 Accounting Fo	ees Schedule					
_						
Name: JOANNIDES FAMILY FOUNDATION						
	EIN: 26-3903831					
		1	1	1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	2,450	0		2,450		

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491318013949
TY 2018 Legal Fees Schedu	ule	_	_	
_				
Nan	ne: JOANNIDES	FAMILY FOUNDAT	ION	
EIN: 26-3903831				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY FEES	576	0		576

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491318013949
TY 2018 Other Expenses Sche	dule			
-				
Name:	JOANNIDES FAM	MILY FOUNDATIO	N	
EIN: 26-3903831				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	25	0		25
CHECKS	151	0	1	151
MISCELLANEOUS EXPENSE	56	0	1	56

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491318013949	
Schedule B	Sched	dule of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF <u>gov/Form990</u> for the latest inform	nation	2018	
Name of the organizatio			Employer i	dentification number	
Organization type (chec			26-3903831		
organization type (once	Concy				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number)) organization			
	4947(a)(1) nonexempt ch	arıtable trust not treated as a p	rivate foundation		
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private	foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor				
Special Rules					
under sections 50 received from any	n described in section 501(c)(3) fili 9(a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Coi	hecked Schedule A (Form 990 optal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that	
during the year, to	n described in section 501(c)(7), (8 tal contributions of more than \$1,0 e prevention of cruelty to children	00 <i>exclusively</i> for religious, cha	ritable, scientific, literary, e		
during the year, c If this box is chec purpose Don't co	n described in section 501(c)(7), (8 portributions exclusively for religious ted, enter here the total contribution implete any of the parts unless the e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, but ns that were received during the General Rule applies to this org	t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece	aled more than \$1,000 eligious, charitable, etc , eved <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	that isn't covered by the General F must answer "No" on Part IV, line m 990PF, Part I, line 2, to certify th	2, of its Form 990, or check the	e box on line H of its		
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)	

Name of organi JOANNIDES FAMI		Employer identification 26-3903831	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HALLADAY MOTORS		Person 🗸
<u>1</u>	2100 WESTLAND RD	 \$ 48,000	Payroll Noncash
	CHEYENNE, WY 82001		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TIM JOANNIDES		Person 🗸
2	10013 WAYNE ROAD	 \$ 142,500	Payroll Noncash
	CHEYENNE, WY 82009		(Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
	ALLY BANK		Person 🗸
<u>3</u>	6985 UNION PARK CENTER	\$ 1,500	Payroll
	MIDVALE, UT 84047		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
		Sahadula B (F	(Complete Part II for noncash contributions)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization		Employer identification number	
	OONDATION	26-39	903831
Part II	Noncash Property		_
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>			
(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
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)