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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Fo	r calen	dar year 2015 or tax year beginning	, 20	15, and	ending		, 20
Na	me of for	undation			A Employe	r identification numbe	r
		E. CHIESLAR FOUNDATION				46-0852347	
Nu	mber an	d street (or P O box number if mail is not delivered to street address)	Roc	m/suite	B Telephon	e number (see instructi	ons)
25	8 SHER	MAN AVENUE				307-672-1493	
Cit	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ng, check here ▶ 🗍
SH	IERIDAI	N, WY 82801					_
			n of a former publ	ic charity	D 1. Foreigi	n organizations, check	here ▶ 🗍
		☐ Final return ☐ Amended	return		2 Foreign	n organizations meeting	
		☐ Address change ☐ Name cha	nge			here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	1		foundation status was	
	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other ta	xable private fou	ndation	section 5	07(b)(1)(A), check here	▶□
ī		narket value of all assets at J Accounting method			E If the four	ndation is in a 60-mont	n termination
	end of	f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), check	
	line 16		on cash basis)				
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		•		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		t investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	"	1001110	Wilcomo	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10.00	0	5 P. 180		
	2	Check ► ☐ If the foundation is not required to attach Sch. B	£ ****** ** * * * * * * * * * * * * * *			1. "A "No. " Sur . S.M.	8: 1986 (N 42)
	3	Interest on savings and temporary cash investments	·	0	0	0	
હ્છ	4	Dividends and interest from securities		0	0	0	
3	5a	Gross rents	· -	0	0	0	
	b	Net rental income or (loss)	& 图 / 图 通 / 外	S. W. J. Be	/ 10y (P a		A P L
و وی	6a	Net gain or (loss) from sale of assets not on line 10	1	0	117 (175)		Note the Land of the Land
venue	Ь	Gross sales price for all assets on line 6a	y ., 2 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	***	W. P. L. & T. S. A.		
Ψ	7	Capital gain net income (from Part IV, line 2)		3f	0	Side Kar	
Se.	8	Net short-term capital gain		3 8,500.0	\$ 14000	0	
	9	Income modifications	8 2 4	**************************************	M. F. S.	0	
\Rightarrow	10a	Gross sales less returns and allowances					A: 16 (39.7%)
63	b	Less: Cost of goods sold		17 / /	<u> </u>		
2016	C	Gross profit or (loss) (attach schedule)	\$ 1 200 MV MV			0	4 2 2 3 3 3
ਲੈ	11	Other income (attach sched) 190		0	0		Profession of the State of the
	12	Total Add lines 1 through 11	10,00	-	0		San San San
_	13	Compensation profficers, directors, trustees etc.	10,00	0	0	0	0
es	14	Other employee salarie la		0	0	0	0
S	15	Pension plans, employee benefits		0	0	0	0
cpenses	16a	Legal fees (attach schedule)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-	0	0	0	
û	b	Legal fees (attach schedule) Accounting fees (attach schedule)	-	0	0	0	0
Ķ	C	Other professional fees (attach schedule)		0	0	0	0
a <u>ti</u>	17	Interest		0	0	0	0
str	18	Taxes (attach schedule) (see instructions) St. Cap Tax.		:5	25	0	0
Operating and Administrative Ex	19	Depreciation (attach schedule) and depletion		0	0	0	
톥	20	Occupancy		0	0	0	0
ĕ	21	Travel, conferences, and meetings		0		0	0
ם	22	Printing and publications		0	0	0	0
a	23	Other expenses (attach schedule)		0	0	0	0
<u>.</u>	24	Total operating and administrative expenses.	-	-			
rat		Add lines 13 through 23	,	.5	25	o	n
Ö	25	Contributions, gifts, grants paid	1,06				1,068
Õ	26	Total expenses and disbursements. Add lines 24 and 25	1,00		25	0	1,068
_	27	Subtract line 26 from line 12:	1,0	S	× ,	1 · * ·	* 7 * 1
	a a	Excess of revenue over expenses and disbursements	8,90	17	, 1	, sy de ,	1 gogst sto
	b	Net investment income (if negative, enter -0-) .	6,90	<u>'</u>	0		45
	C	Adjusted net income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	- 	<u>_</u>		
		Adjusted het moonie in negative, enter -0-7	1				<u> </u>

Da	rt, II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	4,11	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	29,967	38,874	38,874
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶			The second
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ►	(**	C. H. B. C.	
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	0
	7	Other notes and loans receivable (attach schedule) ▶	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	3 7 7 7 7 7	
		Less: allowance for doubtful accounts ▶	0	0	0
ts	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	0	0	0
ĺ	С	Investments—corporate bonds (attach schedule)	0	0	0
1	11	Investments—land, buildings, and equipment. basis ▶			
		Less. accumulated depreciation (attach schedule) ▶	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	0	0	0
-	15	Other assets (describe ▶)	0	0	0
- 1	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	29,967	38,874	38,874
	17	Accounts payable and accrued expenses	0	0	
"	18	Grants payable	0	0	
ě.	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
iat	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe ▶	. 0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ □			
lances		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted			
ali	25	Temporarily restricted			
96	26	Permanently restricted			
ğ		Foundations that do not follow SFAS 117, check here ▶ ☑			
Net Assets or Fund Ba		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	29,967	38,874	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	00	*
SS	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Υ	30	Total net assets or fund balances (see instructions)	0	0	
Ze e	31	Total liabilities and net assets/fund balances (see			
		instructions)	29,967	38,874	いし マンダ 変か
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		al net assets or fund balances at beginning of year-Part II, colu			
		-of-year figure reported on prior year's return)			29,967
2		er amount from Part I, line 27a			8,907
3		er ıncreases not included in lıne 2 (ıtemize) ▶		3	0
4		llines 1, 2, and 3		4	38,874
5	Dec	reases not included in line 2 (itemize) ▶		5	0
6	Tota	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), le	ne 30 6	38,874
					Form 990-PF (2015)

Part	V Capital Gains and	d Losses for Tax on Investm	ent Income				
		ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a							
<u>b</u>				<u> </u>			
<u>C</u>	 -			 			
<u>d</u>				<u> </u>	 		<u> </u>
<u>е</u>		(f) Depreciation allowed	(a) Cost	or other basis		(h) Gai	n or (loss)
	(e) Gross sales price	(or allowable)		ense of sale			(f) minus (g)
a							
<u>_</u>							
c							
d					ļ		
<u> e </u>							
	Complete only for assets she	owing gain in column (h) and owned	-				l (h) gain minus t less than -0-) or
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ess of col (i) ol (j), if any			rom col (h))
a	· - · · · · · · · · · · · · · · · · · ·		·		<u> </u>		
<u>b</u>					 		
<u>c</u>					 		
<u>u</u>					<u> </u>	 -	
		,, , (If gain,	also enter in P	Part I, line 7	† <u> </u>		
2	Capital gain net income of		, enter -0- ın P		2		
3	If gain, also enter in Part	In or (loss) as defined in sections I, line 8, column (c) (see instructions)	ctions). If (los	s), enter -0- in }	3		
Part		der Section 4940(e) for Redu			t Incon	ne	
Was t	s," the foundation does no	ve this part blank. e section 4942 tax on the distribut t qualify under section 4940(e). Do ount in each column for each ye	o not complet	e this part.			☐ Yes ☐ No
	(a)		ar, see the ms	(c)	iakii ig a	rry entires.	(d)
Cal	Base period years endar year (or tax year beginning ii	(b) Adjusted qualifying distribution	s Net value	of noncharitable-use a	assets		tribution ratio divided by col. (c))
Oan	2014	7	924		21,351	(00. (0)	.0433
	2013		50		19,164		.0026
	2012		0		492		0
	2011						
	2010		<u> </u>				
2	Total of line 1, column (d					2	.0459
3		o for the 5-year base period—dividation has been in existence if le				3	.0153
4	Enter the net value of no	ncharitable-use assets for 2015 t	from Part X, lin	e5		4	30,248
5	Multiply line 4 by line 3					5	463
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	o)			6	0
7	Add lines 5 and 6					7	463
8	Enter qualifying distribution of the street	ons from Part XII, line 4 eater than line 7, check the box i			that pa	8 rt using a	1,068 1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ctior	ıs)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0				
С	here ► ✓ and enter 1% of Part I, line 27b						
_	Part I, line 12, col. (b).			الفعطشكة			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0				
3	Add lines 1 and 2		0				
4			0				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	4 F, 4,		Nº4 1			
6	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 0	AN I	, *	4			
a b	Exempt foreign organizations—tax withheld at source 6b 0						
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0		, , , , , ,				
d	Backup withholding erroneously withheld 6d 0	a de jara. Ale da		,]			
7	Total credits and payments. Add lines 6a through 6d	مادك مدان	0	_&/V3			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0				
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 0 Refunded ▶ 11		0				
Part '	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	19,1	Yes	No			
	participate or intervene in any political campaign?	1a		<u> </u>			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		✓			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	\$3 <u>.</u>					
С	· · · · · · · · · · · · · · · · · · ·						
d	 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	, ,	✓			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		<u> </u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u></u>	√ 3881			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	, , , , , , , , , , , ,	. \$				
	By language in the governing instrument, or	* **		0.29			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	14.0	130				
	conflict with the state law remain in the governing instrument?	6	✓				
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	✓				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶	7 4	', i}~	198,01			
	WYOMING	* <	ʻ ,,j	- sa			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<u>'</u>	.!			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	.,	1 %	<u> </u>			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		1			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	1				

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓
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		/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_	
.0	Website address ► N/A			
14	,	7-672-	1493	
	Located at ▶ 16 S MAIN STREET, SHERIDAN, WY 82801 ZIP+4 ▶	82801	1	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, 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?	$\overline{}$	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16	15.3	✓ ≥501
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 * 5: *		.4 78
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	100 B	Yes	No
1a	During the year did the foundation (either directly or indirectly):		2150 200	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No		3	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Volume 1		1277 3 FAL	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	Arr. S		
	the benefit or use of a disqualified person)?	1		100
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	****		
	foundation agreed to make a grant to or to employ the official for a period after	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	termination of government service, if terminating within 90 days.)			
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	75,5	şi (), j	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	13,		
	were not corrected before the first day of the tax year beginning in 2015?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	(1) d (1)		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and		100	
	6e, Part XIII) for tax year(s) beginning before 2015?			3 1
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	, r'		
b	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	2.		
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	x ;	7 75 1	15 1
	▶ 20 , 20 , 20 , 20	449.0	3	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		4	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	₹,²	, 3¥	32
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	À.	, , ,	, ,
	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	, 1++	d.	
	foundation had excess business holdings in 2015.)	3b	23	** <i>*</i>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	,	,3	3 A
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		✓

Part	VIE: Statements Regarding Activities	s for W	hich Form	4720 I	May Be R	equire	e d (contii	nued)			
5a	During the year did the foundation pay or incur a	-						[7] v		7	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☑ No (2) Influence the outcome of any specific public election (see section 4955); or to carry on,										
	directly or indirectly, any voter registration drive?									13	
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No (4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? (see instructions)			-				☑ No			
	section 4945(d)(4)(A)? (see instructions)										
	purposes, or for the prevention of cruelty to c							✓ No			
D	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								5b	1,812	
	Organizations relying on a current notice regarding	-	_		•			▶ □	33	1	
С	If the answer is "Yes" to question 5a(4), does t because it maintained expenditure responsibility			•			☐ Yes	 ✓ No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	If "Yes," attach the statement required by Regula										
6a	Did the foundation, during the year, receive any on a personal benefit contract?		directly or inc			miums	□Yes	√ No			
b	Did the foundation, during the year, pay premiun					benefit			6b	4.128.16.	3 624
	If "Yes" to 6b, file Form 8870.		•	•	•						
7a b	At any time during the tax year, was the foundation of "Yes." did the foundation receive any proceeds						☐ Yes ransactio	_	7b	-, 4 95	
	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,										
	and Contractors					1255		1			
1	List all officers, directors, trustees, foundation										
	(a) Name and address	hou	e, and average rs per week ed to position	i (If n	mpensation ot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe other a	nse aco allowan	
	NE E. CHIESLAR	DD=0::	DENTA NO								^
	IERMAN AVENUE, SHERIDAN, WY 82801RLY KANE	PRESI	DENT/1 HR		0			U			0
	OTT PLACE, SHERIDAN, WY 82801	VICE P	RES/1 HR		0			0			0
LINDA	THOMPSON										
P. O. B	OX 2007, SHERIDAN, WY 82801	SEC/TI	REAS/1 HR		0			0			0
				<u></u>							
2	Compensation of five highest-paid employed "NONE."	es (oth	er than thos	se incli	uded on li	ne 1—:	see instr	uction	s). If n	one,	enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	week ¯	(c) Comper	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	nse acc allowan	
NONE											
			<u></u>								
Total	number of other employees paid over \$50,000 .							. ▶			

Part VIII	and Contractors (continued)	
3 Five	highest-paid independent contractors for professional services (see instructions). 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 numb	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the fou organization	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of is and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
		ļ
2		
3		
J		
4		
		1
Part IX-B		<u>.</u>
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
. —		
2		
All other pro	ogram-related investments. See instructions	
3		
Total. Add	ines 1 through 3	
		Form 990-PF (201

Part		ign founda	itions,
	see instructions.)	T 200 T	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	18 A	
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	30,709
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	30,709
е	Reduction claimed for blockage or other factors reported on lines 1a and	4" Y 1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	30,709
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	461
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	30,248
6	Minimum investment return. Enter 5% of line 5	6	1,512
Part		oundation	
1	Mınimum investment return from Part X, line 6	1	1,512
2a			
b	Income tax for 2015 (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,512
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,512
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	1,512
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,068
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	97%-21	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,068
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		1,000
•	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,068
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	A MIIGHIGH	the louridation

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7	, , , , , , , , , , , , , , , , , , ,		*	1,512
2	Undistributed income, if any, as of the end of 2015:	» » · ·	-/ / K W		
а	Enter amount for 2014 only	م ، ، ، ، و و الحق	1 2 2	1,068	A San da da d
b	Total for prior years: 20 ,20 ,20		0	; · · · · · · · · · · · · · · · · · · ·	***
3	Excess distributions carryover, if any, to 2015:		, ,	·	
а	From 2010	131 15 18 18	, eq. 1, m m 1		
b	From 2011	3 %			
С	From 2012				
d	From 2013] ,			, , ,
е	From 2014				
f	Total of lines 3a through e	0	, , ,		
4	Qualifying distributions for 2015 from Part XII,	* , '	y	. *	
	line 4: ► \$1,068		12 #		
а	Applied to 2014, but not more than line 2a .)	1,068	, 1881 13
b	Applied to undistributed income of prior years	1 4 4 4 7		* * *	
	(Election required—see instructions)	* ` `	0	* * *	الم الم الم الم
C	Treated as distributions out of corpus (Election		1		
	required—see instructions)	.0	**	, % % % % %	
d	Applied to 2015 distributable amount		· 5 * ****	1	0
е	Remaining amount distributed out of corpus	0	· · · · · · · · · · · · · · · · · · ·	18 41 1 1 1 1 1 1	\$ 0, 1 , 2 ⋅ 1
5	Excess distributions carryover applied to 2015	0	5 3 7 7	·	0
	(If an amount appears in column (d), the same			1 a 3 n	
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:			The first to the first	
			*		3,5,7
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0	·		
D	Prior years' undistributed income. Subtract line 4b from line 2b	2 ,2 m, 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		
С	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	\$ 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d	Subtract line 6c from line 6b. Taxable	· 食、 勢			
	amount-see instructions		. 0		
е	Undistributed income for 2014. Subtract line	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	4a from line 2a. Taxable amount—see				
_	instructions	* * 3 5 4 . 3.	<u> </u>	0	The same of the sa
f	Undistributed income for 2015. Subtract lines	** "* is 1	3 ~ ~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4d and 5 from line 1. This amount must be distributed in 2016	, ,	. 24 (* 45)		
_		·	 	*	1,512
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		a e es	· *	i. , , , , , , ,
	required—see instructions)		,		
8	Excess distributions carryover from 2010 not	0		3 (3	, ,,
J	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2016.	0			, ,
J	Subtract lines 7 and 8 from line 6a		** **		k , 109
10	Analysis of line 9:	0		*	,
	Excess from 2011 0			, ,	
a b	Excess from 2011	4	1		
C	E (0010	4 ,	,	^	
d	Excess from 2013	-{		*	
u A	Excess from 2015				

Page	1	í
Page	ı	١

Part	XIV Private Operating Founda	tione (see instru	ctions and Part	VII-A guestion C	<u>)</u>	
	If the foundation has received a ruling	 ') 	
ıa	foundation, and the ruling is effective for			•		
_			_		4040(1)	(0) ex - 4040(1)(5)
b	Check box to indicate whether the four		operating toundat		ection 4942()	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	,	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	<u> </u>
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
2		ļ				
3	Complete 3a, b, or c for the					
	alternative test relied upon:	•				
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under				in the second se	
_	section 4942(j)(3)(B)(i)					_
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					_
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					· · · · · · · · · · · · · · · · · · ·
	an exempt organization					
	· · · ·					
Doort	(4) Gross investment income XV Supplementary Information	m (Complete th	is now only if the	o foundation b	nod \$5 000 or m	ore in essets et
Part	• •	•	•	ne loundation r	iau \$5,000 or m	iore iii assets at
	any time during the year-		1S.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000). (See s	section 507(a)(2).)	
N/A				 	 	
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other ea	ntity) of which the	foundation has a	10% or greater int	terest.	
N/A						
2	Information Regarding Contribution	n, Grant, Gift, Loa	ın, Scholarship, e	tc., Programs:		
	Check here ▶ ☑ if the foundation	only makes contr	ributions to prese	lected charitable	organizations and	d does not accept
	unsolicited requests for funds. If the f	oundation makes	gifts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,	b, c, and d.				
a	The name, address, and telephone nu	ımber or e-mail ac	dress of the person	on to whom applic	cations should be	addressed:
	,				·	
b	The form in which applications should	he submitted and	d information and	materials they sho	only include.	
	ioini in milon applications should	. Do babililition diff				
	Any submission deadlines:					
С	Any submission deadlines:					
	Any restrictions or limitations on av	varde euch as h	v deographical a	reas charitable fi	ields kinds of ins	stitutions or other
u	factors:	vaius, sucii as D	y geograpilical al	eas, chantable II	icido, Kilido Ol III	saturions, or other
	iaciois.					

	Supplementary Information (conti	nued)		huna Daumant	
3	Grants and Contributions Paid During t		•	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
а	Paid during the year		1		
	NUEL LUTHERAN CHURCH W 5TH STREET, SHERIDAN, WY		501(c)(3)	PURCHASE OF MATERIALS FOR	
				EDUCATIONAL PURPOSES	1,068
				EDUCATIONAL PORFOSES	1,000
			1		
		,			
		1			
			ļ		
		,			į
		ļ	<u> </u>		
	Total	· · · · · ·		▶ 3a	1,068
b	Approved for future payment				
			1		
				1	
				▶ 3h	
	Total			▶ 2h	1

Fa	IL VAI					F40 F40 F44	
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	Isiness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1	Progr	am service revenue:		7 11 10 01 11	LAGIGOIOI GGGG		(OCC INSTRUCTIONS.)
	а						
	b _				-		
	c						
	d _						
	· –						
	· -				ļ		
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	st on savings and temporary cash investments				0	0
4	Divid	ends and interest from securities				0	0
5	Net re	ental income or (loss) from real estate:	4.3 4. 65.46	4 Sec. 11 28 - 11 Sec. 15	No 64 PT - 44		7. 10.
		ebt-financed property			200 Canada and an ang a		
		ot debt-financed property					
6		· · · · · · · · · · · · · · · · · · ·	 			· · · · · · · · · · · · · · · · · · ·	
_		ental income or (loss) from personal property					
7		r investment income					<u> </u>
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Other	r revenue: a					
	b						
	c					-	
	_						
	d						
	d _				· - · - · -		
12	d _ e subt	atal Add columns (b) (d) and (a)			ner ver		
		otal. Add columns (b), (d), and (e)				13	
13	Total	l. Add line 12, columns (b), (d), and (e)				13	
13 See	Total works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.)			·	
13 See Pa	Total works rt XV	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XV	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
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13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0
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13 See Pa	Total works rt XVI e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt put	 ns.) Accomplishm	ent of Exemp		13	0

Firm's address ▶

Part	XVII		n Regarding Tra	nsfers To and Transa	ctions and F	Relationships	With Noncha	ritable	
1	ın sed	ne organization of	directly or indirectly	engage in any of the follo section 501(c)(3) organiz				Ye	s No
а		•	porting foundation t	o a noncharitable exemp	•	of:		1a(1)	
		ther assets .						1a(1)	+ 🗡
b		r transactions:							2.3%
			a noncharitable ex	empt organization				1b(1)	-
				· · · · · · · · · · · · · · · · · · ·				1b(2)	1
	``						1b(3)	1	
								1b(4)	1
			•					1b(5)	1
		-		hip or fundraising solicita				1b(6)	1
С				ists, other assets, or paid				1c	1
		•		es," complete the following					market
_				rices given by the reporting					
				gement, show in column (
(a) Line		b) Amount involved		charitable exempt organization		ption of transfers, tra			
				· · · · · · · · · · · · · · · · · · ·		<u>- </u>			
				<u> </u>					
	_								
		· · · · · · · · · · · · · · · · · · ·							_
	_								
	-+								
	-								
							 -		
-		···· - ··· -			· · · · · · · · · · · · · · · · · · ·		 		
	-				-				
	-+	_ 	 .						
									
	-								
						· · · · · · · · · · · · · · · · · · ·			
	le the	foundation dire	actly or indirectly a	ffiliated with, or related t	o one or moi	re tay-evemnt o	rganizations		
24				other than section 501(c)] Yes [∕	l No
b					(0), 0 000			_ 103 &	, 140
b If "Yes," complete the following schedule (a) Name of organization		(b) Type of organization		(c) D	(c) Description of relationship				
(a) Name of organization			TIZACIOTI	(b) Type of Organization		(c) bescription of relationship			
				<u> </u>					
									
									
	Unde	er nenalties of nerium	I declare that I have examin	ed this return, including accompan	ying schedules and	statements, and to the	ne best of my knowle	dge and belie	f. it is true
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
								RS discuss to preparer show	
Here	Signature of officer or trustee			Date V			ictions)? TY	es 🗌 No	
	U.gi	Print/Type prepare		Preparer's signature		Date		PTIN	
Paid		. Into type propares		. Topaco. o orginatoro			Check If [
Prep					1_	self-employed			
Use (Only	Firm's name			Firm	Firm's EIN ▶			

Phone no

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

· · · · · · · · · · · · · · · · · · ·				46-0852347	
Organiz	zation type (check or	ne):			
Filers o	f:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization			
		☐ 4947(a)(1) no	nexempt charitable trust not treated as a private for	undation	
		☐ 527 political	organization		
Form 99	90-PF	√ 501(c)(3) exe	mpt private foundation		
		4947(a)(1) no	nexempt charitable trust treated as a private founda	ation	
		501(c)(3) taxa	able private foundation		
	only a section 501(c)	-	eneral Rule or a Special Rule. nization can check boxes for both the General Rule	and a Special Rule. See	
Genera	l Rule				
V		or property) from a	90-EZ, or 990-PF that received, during the year, con ny one contributor. Complete Parts I and II. See inst		
Special	Rules				
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) ard that received fror	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 nd 170(b)(1)(A)(vı), that checked Schedule A (Form 9 m any one contributor, during the year, total contribution Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)	
	contributor, during	the year, total conti	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ributions of more than \$1,000 exclusively for religiount the prevention of cruelty to children or animals. Co	s, charitable, scientific,	
	contributor, during contributions totale during the year for General Rule appli	the year, contributing the year, contribution of the year, contributio	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ th ions exclusively for religious, charitable, etc., purposion of this box is checked, enter here the total contribious, charitable, etc., purpose. Do not complete any tion because it received nonexclusively religious, char	ses, but no such outions that were received of the parts unless the aritable, etc., contributions	

Name of organization

Employer identification number

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	EUGENE E. CHIESLAR 258 SHERMAN AVENUE SHERIDAN, WY 82801	\$ 10,000	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	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$ 	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	