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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

2016

Department of the Treasury Internal Revenue Service

Scanned May a 2 2017

▶ 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

		dar year 2016 or tax year beginning		6, and e			, 20
Nar	me of fou	undation			A Employe	er identification numb	er
		E. CHIESLAR FOUNDATION				46-0852347	
Nu	mber and	d street (or PO box number if mail is not delivered to street address)	Room	n/suite	<b>B</b> Telephor	ne number (see instruct	ions)
258	SHER	MAN AVENUE		1		307-672-1493	3
City	or town	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ □
SH	ERIDAN	N, WY 82801					J
G	Check	all that apply:  Initial return  Initial return	n of a former public	charity	D 1. Foreig	n organizations, check	here ▶□
		☐ Final return ☐ Amended	return		2 Foreig	n organizations meetin	a the 95% test
	<u> </u>	☐ Address change ☐ Name cha	nge		check	here and attach compi	utation ►
		type of organization: Section 501(c)(3) exempt p				foundation status was 07(b)(1)(A), check here	_
	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other ta	xable private found	dation	Section 5	or (b)(1)(A), check here	▶⊔
		arket value of all assets at   J Accounting method	d: 🗹 Cash 🔲 A	ccrual	F If the fou	ndation is in a 60-mont	h termination
		year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ □
	line 16	(Part I, column (d) must be	e on cash basis.)				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Not	investment	(c) Adjusted net	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		come	income	for charitable purposes
		the amounts in column (a) (see instructions).)					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10,000		, ", "		
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B		1940 3141	<u> </u>		
Revenue	3	Interest on savings and temporary cash investments	0	<u> </u>	. 0		
	4	Dividends and interest from securities	0	1	0		18 m
	5a	Gross rents	0		0		
	b	Net rental income or (loss)		141 618	<u>18819 : : .</u>	180	
	6a	Net gain or (loss) from sale of assets not on line 10	0				
ē	_b			<u> </u>	15 51 1 1 1 1		200 X Agr. 1
ě	7	Capital gain net income (from Part IV, line 2)			0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
ш.	8	Net short-term capital gain		1	<u> </u>		
	9	Income modifications				1 1 2 2 2 2	
	10a b			<del>                                     </del>			
	C	Gross profit or (loss) (attach schedule)	0	<del>,                                     </del>	ažssi.	2.52	
	11	Other income (attach schedule)	0		0		
	12	Total. Add lines 1 through 11	10,000	<del>}</del>	0		
	13	Compensation of officers, directors trustees, etc.		1	0		0
Šes	14	Other employee salaries and wages	7(3)		0		0
penses	15	Pension plans, employee herefits	NO 0		0		0
	16a	Legal fees (attach schedule) . MAY. 1.0.2017			0		0
Щ	b	Accounting fees (attach schedule).	<u>⊐≃</u> 0		0		0
<u>ĕ</u> .	С	Other professional fees (attach schedule) EN. UT	0		0		0
ā	17	Taxes (attach schedule) (see instructions of Corp Tox	0		0		0
ist	18		25	5	25		0
差	19	Depreciation (attach schedule) and depletion	0		0		
ģ	20	Occupancy	0		0		0
þ	21	Travel, conferences, and meetings	0		0		0
an	22	Printing and publications	25		25		0
ğ	23	Other expenses (attach schedule)	0	)	0		0
Operating and Administrative	24	Total operating and administrative expenses.	ļ				
ě		Add lines 13 through 23	50		50	**************************************	0
Ö	25	Contributions, gifts, grants paid				- XX2 5; \$1\$66.	1,512
	26	Total expenses and disbursements. Add lines 24 and 25	1,562		50	311144. AND ELECT	1,512
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	8,438		64 80 L** - T J**	7.8.11 1	
	b					<u>````````````````````````````````````</u>	
		- requestion into principle (in rioganito) of total or a re-		1.00 (%	× vo x x x x x x x x x x x x x x x x x x	1	1 N N N N N N N N N N N N N N N N N N N

Pa	art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)				t year
		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	38,874	47,312	47,312
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ▶0			
		Less: allowance for doubtful accounts ▶0	0	0	0
	4	Less: allowance for doubtful accounts ▶ 0  Pledges receivable ▶ 0  Less: allowance for doubtful accounts ▶ 0			
		Less: allowance for doubtful accounts ▶ 0	o	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	
	7	Other notes and loans receivable (attach schedule) ▶0			
		Less: allowance for doubtful accounts ▶0	0	0	
ţ	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
Ä	10a	Investments – U.S. and state government obligations (attach schedule)	0	0	0
	b	Investments - corporate stock (attach schedule)	0	0	0
	С	investments – corporate bonds (attach schedule)	0		0
	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 ▶ 0		MARKET A TOMAS	i ani 171 na na na
		Less. accumulated depreciation (attach schedule) ▶ 0	0	o	0
	15	Other assets (describe ▶	0	0	0
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	38,874	47,312	47,312
	17	Accounts payable and accrued expenses	0	0	
10	18	Grants payable	0		
<u>ĕ</u> .	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)	0		
	22	Other liabilities (describe ►)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ □			
alances		and complete lines 24 through 26 and lines 30 and 31.			
ā	24	Unrestricted			
ä	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ ☑			
Ē		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	38,874	47,312	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
SS	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Ā	30	Total net assets or fund balances (see instructions)	0	0	
<u>k</u>	31	Total liabilities and net assets/fund balances (see			
		instructions)	38,874	47,312	
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)		<del></del>	38,874
2		er amount from Part I, line 27a			8,438
3		er increases not included ın line 2 (itemize) ▶			0
4		I lines 1, 2, and 3			47,312
5	Dec	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	Date II 1000 - 703 4	5	0
_	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	· raπ II, column (b), I	ine 30   <b>6</b>	47,312

	kind(s) of property sold (e.g., real estate, e., or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date (mo , d		(d) Date sold (mo , day, yr )
						<del></del>
e) Gross sales price	(f) Depreciation allowed (or allowable)		ense of sale		(h) Gain (e) plus (f)	
				<u> </u>		
	·····					<del></del>
			<del></del>			
			<del></del>			
omplete only for assets show	ving gain in column (h) and owned by	the foundation	n on 12/31/69		Coine (Cal	/h) ====================================
FMV as of 12/31/69	(j) Adjusted basis	(k) Exce	ss of col (i)			ess than -0-) or
	GG 01 1270 1700					
		-			-	
						·
		<del></del>				
		-				
Capital gain net income or	(not conital local ) ~ '					
	• • • • • • • • • • • • • • • • • • • •					
gain, also enter in Part I	, line 8, column (c) (see instruction	ons). If (loss				
			· · · · J			
,		ole amount d	of any year in the	nase peri	od?	□ Yes □ No
the foundation does not	qualify under section 4940(e). Do	not complete	e this part.			
				aking any	entries.	
(a) Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use a	ssets		(d) ibution ratio vided by col (c))
	1.0	68	3	0.248	· · · · · · · · · · · · · · · · · · ·	03531
						.0433
2013		50	1	9,164		.0026
2012		0		492	-	0
2011						
Total of line 1, column (d)				. 2		.08121
number of years the found	ation has been in existence if less	than 5 year	s	. 3		.0203
Enter the net value of nonc	charitable-use assets for 2016 fro	m Part X, line	e5	. 4		38,303
Multiply line 4 by line 3 .				. 5		778
				. 6		(
Enter 1% of net investmen	t income (1% of Part I, line 27b)				1	
	t income (1% of Part I, line 27b)					
Add lines 5 and 6	ns from Part XII, line 4			. 7		778
Add lines 5 and 6				. 7		778
	apital gain net income or et short-term capital gain gain, also enter in Part I art I, line 8  Qualification Under onal use by domestic private 4940(d)(2) applies, leave foundation liable for the sthe foundation does not onter the appropriate amounter the appropriate amounter (a)  Base period years ar year (or tax year beginning in)  2015  2014  2013  2012  2011  Total of line 1, column (d) average distribution ratio fumber of years the foundation ratio function ratio functions are recommendation.	apital gain net income or (net capital loss)  apital gain net income or (net capital loss)  et short-term capital gain or (loss) as defined in sections 12 gain, also enter in Part I, line 8, column (c) (see instruction art I, line 8	apital gain net income or (net capital loss)  et short-term capital gain or (loss) as defined in sections 1222(5) and (6 gain, also enter in P if (loss), enter -0- in Paragram, also enter in Part I, line 8, column (c) (see instructions). If (loss art I, line 8  ———————————————————————————————————	apital gain net income or (net capital loss)  apital gain net income or (net capital loss)  et short-term capital gain or (loss) as defined in sections 1222(5) and (6): gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	apital gain net income or (net capital loss)  as of 12/31/69  [If gain, also enter in Part I, line 7]  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 8  Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income onal use by domestic private foundations subject to the section 4940(a) tax on net investment inc 14940(d)(2) applies, leave this part blank.  If (loss), enter -0- in Part I, line 8  Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income onal use by domestic private foundations subject to the section 4940(a) tax on net investment inc 14940(d)(2) applies, leave this part blank.  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 10  If (loss), enter -0- i	apital gain net income or (net capital loss)  apital gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  If (loss), enter -0- in Part I, line 7  at I, line 8  autil (loss), enter -0- in Part I, line 7  at I, line 8  autil (loss), enter -0- in Part I, line 7  at I, line 8  autil (loss), enter -0- in Part I, line 7  at I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I (loss), enter -0- in Part I, line 7  at I, line 8  apital at I (loss), enter -0- in Part I, line 7  at I, line 8  apital at I (loss), enter -0- in Part I, line 8  at I, line 3  at I, line 4  apital at I (loss), enter -0- in Part I, line 2  at I (loss), enter -0- in Part I, line 8  at I (loss), enter -0- in Part I, line 8  at I (loss), enter -0- in I (loss)  at

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	48—	see ir	ıstru	ctio	ns)	
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)	. 43		Š			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	 1		<u></u>	<u>-</u>	<u> </u>	
	here ► 🔲 and enter 1% of Part I, line 27b	(*# ;;)	2	\$ \i	4	₹.	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
	Add lines 1 and 2	3			0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0	<u> </u>	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0	5	<del>, ,</del>		, 0		
	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016 6a		1000	Ş	1.7		
a b	Exempt foreign organizations—tax withheld at source 6b	5	3.	· ·		1 1	
C	Tax paid with application for extension of time to file (Form 8868) . 6c		3.33	* ,			
d	Backup withholding erroneously withheld 6d	(, *		ride :		. ****	
7	Total credits and payments. Add lines 6a through 6d	7	- 50-1-85%	No willow - an		1,6 m, (+ 6 hm.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9		•	0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid >	10					
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ Refunded ▶	11			0		
	/II-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation		id it	ł i	Yes		
	participate or intervene in any political campaign?			1a		<b>✓</b>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo Instructions for the definition)?		.	1b		1	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	mate	rials	7 7		· ·	
	published or distributed by the foundation in connection with the activities.		\$	1c	~ ¾"		
C							
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax ir on foundation managers. ► \$	npos	ed				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . If "Yes," attach a detailed description of the activities.		. }	2	. 1	<b>✓</b>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	article 	s of	3	. 1	<b>V</b>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. [	4a		✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		. [	4b		1	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.	5	9/2 /	<b>√</b>	
	If "Yes," attach the statement required by General Instruction T.		ŀ				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory direct</li> </ul>	ione	that				
	conflict with the state law remain in the governing instrument?			6	×	34. i	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	d Part	χν	7	-		
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	a i aii	~``	-	· % :	. 13	
	Wyoming			,^			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	/ Gen	eral			. 3	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		. "	8b	√ · ·	andron to	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49	42(j)(3	3) or [	°' >	À		
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)?	If "Y	es,"				
	complete Part XIV		.	9		1	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis						
	names and addresses		•	10		<u></u>	

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 meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		Yes	No
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)	11		<b>*</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	1	
	Website address ► N/A			
14		07-672		<b></b> -
45	Located at ► 16 S MAIN STREET, SHERIDAN, WY  ZIP+4 ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	8280	1	
15	and enter the amount of tax-exempt interest received or accrued during the year		•	▶ ∟
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authorit		Yes	No
	over a bank, securities, or other financial account in a foreign country?.	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name o			DE.
	the foreign country ►		K.W.	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year did the foundation (either directly or indirectly):			3
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No	1 11		18.43
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			, , , , , , , , , , , , , , , , , , , ,
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Volume			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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	N 3.		
_	termination of government service, if terminating within 90 days.)		1	1
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	* '	L žč	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	t - tá	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	À		3. 43
·	were not corrected before the first day of the tax year beginning in 2016?	1c	Shi sui	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)):			, C
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	4. J.		
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		l î	4
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to 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.)	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.	<u></u>	* \$	- 1
	▶ 20 ,20 ,20 ,20		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	? . "X
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 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	¥	4	
	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 2016.)	3b	ini.	
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		-
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	3	15. 1	<b>V</b>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	. M. M	<b>✓</b>

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (contii	nued)		
5a	During t	he year did the foundation pay or incur a	ny amo	ount to:		· · · · · ·		·· \		1 3	·
	(1) Carr	y on propaganda, or otherwise attempt t	o influe	ence legislatio	on (sect	ion 4945(e)	)? .	☐ Yes	✓ No	1	
		ence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,			1	
	dire	ctly or indirectly, any voter registration dr	ive?					Yes Yes	✓ No		
		ride a grant to an individual for travel, stu							✓ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
									✓ No		
		ride for any purpose other than religious									
		oses, or for the prevention of cruelty to							✓ No		
b	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in									¥	
	_	ons section 53.4945 or in a current notice	_	=		•	•		• •	5b	
		ations relying on a current notice regardi									
С		nswer is "Yes" to question 5a(4), does t								3 <sup>1</sup> 23 - 1	
		e it maintained expenditure responsibility		-				☐ Yes	☐ No		
60		attach the statement required by Regula					!				
6a		foundation, during the year, receive any resonal benefit contract?							(Z)		
h	•	foundation, during the year, pay premiun							☑ No	- Sa Kuda-	7. M 77
D		to 6b, file Form 8870.	is, uiie	city or indirec	July, Ori	a personai	benem	Contract		6b	- V
7a		me during the tax year, was the foundation is	a narty:	to a prohibited	tay sh	elter transac	tion?	☐ Yes	☑ No		
		' did the foundation receive any proceeds						_	_	7b	\$2.m2   3 MA
	VIII	Information About Officers, Direc									es.
		and Contractors	•	•			,	0,			•
1	List all	officers, directors, trustees, foundation	n mana	agers and th	eir con	pensation	(see ir	structio	ns).		
		(a) Name and address		e, and average		mpensation ot paid,	(d) (	Contributions	s to	(e) Exper	nse account,
		(a) Name and address		ed to position		ter -0-)		erred compe		other a	llowances
EUGEI	NE E CHIE	SLAR									
2 <u>58 S</u> ⊦	IERMAN A	AVENUE, SHERIDAN, WY 82801	PRESI	DENT/1 HR		0			0		0
BEVE	RLY KANI		}								
		CE, SHERIDAN, WY 82801	VICE P	RES/1 HR		0			0		0
	THOMPS								_		
418 NE	3 AVENUE	E, SHERIDAN, WY 82801	SEC./T	REAS./1 HR		0			0		0
2	Compo	nsation of five highest-paid employed	es (oth	er than tho	se incl	uded on li	ne 1	eaa instr	uctions	e) If no	ne enter
4	"NONE	• • • • • • • • • • • • • • • • • • • •	00 (011)		30 11101	uucu on m		JOC IIIGEI	uotioii	37. 11 110	nic, citto
				(b) Talla and a				(d) Contribu	itions to		
	(a) Name a	nd address of each employee paid more than \$50,00	00	(b) Title, and a hours per v	veek	(c) Comper		employee plans and o	benefit		nse account, illowances
				devoted to p	osition			compens		•	
NONE					-						
_											
		. <u></u>									
							ļ				
				ļ							
				<del> </del>							
	·										
Total	number	of other employees paid over \$50,000 .				l					
Total	number (	or other employees paid over \$50,000 .	· ·	• • • •	• • •	<del></del>		<u>· · · ·                                </u>	.▶	00/	<b>0-PF</b> (2016)
										-onn <b>33(</b>	J~FF (2016)

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON		
<b>-</b>		
Tota	number of others receiving over \$50,000 for professional services	
		<u> </u>
r ai	t IX-A Summary of Direct Charitable Activities	
	It the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	NONE	
2	•••••••••••••••••••••••••••••••••••••••	
_		
3		
4		
•		
		<u> </u>
	t IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
_		
2		
AI	other program-related investments. See instructions	
3		
Tota	II. Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fou	ndations,
	see instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	25.7	<del></del>
	purposes:		
а	Average monthly fair market value of securities	1a	(
b	Average of monthly cash balances	1b	38,886
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	38,886
е	Reduction claimed for blockage or other factors reported on lines 1a and	<b>A</b>	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	O
3	Subtract line 2 from line 1d	3	38,886
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	583
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,303
6	Minimum investment return. Enter 5% of line 5	6	1,915
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ▶ ☐ and do not complete this part.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	1,915
2a	Tax on investment income for 2016 from Part VI, line 5	*	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	O
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,915
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,915
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	1,915
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Ĭ	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,512
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:		
_	Suitability test (prior IRS approval required)	3a	0
	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	1,512
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,512
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g wheth	
	qualifies for the section 4940(e) reduction of tax in those years.		

	990-PF (2016)				Page
Pari	Vill Undistributed Income (see instruction	ions)			rage
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	<b>(d)</b> 2016
2	Undistributed income, if any, as of the end of 2016:	* , * , , ,	3 1	*	1,91
а	Enter amount for 2015 only			1,512	
b	Total for prior years: 20,20,20		0	1,512	
3	Excess distributions carryover, if any, to 2016:	f 5			
a b	From 2011	<u>'</u>			
C	From 2013 0				
d	From 2014	<b>-</b>			
е	From 2015	<b>-1</b>			
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2016 from Part XII,				
_	line 4: ▶ \$				
a b	Applied to 2015, but not more than line 2a . Applied to undistributed income of prior years			1,512	
_	(Election required—see instructions)		_		
С	Treated as distributions out of corpus (Election		0		
	required—see instructions)	o			
d	Applied to 2016 distributable amount				777 3 37 3 3
e	Remaining amount distributed out of corpus	0			THE THE N
5	Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same	0			
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				
	indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed		0		
·	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				
Α.	Undistributed income for 2015. Subtract line		0		Branch Branch
C	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2017				
7				<u> </u>	1,915
•	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)	o			
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions) .	0			
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:	0			
а	Excess from 2012				
b	Excess from 2013 0				
C	Excess from 2014				
d	Excess from 2015 0				
e	Excess from 2016 0			- 'Ab - Ab - A - A	

other conditions, complete items 2a, b, c, and d.

- The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- The form in which applications should be submitted and information and materials they should include:
- Any submission deadlines:
- Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (cont	tinued)			
3 Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Fulpose of grant of	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
IMMANUEL LUTHERAN CHURCH 1300 W 5TH ST., SHERIDAN, WY 82801		501(c)(3)	PURCHASE OF MATERIALS FOR	1,512
			EDUCATIONAL PURPOSES	
			LEGGATIONAL FOR OSES	
				1
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		Ì		
		İ		
	}	}		
		İ		
				,
		1		
		1		•
		1		
Total	<del></del>		<b>▶</b> 3a	1,512
b Approved for future payment				
			ļ	
			•	
			<u> </u>	
Total			<b>&gt;</b> 3b	1 0

Ente	r gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue:	ļ <del></del> -	<u> </u>	<u> </u>		
	a	<u> </u>		ļ	<u></u>	
	D					
	c	ļ. ———		ļ <del></del>	<b></b>	
	d			 		
	e	<b></b>	<u> </u>			
		ļ				
_	g Fees and contracts from government agencies	ļ	·			
_	Membership dues and assessments	<u> </u>		<del> </del>		
3	Interest on savings and temporary cash investments	ļ				
4	Dividends and interest from securities		1 88 33478.77.36	8. 80. 13 48.25 8.1	* * 2 3 8 5 7 W8 8 2 7 7 8 2 1	(
5	Net rental income or (loss) from real estate:		All Maria Control	1: Na h 16. V.		
	a Debt-financed property					· <del></del>
_	<b>b</b> Not debt-financed property					<u> </u>
6	Net rental income or (loss) from personal property	<b></b>	<u> </u>			
7	Other investment income	ļ	<del></del>	ļ <del></del> -		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events	 				
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b	ļ			<del></del> -	
	c			ļ		
	d	<u> </u>				
			Ĺ			
		> 466 Y 7 9xxx				
	Subtotal. Add columns (b), (d), and (e)				0	
13	Total. Add line 12, columns (b), (d), and (e)					
<b>13</b> See	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s.)				
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	0
13 See Pa Lin	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	C

Form **990-PF** (2016)

Part	XVII	Information	n Regarding Tra	nsfers To and Transact	ions and I	Relationshi	ps With	Noncha	ritable	, ago 10
			ganizations				•			
	ın sed orgar	ction 501(c) of the nizations?	e Code (other than	engage in any of the follow section 501(c)(3) organizat	ions) or in s	ection 527, r	nization de elating to	scribed political	Y	es No
			oorting foundation t	o a noncharitable exempt o	•	of:			角。 1a(1)	
		ther assets .								<del>-   '</del>
		r transactions:							1a(2)	19: 19: 49
	(1) S	ales of assets to	a noncharitable ex	empt organization					1b(1)	
				able exempt organization					1b(2)	- <del>                                    </del>
				er assets						<b>+</b>
									1b(3)	
			•						1b(4)	
		oans or loan gua							1b(5)	<b>√</b>
				hip or fundraising solicitation					1b(6)	<b>√</b>
				sts, other assets, or paid e					1c	
d	if the	answer to any o	of the above is "Ye	s," complete the following	schedule.	Column (b)	should alw	ays show	the fai	ir market
				ices given by the reporting						
				gement, show in column (d)						
(a) Line	no (	b) Amount involved	(c) Name of nonc	haritable exempt organization	(d) Desc	ription of transfe	rs, transactio	ns, and shar	ing arrang	ements
				-			· <u> </u>			
	一十	· · · · · · · · · · · · · · · · · · ·								
	$\neg$				<del></del>	<del></del>				
				<del></del>		<del></del>				
	-+			<del></del>						
	$\dashv$	<del></del>								
	$\dashv$			<del></del>						
	-+				_	<del></del> -				
	-	<del></del>								<del></del>
2a				ffiliated with, or related to, other than section 501(c)(3				ations	] Yes [	✓ No
b	If "Ye	<del></del>	e following schedule							
		(a) Name of organ	nization	(b) Type of organizati	on		(c) Description	n of relation	ship	
				<del></del>						
				<del> </del>						
				<del> </del>	. ———					
				<u> </u>		<del></del>			<del></del>	
C:				ed this return, including accompanying an taxpayer) is based on all informati				my knowled	ge and beli	et, it is true,
Sign	11	•1	- 01/	` ` <i>O</i> .		Jan 0, 1140 a.i., 11110		May the IR		
Here		Some	5 Chie	Nov 4-26 201-5				with the pr (see instruc		
	Sign	ature of officer or trus		Date / T	itle					
Paid	-	Print Type preparer	r's name	Preparer's signature		Date	Chec	k 🔲 if P	TIN	
Prepa	arer	\	_					mployed		
Use (		Firm's name ▶					Firm's EIN	<u> </u>		
U36 (	Jilly	Firm's address ▶					Phone no			

## Schedule B

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

**Schedule of Contributors** 

OMB No 1545-0047

**Employer identification number** 

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.

EUGENE E. CHIESLAR FOUNDATION				46-0852347		
Organization type (check one):						
Filers of:		Section:				
Form 990 or 990-EZ		☐ 501(c)(	) (enter number) organization			
		☐ 4947(a)(1) nor	nexempt charitable trust <b>not</b> treated as a private for	undation		
		☐ 527 political c	organization			
Form 990-PF		✓ 501(c)(3) exempt private foundation				
		☐ 4947(a)(1) nor	nexempt charitable trust treated as a private founda	ation		
		☐ 501(c)(3) taxa	ble private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Genera	l Rule					
<b>V</b>	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	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.					
	contributor, during contributions totale during the year for a General Rule appli	the year, contributing of more than \$1,000 an <i>exclusively</i> religites to this organizat	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ons exclusively for religious, charitable, etc., purpose. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any contribution because it received nonexclusively religious, chart	ses, but no such outions that were received of the parts unless the aritable, etc., contributions		

Part I	Contributors (See instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	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