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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 05-01-2015, and ending 04-30-2016

Name of foundation ERNEST AND JOAN TREFZ FOUNDATION		A Employer identification number 06-1485833	
Number and street (or P O box number if mail is not delivered to street address) 10 MIDDLE STREET		B Telephone number (see instructions) (203) 367-3621	
City or town, state or province, country, and ZIP or foreign postal code BRIDGEPORT, CT 06604		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 27,012,933		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	3,400,000			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	511,043	511,043		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	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 allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	3,911,043	511,043		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	1,990	995		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	209	209		0
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	2,199	1,204		0
	25 Contributions, gifts, grants paid	879,100			879,100
	26 Total expenses and disbursements. Add lines 24 and 25	881,299	1,204		879,100
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	3,029,744			
	b Net investment income (if negative, enter -0-)		509,839		
	c Adjusted net income (if negative, enter -0-) . . .				

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing		15,365	72,026	72,026
	2	Savings and temporary cash investments		3,229,176	6,141,684	6,141,684
	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 ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	4,977,312	5,034,587	17,665,046	
	c	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)	2,813,658	3,134,177	3,134,177		
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 instructions Also, see page 1, item I)	11,035,511	14,382,474	27,012,933		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule).				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0	0		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	11,035,511	14,382,474		
	30	Total net assets or fund balances(see instructions)	11,035,511	14,382,474		
	31	Total liabilities and net assets/fund balances(see instructions)	11,035,511	14,382,474		

Part III				Analysis of Changes in Net Assets or Fund Balances	
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1		11,035,511	
2	Enter amount from Part I, line 27a	2		3,029,744	
3	Other increases not included in line 2 (itemize) ▶ _____	3		326,831	
4	Add lines 1, 2, and 3	4		14,392,086	
5	Decreases not included in line 2 (itemize) ▶ _____	5		9,612	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6		14,382,474	

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))	
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8				

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	681,100	18,008,348	0 037821
2013	598,850	13,549,554	0 044197
2012	566,684	12,043,472	0 047053
2011	462,221	11,626,469	0 039756
2010	382,184	9,296,157	0 041112
2 Totalof line 1, column (d).			2 0 209939
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 041988
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			4 23,021,239
5 Multiply line 4 by line 3.			5 966,616
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 5,098
7 Add lines 5 and 6.			7 971,714
8 Enter qualifying distributions from Part XII, line 4.			8 879,100
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			

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

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 here ☐ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2.

3

10,197

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

0

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

5

10,197

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

9,156

b

Exempt foreign organizations—tax withheld at source

6b

c

Tax paid with application for extension of time to file (Form 8868).

6c

d

Backup withholding erroneously withheld

6d

7

Total credits and payments. Add lines 6a through 6d.

7

9,156

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

36

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

9

1,077

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 2015 estimated tax Refunded

11

Part VII-AStatements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
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.

1b

No

c

Did the foundation file Form 1120-POL for this year?

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation \$ 0 (2) On foundation managers \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

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

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

No

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?
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

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

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):
CT

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

Yes


9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 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

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. 

10

Yes

Form 990-PF (2015)

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).	11		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)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶ERNEST TREFZ TRUSTEE Telephone no ▶(203) 367-3621 Located at ▶10 MIDDLE STREET BRIDGEPORT CT ZIP+4 ▶06604			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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 termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	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)? <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/>	1c		No
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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(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?

☐ Yes ☒ No

(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).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

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

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Part VIII

3 Five highest-paid independent contractors for professional services (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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

[illegible]

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	15,525,052
b	Average of monthly cash balances.	1b	4,821,366
c	Fair market value of all other assets (see instructions).	1c	3,025,398
d	Total (add lines 1a, b, and c).	1d	23,371,816
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	23,371,816
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	350,577
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	23,021,239
6	Minimum investment return. Enter 5% of line 5.	6	1,151,062

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,151,062
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	10,197
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	10,197
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,140,865
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,140,865
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	1,140,865

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	879,100
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	879,100
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	879,100

Note:The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,140,865
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			878,077	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 879,100				
a Applied to 2014, but not more than line 2a			878,077	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				1,023
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				1,139,842
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(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).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ERNEST C TREFZ

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	879,100
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .			14	511,043		
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 property						
7 Other investment income.						
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 _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e). . .		0		511,043		0
13 Total. Add line 12, columns (b), (d), and (e).			13		511,043	511,043

(See worksheet in line 13 instructions to verify calculations)

[illegible]

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2016-08-24

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name LEWIS COHEN CPA	Preparer's Signature	Date 2016-08-24	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00045697
Firm's name <input checked="" type="checkbox"/> CAPOSSELA COHEN LLC			Firm's EIN <input checked="" type="checkbox"/> 06-1415579	
Firm's address <input checked="" type="checkbox"/> 368 CENTER STREET SOUTHPORT, CT 06890			Phone no (203) 254-7000	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ERNEST C TREFZ	TRUSTEE 2 00	0	0	0
10 MIDDLE STREET BRIDGEPORT,CT 06604				
JOAN M TREFZ	TRUSTEE 2 00	0	0	0
10 MIDDLE STREET BRIDGEPORT,CT 06604				
CHRISTIAN C TREFZ	TRUSTEE 1 00	0	0	0
10 MIDDLE STREET BRIDGEPORT,CT 06604				
PAUL D TREFZ	TRUSTEE 1 00	0	0	0
10 MIDDLE STREET BRIDGEPORT,CT 06604				
LINDA M TREFZ	TRUSTEE 1 00	0	0	0
10 MIDDLE STREET BRIDGEPORT,CT 06604				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ABCD INC 1070 PARK AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,000
AHLBIN CENTER FOR REHABILITATION 226 MILL HILL AVENUE BRIDGEPORT,CT 06610	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
ALPHA COMMUNITY SERVICES 3387 CLINTON AVENUE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
AMERICAN CANCER SOCIETY 372 DANBURY ROAD 3 WILTON,CT 06897	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
AMERICAN RED CROSS 158 BROOKLAWN AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
AMERICARES 88 HAMILTON AVE STAMFORD,CT 06902	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	10,000
BARNUM FESTIVAL 1070 MAIN STREET BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
BARNUM MUSEUM 820 MAIN STREET BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
BIKES FOR KIDS PO BOX 94 CENTERBROOK,CT 06409	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	1,000
BOYS & GIRLS VILLAGE 528 WHEELERS FARMS ROAD MILFORD,CT 06460	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	10,000
BRIDGE ACADEMY 510 BARNUM AVE 3RD FLOOR BRIDGEPORT,CT 06608	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,500
BRIDGE HOUSE 880 FAIRFIELD AVENUE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,500
BRIDGEPORT AREA YOUTH MINISTRY 506 LOGAN STREET BRIDEGPORT,CT 06607	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	4,000
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
BRIDGEPORT CHILD ADVOCACY COALITION 2470 FAIRFIELD AVENUE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
Total 3a				879,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET BRIDGEPORT,CT 06610	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	50,000
BRIDGEPORT HOSPITAL SCHOOL OF NURSING 200 MILL HILL AVENUE BRIDGEPORT,CT 06610	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	10,000
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
BRIDGEPORT YMCA 850 PARK AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,000
BURROUGHS COMMUNITY CENTER 2470 FAIRFIELD AVENUE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,000
BUSINESS EDUCATION INITIATIVE OF TRUMBULL 5866 MAIN STREET TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,000
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	50,000
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT,CT 06608	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
CENTER FOR FAMILY JUSTICE 753 FAIRFIELD AVE BRIDGEPORT,CT 06608	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
CHILD GUIDANCE CENTER OF GREATER BRIDGEPORT 180 FAIRFIELD AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT ST WATERBURY,CT 06702	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
CONNECTICUT YANKEE COUNCIL BOY SCOUTS PO BOX 32 MILFORD,CT 06460	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
CT BEARDSLEY ZOO 1875 NOBILE AVE BRIDGEPORT,CT 06610	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
CT BURN CARE FOUNDATION 601 BOSTON POST ROAD MILFORD,CT 06460	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	6,000
DANBURY HOSPITAL DEVELOPMENT FUND 24 HOSPITAL AVENUE DANBURY,CT 06810	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
Total			3a	879,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DISCOVERY MUSEUM 4450 PARK AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
DOMUS FOUNDATION 417 SHIPPAN AVE STAMFORD,CT 06920	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
FAIRFIELD COUNTY CHILDREN'S CHOIR PO BOX 110588 TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	1,500
FAIRFIELD COUNTY COMMUNITY FOUNDATION 383 MAIN STREET NORWALK,CT 06851	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
FAIRFIELD THEATRE CO 70 SANFORD ST FAIRFIELD,CT 06824	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
FAIRFIELD UNIVERSITY NORTH BENSON ROAD FAIRFIELD,CT 06824	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	25,000
FAMILY & CHILDREN'S AID 75 WEST STREET DANBURY,CT 06810	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,000
FAMILY REENTRY 126 WASHINGTON AVE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	1,500
GOODWILL INDUSTRIES 165 OCEAN TERRACE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	3,000
GREATER BRIDGEPORT SYMPHONY 446 UNIVERSITY AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
GROUNDWORK BRIDGEPORT 510 BARNUM AVENUE SUITE 304 BRIDGEPORT,CT 06608	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	1,500
HABITAT FOR HUMANITY OF GREATER BRIDGPORT 1470 BARNUM AVENUE BRIDGEPORT,CT 06610	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	6,000
HEIFER INTERNATIONAL 216 WACHUSETT STREET RUTLAND,MA 01543	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
HOUSATONIC COMMUNITY COLLEGE FOUNDATION 900 LAFAYETTE BLVRD BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	12,000
IDEA - INDIVIDUALS WITH DISABILITIES EDUCATION ACT 2212 SIXTH STREET BERKELEY,CA 94710	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,000
Total				879,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
INNER CITY FOUNDATION FOR CHARITY AND EDUCATION 238 JEWETT AVENUE BRIDGEPORT,CT 06606	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	4,000
ISPIRICA 141 FRANKLIN STREET STAMFORD,CT 06901	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	6,000
JUNIOR ACHIEVEMENT OF WESTERN CT 177 STATE STREET BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDEGPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	6,000
MAKE A WISH FOUNDATION 126 MONROE TURNPIKE TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	6,000
MERCY LEARNING CENTER 637 PARK AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
NORTHEAST CHILDREN'S THEATRE 606 POST ROAD EAST 713 WESTPORT,CT 06880	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK,CT 06856	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
PLANTAIN POND MORTGAGE CLUB 500 ALGONQUIN ROAD FAIRFIELD,CT 06825	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	600
READ TO GROW INC 53 SCHOOL GROUND ROAD UNIT 3 BRANFORD,CT 06405	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	1,500
RONALD MCDONALD HOUSE GREATER HUDSON VALLEY ONE WOODS ROAD VALHALLA,NY 10596	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	9,500
RONALD MCDONALD HOUSE OF NEW HAVEN CT 501 GEORGE STREET NEW HAVEN,CT 06511	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	50,000
RYASAP 2470 FAIRFIELD AVENUE BRIDGEPORT,CT 06605	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
SACRED HEART UNIVERSITY SCHOLARSHIP FUND 5151 PARK AVENUE FAIRFIELD,CT 06825	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	25,000
SCHOOL VOLUNTEER ASSOCIATION OF BRIDGEPORT 280 TESINY AVE BRIDGEPORT,CT 06606	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,000
Total				879,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ST JOSEPH HIGH SCHOOL 2320 HUNTINGTON TURNPIKE TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	10,000
ST VINCENT'S MEDICAL CENTER FOUNDATION 2800 MAIN STREET BRIDEGPORT,CT 06606	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	65,000
ST VINENTS SPECIAL NEEDS SERVICES 95 MERRITT BLVD TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
ST VINCENT'S COLLEGE 2800 MAIN STREET BRIDGEPORT,CT 06606	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	15,000
STEPPING STONES MUSEUM 95 MERRITT BLVD TRUMBULL,CT 06606	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
STERLING HOUSE COMMUNITY CENTER 2283 MAIN STREET SRTATFORD,CT 06615	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
DIAPER BANK 1440 WHALLEY AVE 110 NEW HAVEN,CT 06515	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	10,000
THE OPEN DOOR 4 MERRITT STREET NORWALK,CT 06854	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
RYAN MCELROY CHILDRENS CANCER CENTER 198 ROUTE 22 PAWLING,NY 12564	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,000
WORKPLACE INC 350 FAIRFIELD AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
THOMAS MERTON CENTER 43 MADISON AVENUE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
TINY MIRACLES FOUNDATION 25-13 OLD KINGS HWY NO DARIEN,CT 06820	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
TRUMBULL CONGREGATIONAL CHURCH 3115 RESERVOIR AVE TRUMBULL,CT 06611	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,000
UNITED WAY CAMPAIGN OF COASTAL FAIRFIELD COUNTY 75 WASHINGTON AVE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	30,000
Total				879,100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF BRIDGEPORT 271 PARK AVENUE BRIDGEPORT,CT 06601	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	170,000
CIRCLE OF CARE PO BOX 32 WILTON,CT 06897	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
VISITING NURSE SERVICES OF CT 765 FAIRFIELD AVE BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	7,500
WORLD EMERGENCY RELIEF PO BOX 131570 CARLSBAD,CA 92013	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	2,500
DOWNTOWN SPECIAL SERVICES DISTRICT 938 MAIN STREET BRIDGEPORT,CT 06604	NONE	501(C)(3)	IN FURTHERANCE OF STATED OBJECTIVES OF THE FOUNDATION	5,000
Total			3a	879,100

TY 2015 Accounting Fees Schedule

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,990	995		0

TY 2015 Investments Corporate Stock Schedule

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PEOPLE'S SECURITIES INC. - SECURITIES HELD	4,484,251	16,811,107
MAIRS & POWER GROWTH FUND	550,336	853,939

TY 2015 Investments - Other Schedule

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CASH SURRENDER VALUE LIFE INSURANCE	AT COST	3,134,177	3,134,177

TY 2015 Other Decreases Schedule

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Description	Amount
FEDERAL TAXES PAID	9,612

TY 2015 Other Expenses Schedule

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	209	209		0

TY 2015 Other Increases Schedule**Name:** ERNEST AND JOAN TREFZ FOUNDATION**EIN:** 06-1485833

Description	Amount
CASH SURRENDER VALUE INCREASE LIFE INSURANCE	320,519
DIVIDEND REINVESTMENTS	6,240
MISC	72

**TY 2015 Substantial Contributors
Schedule**

Name: ERNEST AND JOAN TREFZ FOUNDATION

EIN: 06-1485833

Name	Address
ERNEST C TREFZ	34 RED COAT LANE TRUMBULL,CT 06611

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>ERNEST AND JOAN TREFZ FOUNDATION</div>	<div>Employer identification number</div> <div>06-1485833</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ 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 other 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
- ☐ 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, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization ERNEST AND JOAN TREFZ FOUNDATION	Employer identification number 06-1485833
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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	ERNEST C TREFZ	\$ 3,400,000	Person <input checked="" type="checkbox"/>
	34 RED COAT LANE		Payroll <input type="checkbox"/>
	TRUMBULL, CT 06611		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed
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[illegible]

Name of organization ERNEST AND JOAN TREFZ FOUNDATION	Employer identification number 06-1485833
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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