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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

2015

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

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

2015, and ending For calendar year 2015 or tax year beginning 5/31 Name of foundation A Employer identification number 47-4326070 **CW Trust** Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 5 Winfield Pointe Ln City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here St. Louis, MO 63141 Initial return of a former public charity ✓ Initial return D 1. Foreign organizations, check here . G Check all that apply: ☐ Amended return Final return 2. Foreign organizations meeting the 85% test. ☐ Address change □ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method: 
Cash Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . end of year (from Part II, col. (c), Other (specify) line 16) ► \$ (Part I, column (d) must be on cash basis.) 38456 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and expenses per (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal purposes (cash basis only) income income books the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 49500 2 Check ▶ ☐ If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments n 0 NΑ 4 Dividends and interest from securities . . . 374 374 NA Gross rents . . . . . . 5a 0 Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 0 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) O 7 Net short-term capital gain . . . . . NA 9 Income modifications 10a Gross sales less returns and allowances Less. Cost of goods sold . . . Gross profit or (loss) (attach schedule) . 0 NA 8 0 NA 11 Other income (attach schedule) . . . 0 Total. Add lines 1 through 11 . . 12 49874 374 NA 13 Compensation of officers, directors, trustees, etc. n 0 NA NA ∰ Operating and Administrative Expenses 14 Other employee salaries and wages . . . . . 0 NA 0 NA Pension plans, employee benefits 0 15 0 NA NA 0 Legal fees (attach schedule) 2000 NA 16a NA Accounting fees (attach schedule RECEIVED 0 NA 500 NA Other professional fees (attach schedule)-0 98 NA NA Ö o NA 0 17 NA ٠١٠ Taxes (attach schedule) (see instruction P. 0.7 2016 18 0 0 NA NA Depreciation (attach schedule) and depletion 19 0 0 NA 0 20 Occupancy . . . . . 0 NΔ NA 21 Travel, conferences, and meetings 0 0 NA NA 22 Printing and publications 0 0 NΑ NA 0 Other expenses (attach schedule) 400 NA 23 NA Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . 2998 NA NA 7795 25 Contributions, gifts, grants paid . . . . . . 7795 Total expenses and disbursements. Add lines 24 and 25 10793 0 NA NA 26 Subtract line 26 from line 12: 27 39081 Excess of revenue over expenses and disbursements 374 **Net investment income** (if negative, enter -0-) NA Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No 11289X

Form **990-PF** (2015)

		Attached schedules and amounts in the description column	Beginning of year	End o	f year
Υa	rt II	Balance Sheets Attached schedules and amounts in the description column 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	0	0.	0
	2	Savings and temporary cash investments	0	5022	5022
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶0	0	0	. 0
	4	Pledges receivable ▶0			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	5	Grants receivable	0	0	. 0
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	o	o o	0
	7	Other notes and loans receivable (attach schedule) ▶ 0			
	-	Less: allowance for doubtful accounts ▶ 0	0	0	0
y,	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	Ō	0	0
Š	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
`	b	Investments—corporate stock (attach schedule)	0	0	0
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis ▶ 0			<u>_</u>
	• •	Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans	0	0	
	13	Investments—other (attach schedule)	0	33434	33434
	14	Land, buildings, and equipment: basis ▶0		30707	00104
	17	Less: accumulated depreciation (attach schedule) ▶ 0	0	0	
	15	Other assets (describe > 0	0	0	
	16	Total assets (to be completed by all filers—see the			
	10	instructions. Also, see page 1, item I)	اه	38456	38456
	17	Accounts payable and accrued expenses	0	0	30430
	18	Grants payable	0	0	
es	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0		
ä	21	Mortgages and other notes payable (attach schedule)	0		
Ë	22		0	0	
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	0	0	
	23		0	<u> </u>	
S		Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.			
Balances		Unrestricted	أه	38456	
<u>a</u>	24 25		0	30430	
æ	26	Temporarily restricted	0		
Þ	26	_			j
Ē		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
or Fund	27	Capital stock, trust principal, or current funds	o		
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	0	0	
Š	29	Total net assets or fund balances (see instructions)	0	38456	
7	30	Total liabilities and net assets/fund balances (see		30430	
ž	31			20450	
D.	rt III	Analysis of Changes in Net Assets or Fund Balances	0	38456	
i E	Tota	I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	st agree with	<del></del>
1	I Ota	of year figure reported on prior year's return)		1	•
_		er amount from Part I, line 27a			39081
_					
3		er increases not included in line 2 (itemize)			20091
4		lines 1, 2, and 3			39081
5	Deci	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b) III	ne 30 6	625
6	lota	il fiet assets of fund balances at end of year (line 4 finhus line 5)—	i ait ii, coluitiii (D), iii		38456

Part	V Capital Gains and	d Losses for Tax on Investm	ent l	ncome				
	(a) List and describe the	ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co)	,		(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1a	10 shs. VTI				р		8/20/15	11/18/15
b	various				р		8/3/15	9/25/15
С	NA				NA		NA	NA
<u>d</u>	NA				NA		NA .	NA
e	NA				NA NA		NA	NA
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) f) minus (g)
a	. 1068	NA			1059			9
<u> </u>	931	NA NA			909			22
<u>c</u>	NA	NA NA			NA NA		· · · · · · · · · · · · · · · · · · ·	NA
<u>d</u>	NA	NA .			NA NA			NA
e	Complete only for assets sh	NA owing gain in column (h) and owned	hy the	foundation	NA 00 12/31/69		<b></b>	NA NA
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	by the	(k) Exces	s of col (i) . (j), if any		col (k), but not	. (h) gain minus t less than -0-) <b>or</b> rom col (h))
а	NA	NA			_NA			NA
b	NA	NA			NA.			NA
С	NA NA	NA NA			NA NA			NA NA
<u>d</u>	NA NA	NA NA			NA NA		<del></del>	NA
<u>e</u>	NA.	NA NA		1 D-	NA NA			NA NA
2	Capital gain net income of	or (not conital lock) {		nter in Pa '-0- in Pai	)	2		-13
3	If gain, also enter in Par	uin or (loss) as defined in sections t I, line 8, column (c) (see instructions or constructions).	ctions)	. If (loss)	, enter -0- ın }	3		-13
Part		der Section 4940(e) for Redu				Inco	me	
Was t	s," the foundation does no	ve this part blank. e section 4942 tax on the distribu it qualify under section 4940(e). D rount in each column for each yea	o not	complete	this part.			☐ Yes ☐ No
	(a)	(b)	1, 500	Tario motro	(c)	a.t.i.g		(d)
Cale	Base period years endar year (or tax year beginning i	Adjusted qualifying distribution	s	Net value o	f noncharitable-use a	ssets		tribution ratio divided by col. (c))
Can	2014		NA			NA	. \\./	NA .
	2013		NA			NA		NA
	2012		NA			NA		NA
	2011		NA			NA		NA
	2010		NA			NA		NA
2	Total of line 1, column (c	for the 5-year base period—divi	de the	e total on l	line 2 by 5, or by	the	2	NA
	number of years the four	ndation has been in existence if le	ess tha	an 5 years		•	3	NA
4	Enter the net value of no	ncharitable-use assets for 2015 f	rom P	art X, line	5		4	NA NA
5	Multiply line 4 by line 3						5	NA NA
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	) .			•	6	NA
7	Add lines 5 and 6					٠	7	NA
8	Enter qualifying distribut	ions from Part XII, line 4 eater than line 7, check the box ii	 n Part	 VI, line 1t		that p	8 art using a 1	% tax rate. See the
	Part VI instructions.							

Part		nstru	ictio	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: NA (attach copy of letter if necessary—see instructions)			ļ		
b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	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-)		0			
3	Add lines 1 and 2		4			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	-		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		4	ļ		
6	Credits/Payments:			1		
a	2015 estimated tax payments and 2014 overpayment credited to 2015   6a   0    Fixempt foreign organizations—tax withheld at source					
b						
۲ C	, and a second of the second o					
d 7	Backup withholding erroneously withheld					
8	Enter any penalty for underpayment of estimated tax. Check here  from 2220 is attached		<u>0</u> 0	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		4	-		
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 2016 estimated tax ▶ 0 Refunded ▶ 11		0	<del>                                     </del>		
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		1		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		1		
d						
	(1) On the foundation. ► \$(2) On foundation managers. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1		
	If "Yes," attach a detailed description of the activities.					
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		1		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1		
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	ļ	✓		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		✓		
_	If "Yes," attach the statement required by General Instruction T.	ļ				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	ļ			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>					
	conflict with the state law remain in the governing instrument?	6	_			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1			
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		•			
	Little the states to which the realization reports of with which is registered (see mended as i.e.,					
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	1			
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		✓		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10	<b>✓</b>			

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>	<b>/</b>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			١.
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	<b>-</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>_</b> ✓	L
44	Website address ► NA			
14	ZID: A	636519 6314		
45	Located at ► 5 Winfield Pointe Ln, St. Louis, MO  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ □
15	and enter the amount of tax-exempt interest received or accrued during the year		•	NA
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authori	ty	Yes	
10	over a bank, securities, or other financial account in a foreign country?	16		/
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	of	1	
	the foreign country ▶			
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.	<u></u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):			l i
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1 1
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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)?		İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	1
	foundation agreed to make a grant to or to employ the official for a period after		1	1 1
	termination of government service, if terminating within 90 days.) Yes 📝 No	l l		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ļ	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	<u> </u>	ļ
	Organizations relying on a current notice regarding disaster assistance check here	Ţ		
С	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?	1c	1	<del> </del> -
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		-	+-
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	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?			
	6e, Part XIII) for tax year(s) beginning before 2015?			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement—see instructions.)	2b	1	<u> </u>
С	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 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation of			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015.)	3b	<del> </del>	<del>                                     </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	1
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	1	

	•	
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0	_	_	_	6	3
_	н	О			

Part	VII-B	Statements Regarding Activities	s for W	hich Form	4720	May Be R	equire	d (conti	nued)		
5a	During	the year did the foundation pay or incur a	iny amo	ount to:							(A)
		rry on propaganda, or otherwise attempt t uence the outcome of any specific public						Yes	☑ No		
		ectly or indirectly, any voter registration dr						☐ Yes	✓ No		<b>经</b>
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									71	
	sec	ovide a grant to an organization other that stron 4945(d)(4)(A)? (see instructions)						☐ Yes	✓ No		
	(5) Pro	ovide for any purpose other than religious roses, or for the prevention of cruelty to	, charita	able, scientifi or animals?	ic, litera	ary, or educ	ational	□Yes	✓ No		
b		answer is "Yes" to 5a(1)-(5), did any of the							_	1 × 82 (45.4	
	Regula	tions section 53.4945 or in a current notice	regardı	ng disaster as	ssistand	e (see instr	uctions)	?		5b	
	_	zations relying on a current notice regardi	-						▶ □	32.	<b>200</b>
С		answer is "Yes" to question 5a(4), does t se it maintained expenditure responsibility							□No	7	
		," attach the statement required by Regula									
6a		e foundation, during the year, receive any ersonal benefit contract?					miums	Yes	√ No		
b		e foundation, during the year, pay premiur					benefit			6b	
_		" to 6b, file Form 8870.	,	,	,,	•				276	<b>建</b> 色油。
7a	At any	time during the tax year, was the foundation	a party	to a prohibited	d tax sh	elter transac	tion?	☐ Yes	_		
		" did the foundation receive any proceed Information About Officers, Direct	s or ha	ve any net inc	come a	ttributable	to the ti	ransaction	n? . Daid E	7b	(005
Par	t VIII	and Contractors	itors, i	rustees, r	Ourida	tion Man	agers,	inginy i	aiu L	ппріоу	·ces,
1	List al	officers, directors, trustees, foundation	n mana	agers and th	eir con	npensation	ı (see i	nstructio	ns).		
		(a) Name and address	(b) Titl	e, and average rs per week		mpensation not paid,		Contribution ovee benefit		(e) Expe	ense account, allowances
				ed to position		ter -0-)	and def	erred compe	ensation	Otrier	allowances
Natali	Chen,	5 Winfield Pointe Ln, St. Louis, MO 63141	Truste			0			0		4
			1h/wee	:K							<u> </u>
					<del> </del>						
2	Comp	ensation of five highest-paid employe	es (oth	er than tho	se incl	uded on li	ne 1—	see instr	uction	s). If n	one, ente
				(b) Title, and	average			(d) Contrib	utions to		<del></del>
	(a) Name	and address of each employee paid more than \$50,0	00	hours per devoted to p	week	(c) Compe	nsation	plans and	deferred		ense account, allowances
				· · · · · ·				compen	Sation		
None											
			<b></b>								
	_										
Total	numbe	of other employees paid over \$50,000 .			· · ·				. •		0
										Form <b>99</b>	<b>0-PF</b> (2015

<u>,P</u> ar	t VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	ployees,
3	Five I	sighest-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
None	;		
Tota	l numbe	r of others receiving over \$50,000 for professional services	
			0
Pai	rt IX-A	Summary of Direct Charitable Activities	
	et the four	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	_
		s and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	None		
2			
3			
4			
4			
Pai	rt IX-B	Summary of Program-Related Investments (see instructions)	
		two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	None		
2			
	1 41 -		
	other pro	gram-related investments. See instructions,	
3			
Tota	I. Add li	nes 1 through 3	
			5 000 BE (00.15

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn found	ations,
	see instructions.)	·····	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	5.04	
	purposes:	مَنْ مُنْ	
а	Average monthly fair market value of securities	1a	34655
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	34655
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	34655
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	520
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	34135
6	Minimum investment return. Enter 5% of line 5	6	1707
Part		oundatior	าร
	and certain foreign organizations check here ► □ and do not complete this part.)	1	
1	Minimum investment return from Part X, line 6	1	1707
2a	Tax on investment income for 2015 from Part VI, line 5 2a 4	7 1	
b	Income tax for 2015. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	4
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1703
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1703
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	1703
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	10793
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:		
а	Suitability test (prior IRS approval required)	3a	0
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	10793
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>-   -   -   -   -   -   -   -   -   -  </del>	
•	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10793
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	5 W. IOIIIOI	c roundation

Part :	XIII Undistributed Income	e (see instructioi	ns)			
1	Distributable amount for 2015	<u> </u>	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	(d) 2015
	line 7	L				1703
2	Undistributed income, if any, as of the					
а	Enter amount for 2014 only				0	
þ	Total for prior years: 20,20			0		
3	Excess distributions carryover, if	f any, to 2015:				
а	From 2010	0				
b	From 2011	0				
C	From 2012	0				
d	From 2013	0				
е	From 2014	0	<u> </u>			
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2015	from Part XII,				
	line 4: ► \$ 10793					
а	Applied to 2014, but not more th	nan line 2a .			0	
b	Applied to undistributed income					
	(Election required—see instruction	ons)		0		
С	Treated as distributions out of co	orpus (Election				
	required—see instructions)		0			
d	Applied to 2015 distributable am	nount		· · · -		1703
e	Remaining amount distributed o		10793			
5	Excess distributions carryover a		0			0
	(If an amount appears in column				-	· ,
	amount must be shown in colum					
6	Enter the net total of each indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e.	Subtract line 5	10793			'
b	Prior years' undistributed inco					
_	line 4b from line 2b			0		
С	Enter the amount of prior years	' undistributed				
·	income for which a notice of					!
	been issued, or on which the s					
	tax has been previously assesse			0		
d						
-	amount - see instructions .			0		
e	Undistributed income for 2014	. Subtract line				
·	4a from line 2a. Taxable					
	instructions				0	
f	Undistributed income for 2015.	ļ-				
•	4d and 5 from line 1. This am					
	distributed in 2016					0
7	Amounts treated as distributions	s out of corpus				
•	to satisfy requirements impos					
	170(b)(1)(F) or 4942(g)(3) (Elec					
	required—see instructions) .		1703			
8	Excess distributions carryover	<u> </u>	1703			
•	applied on line 5 or line 7 (see in		0			
9	Excess distributions carryo	· · · · · · · · · · · · · · · · · · ·				
3	Subtract lines 7 and 8 from line		9090			
10	Analysis of line 9:	' '	3090			
		0				
a	Excess from 2011 Excess from 2012					}
b	Excess from 2012					
۲ 0	Excess from 2013	0				
d	Excess from 2014 Excess from 2015	9090				
е	LAUC33 HUHI ZU IJ	9090		l		

Page	1	ſ
raue		•

Part :	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for				Λ	
b	Check box to indicate whether the four					(3) or 4942(J)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for leach year listed	NA	·	. , , ,		· · · · · - · · · · · · · · · · · · · ·
b	85% of line 2a	NA NA				
	Qualifying distributions from Part XII,					
•	line 4 for each year listed	NA				
d	Amounts included in line 2c not used directly					
_	for active conduct of exempt activities	NA				
е	Qualifying distributions made directly					
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	NA				
3	Complete 3a, b, or c for the	1474			•••	
•	alternative test relied upon.					
а	"Assets" alternative test - enter:					
~	(1) Value of all assets	NA NA	j			]
	(2) Value of assets qualifying under					·
	section 4942(j)(3)(B)(i)	NA NA				
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	NA NA				
С	"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)	NA NA				
	(2) Support from general public	107	`			
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)	l NA				
	(3) Largest amount of support from		•			<del> </del>
	an exempt organization	N.A				
	(4) Gross investment income	NA NA	<del> </del>			† · · · · · · · · · · · · · · · · · · ·
Part		on (Complete t	his part only if t	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instructio	ns.)		•	
1	Information Regarding Foundation		·····			
a	List any managers of the foundation		uted more than 29	% of the total cont	ributions received	by the foundation
-	before the close of any tax year (but o	only if they have c	ontributed more th	han \$5,000). (See s	ection 507(d)(2).)	
	Natalie Chen					
b	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporatio	n (or an equally la	arge portion of the
	ownership of a partnership or other e					
<u>NA</u>						
2	Information Regarding Contribution	n, Grant, Gift, Lo	an, Scholarship, o	etc., Programs:		
	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the	foundation makes	gifts, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,	b, c, and d.				
a	The name, address, and telephone no	umber or e-mail a	ddress of the pers	on to whom applic	ations should be	addressed:
NA						<del> </del>
b	The form in which applications should	d be submitted ar	nd information and	materials they sho	ould include:	
NA						
C	Any submission deadlines:			- <del></del>	<u></u>	
NA_	·				<u> </u>	
d	Any restrictions or limitations on a	wards, such as l	oy geographical a	areas, charitable fi	elds, kinds of ins	stitutions, or other
	factors.					
NA_					<u> </u>	
						C 000 DE (0045)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Ladue Horton Watkins High School, 1201 S. Warson Rd, PC St. Louis, MO 63124 Faculty grant, parents association 400 St. Louis Modern Chinese School, 6710 Clayton Rd. St. PC Louis MO 63117 Center renovation 700 Washington University, One brookings Dr. St. Louis, PC MO 63130 Education 500 PC Ruan House Church, 15 Yili Rd, Fuzhou, China Religious 5700 Light of Christ Lutheran Chinese Mission, 9723 Oliver Blvd, Olivette, MO 63132 PC elderly community service 315 Center for Excellence in Education, 8201 Greensboro Dr. suite 215, Mclean, VA 22102 PC Education 60 Midwest Chinese American Science and Education PC Foundation, 1126 Nooning Tree Dr. MO 63017 Science 100 girl scout cookies PC **Girl Scout** 20 Madelaine Wang, 7733 Forsyth Blvd, suite 1100, Clayton, MO 63105 daughter Lawyer fee to form CW Trust 2000 Consulting fee to file 990-PF 500 IRS Gov Fee to apply for private foundation 400 TD Ameritrade, 1628 Clarkson Rd, Chesterfield, MO NC 63017 Fund management fee 98 10793 Approved for future payment NA 3b

Pai	rt X\	/I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated.		isiness income	Excluded by sect	on 512, 513, or 514	(a)
	· <b>J</b> · -		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Pro	gram service revenue					
	а		NA				
	b		NA				
	C		NA _				
	d		NA				
	е		NA				
	f		NA NA				
		Fees and contracts from government agencies	NA				
2		mbership dues and assessments	NA NA				
3		rest on savings and temporary cash investments	NA NA				
4		dends and interest from securities	523120	374			B. *** 440 7 37
5		rental income or (loss) from real estate:	"TOTAL	Mary Tanger	J. Carrier of the	ACT SETTING	The same of a same, of the
		Debt-financed property	NA NA				
		Not debt-financed property	NA				
		rental income or (loss) from personal property	NA				
7		er investment income	NA NA				
8		n or (loss) from sales of assets other than inventory	NA				
9		income or (loss) from special events	NA NA		· ·-		
10		ess profit or (loss) from sales of inventory	NA NA		-		
11		er revenue: a	NA NA				
	b		NA NA				<u> </u>
	C		NA NA	<u> </u>		-	<del> </del>
	d	······································	NA NA	<del> </del>			
	е		NA	274	4.		
40	Cal						
		ototal. Add columns (b), (d), and (e)			•	13	37/
13	Tot	tal. Add line 12, columns (b), (d), and (e)			•	13	374
<b>13</b> (Sec	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	 ns.)			13	374
13 (See Pa	Tot wor	tal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tot wor	tal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	tal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
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13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
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13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		-
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13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		-
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		-
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		-
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
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13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
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13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		-
13 (See Pa	Tote wor	kal. Add line 12, columns (b), (d), and (e)	 ns.) Accomplishn	nent of Exemp	t Purposes		

		Exempt Or	ganizations										
	in sec		lirectly or indirectly e Code (other that									Yes	No
а	Trans	fers from the rec	orting foundation	to a noncharitab	le exempt or	anızatıon	of:				ŀ		
		· ·									1a(1)		1
	• •	ther assets						•	•	•	1a(2)		7
h		transactions:						•		• •	14(2)		Ť
			a manaharitahla ai	compt organization	<b>.</b>						41-741		
			a noncharitable ex				• • • •	•		• •	1b(1)		<b>✓</b>
			ets from a nonchar		_			•			1b(2)	_	<b>√</b>
	• -		, equipment, or otl					•			1b(3)	_	✓
			rrangements					•			1b(4)		
		-	rantees								1b(5)		<b>✓</b>
			ervices or member		-						1b(6)		✓
C	Sharıı	ng of facilities, e	quipment, mailing	lists, other asset	s, or paid em	ployees					1c		✓
d	If the	answer to any	of the above is "Y	es," complete th	ne following s	chedule.	Column (b) s	hould	l alw	ays sh	ow the	fair m	arket
	value	of the goods, of	ther assets, or ser	vices given by th	ne reporting for	oundation	. If the found	ation	recei	ved le	ss than	fair m	arket
	value	in any transaction	on or sharing arrar	gement, show in	n column (d) t	he value d	of the goods,	other	asse	ts, or	services	recei	ved.
(a) Line	no (l	b) Amount involved	(c) Name of nor	charitable exempt or	ganization	(d) Descr	ription of transfe	rs, trans	saction	s, and s	haring arr	angeme	ents
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	descr	ribed in section 5	ectly or indirectly 501(c) of the Code of following schedu	(other than secti							☐ Yes	· 🗸	No
		(a) Name of organ	<del></del>	1	oe of organization	· · · · · I		(c) Des	criptio	n of relat	ionshin		
				1 ,,,,,	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
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									-				
	Linda	r populting of porture I	deplete that I have ever	and the return include	na 0000mnanuna	aabadulaa an	d statements, and	to the h	ant of	mu kaaw	ladas and	halat it	
Sign			declare that I have exam aration of preparer (other						ກອຣເປ1 <b>I</b>	my know	euge and	bellet, It	is irue,
		111	,		1.1.	, ,	•	Ů			IRS discu		
Here		matur (	ien		<del></del>	rustee					preparer ructions)?		
	Sign	ature of officer or tru		Date	Title								
Paid		Print/Type preparer	's name	Preparer's signa	ature		Date		Checl	⟨ 🔲 ıf	PTIN		
Prep	arer								self-e	mployed			
Use (		Firm's name ▶						Firm's	EIN Þ	•			
	~ · · · · j	Firm's address ▶						Phone	no				

#### Schèdule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ 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. OMB No 1545-0047

**Employer identification number** 

Organization type (check one): Filers of: Section: ) (enter number) organization Form 990 or 990-EZ 501(c)( 4947(a)(1) nonexempt charitable trust not treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation 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 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 

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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B	(Form 990)	990-F7	or 990-PF)	(2015)

**Employer identification number** Name of organization **CW Trust** 47-4326070 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person  $\overline{Z}$ 1 Peter Wang **Payroll** 42800 Noncash 5 Winfield Pointe Ln., St. Louis, MO 63141 (Complete Part II for noncash contributions) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person  $\square$ 2 Natalie Chen **Payroll** 6700 Noncash 5 Winfield Pointe Ln., St. Louis, MO 63141 (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number

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

Part III

Employer identification number

Part III		r the year from any tions completing Pa ne year. (Enter this in	one contributor. ( rt III, enter the total formation once. Se	Complete columns (a) through (e) and I of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	-A.	~	, /	
!				
	Transferee's name, address, a	(e) Transi nd ZIP + 4	-	nship 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) Trans	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
			fer of gift	
	Transferee's name, address, a	Ind 2IP + 4	Relation	nship of transferor to transferee
- /a\ Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Trans	fer of gift	<u> </u>
	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee
1				
				- <u> </u>

### Ameritrade

Statement Reporting Period: 05/01/16 - 05/31/16

800-669-3900 TD AMERITRADE DIVISION OF TD AMERITRADE INC PO BOX 2209 OMAHA, NE 68103-2209 TD Ameritrade Clearing, Inc , Member SIPC

Statement for Account # 869-450836
NATALIE XIANGNA CHEN TR FBO CW
TRUST UA JUN 20, 2015
5 WINFIELD POINTE LN
SAINT LOUIS, MO 63141-7713

	Current	Prior	Period	Period %	Estimated	Estimated	
	Value	Value	Change	Change	Income	Yield	Portfolio Allocation
	· &	(\$120.00)	\$120.00	1	ر ج	•	
Insrd Dep Acct (IDA)	5,022.34	5,242.30	(219.96)	(4.2)%	•	0.01%	
Money Market	•	•		ı	1	•	
Short Balance			•	•	•		
	09'600'6	8,788.40	221 20	2.5%	142.76	1.6%	IDA 35 8%
	•		•	ı	1		33.3%
	•		•	1	1	ı	
	•			•	1		
Short Options				•	,	•	Stocks
	•			1	,	ı	64.2%
	•	•		•	-	•	
	\$14,031.94	\$13,910.70	\$121.24	%6.0	\$142.76	1.0%	

Cash Activity Summary			Income & Ex	e & Expense Summary			Performance Summary	
	Current	YTD		Reportable	Non Reportable	ΥΤĐ		
Opening Balance	(\$120.00)	ا ج	Income				Cost Basis As Of - 05/31/16 **	\$9,410.79
Securities Purchased	•	,	Dividends	' &9	- &>	\$19.20	\$19.20 Unrealized Gains	57.60
Securities Sold	•	,	Interest	•	•	•	Unrealized Losses	(458.79)
Funds Deposited	•	75.00	Other	ı	•	•	Funds Deposited/(Disbursed) YTD	(670.00)
Funds Disbursed	(100.00)	(745.00)	Expense				Income/(Expense) <sup>yto</sup>	19.20
Income	ı	19.20	Interest	ı	•	ı	Securities Received/(Delivered) <sup>ytp</sup>	0.00
Expense	•	•	Fees	ı	•	•	**For cost-basis information, refer to www.tdameritrade.com	ameritrade.com
Other	220.00	650.80	Other	•	•	•		
Closing Balance	\$ 0.00	\$0.00	Net	\$0.00	\$0.00	\$19.20		

## **Statement for Account # 869-450836** 05/01/16 - 05/31/16

	Online Cash Services Summary	
Description	Current	Year To Date
CREDITS		
Checks Deposited	· 65	\$ 75.00
Subtotal	0.00	75.00
DEBITS		
Checks Pard	\$ (100.00)	\$ (745.00)
Subtotal	(100.00)	(745.00)
TOTAL	(100.00)	(670.00)
	Income Summary Detail*	
Description	Current	Year to Date
Ordinary Dividends	\$ 0.00	\$ 19.20
IDA Interest	0.04	0.22
		and the second s

\*This section displays current and year to date taxation values for this account. The current totals may not equate to the total payments listed on this statement as corrections to tax reporting may also be included. These corrections can include changes made to previous payments and removal of payments reportable in a previous tax year (spillover dividends). The year to date totals will accurately reflect your cumulative amount for the year.

	Svmbol/		Current	Market	Market Purchase	Cost	Cost Average	Unrealized	Estimated	ted
Investment Description	CUSIP	Quantity	Price	Value	Value Date	Basis	Cost	Gain(Loss)	Income	Yield
Stocks - Cash										
ISHARES MSCI JAPAN ETF	EWJ	400	\$ 11.79	\$4,716.00 07/21/15	07/21/15	\$ 5,174.79	\$ 12.94	\$ (458.79)	\$ 61.20	1.3%
VANGUARD TOTAL STOCK MARKET FTF	Ελ	40	107.34	4,293.60	4,293.60 08/20/15	4,236.00	105.90	57.60	81.56	1.9%
Total Stocks				\$9,009.60		\$9,410.79		\$(401.19)	\$142.76	1.6%
Total Cash Account				\$9,009.60		\$9,410.79		\$(401.19)	\$142.76	1.6%

# **Statement for Account # 869-450836** 05/01/16 - 05/31/16

				Online Cash Services Transaction Detail	action Detail				
Category			Transaction Date	Description					Amount
DEBITS					4.00				(100.00)
Checks Paid	o o		05/03/2016	ID BANK USA CHECKING Check #.130	3CK #.130				(100.00)
Subtotal	ta/								(100.00)
TOTAL									(100.00)
									!
				Account Activity	,				
Trade Date	Settle Date	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balance
Opening Balance	alance								(\$120.00)
05/02/16	05/02/16 05/02/16 Cash	Cash	Journal - Other	REDEMPTION FDIC INSURED DEPOSIT ACCOUNT	1	1	\$ 0.00	\$ 120.00	0.00
05/03/16	05/03/16 05/03/16 Cash	Cash	Ck# - Funds Disbursed	TD BANK USA CHECKING Check #.130	ı	1	0.00	(100.00)	(100.00)
05/04/16	05/04/16 05/04/16 Cash	Cash	Journal - Other	REDEMPTION FDIC INSURED DEPOSIT ACCOUNT	ı	•	0.00	100.00	00 0
Closing Balance	alance								\$ 0.00

Closing Balance

For Cash Activity totals, refer to the Cash Activity Summary on page one of your statement

Beain		Number	Interest	Interest	MTD	MTD
Date	Balance	of Days	Rate	Accrued	Accrued	PAID
05/01/16	\$ 5,122.30	2	0.0100	- &	<del>।                                    </del>	\$
05/03/16	5,022.30	29	0.0100	0.04	0.04	0.04
Total Interest Income						\$0.04

### Statement for Account # 869-450836

05/01/16 - 05/31/16

				Insured Deposit Account Activity	Activity			
Date Cleared	Check	Date Written	Transaction	Description	Tracking Code	Expense Code	Amount	Balance
Opening Balance 05/02/16	nnce -	05/02/16		FDIC INSURED DEPOSIT ACCOUNT	ı	1	\$ (120 00)	<b>\$5,242.30</b> 5,122.30
05/04/16	•	05/04/16	05/04/16 Delivered	CORE NOT COVERED BY SIPC REDEMPTION FDIC INSURED DEPOSIT ACCOUNT FDIC INSURED DEPOSIT ACCOUNT CORE NOT COVERED BY SIPC	•	1	(100.00)	5,022.30
05/31/16		05/31/16	Received	REDEMPTION FDIC INSURED DEPOSIT ACCOUNT Interest: Insured Deposit Account	•		0.04	5,022.34
Closing Balance TD Bank NA	nce						\$5,022.34	\$5,022.34

FDIC Insured Deposit Account (IDA) balances reflected in your brokerage account are FDIC-insured up to applicable limits and held by TD Bank, N.A., or TD Bank USA, N.A., or both. The IDA balances are not covered by the Securities Investor Protection Corporation (SIPC) protection applicable to your brokerage account

### Important Information

## STATEMENT OF FINANCIAL CONDITION

The most recent statement of financial condition for TD Ameritrade Clearing, Inc. may be obtained at no cost, via the Internet at http://www.tdameritrade.com/financialstatement.html, or by contacting TD Ameritrade Clearing, Inc. at 1-800-237-8692. As of March 31, 2016, TD Ameritrade Clearing, Inc. had net capital and a net capital requirement of \$1,612 million and \$274 million, respectively. A copy of the report and comments is currently available for customers' inspection at the principal office of the Securities and Exchange Commission in Washington DC and the Denver, CO office of the Commission.



Statement Reporting Period: 05/01/16 - 05/31/16

Statement for Account # 201-287391 NATALIE XIANGNA CHEN TR FBO CW TRUST UA JUN 20, 2015 5 WINFIELD POINTE LN SAINT LOUIS, MO 63141-7713

888-310-7921 TD AMERITRADE DIVISION OF TD AMERITRADE INC PO BOX 2209 OMAHA, NE 68103-2209 TD Amentrade Clearng, Inc., Member SIPC

			Portfolio Summary	Summary			
	Current	Prior	Period	%	Estimated	Estimated	:
Investment	Value	Value	Change	Change	псоте	Yield	Portfolio Allocation
Cash	۰ ج	ا ب	, \$	ı	' \$	•	
Insrd Dep Acct (IDA)	183.45	179.60	3.85	2.1%	ı	0.05%	į
Money Market	,	•	1	•	•	1	UA %
Short Balance	•	•	•	ı	•	•	% :
Stocks	r	•	•	ı	1		
Short Stocks	•		•	ı	•		
Fixed Income	1	•	1	•	•		
Options	ı	•	ı	•	•		
Short Options	•	•		•	1	•	
Mutual Funds	24,240.63	24,083.35	157.28	%2'0	401.47	1.7%	
Other	•	1		•	•	•	Mutual Funds
Total	\$24,424.08	\$24,262.95	\$161.13	0.7%	\$401.47	1.6%	99.2%

<b>Cash Activity Summary</b>			Income & Ex	& Expense Summary			Performance Summary	
	Current	TTD		Reportable	Non Reportable	YTD		
Opening Balance	\$ 0.00	ا ج	Income				Funds Deposited/(Disbursed) YTD	' \$>
Securities Purchased	(10.73)	(3,884.94) Dividends	Dividends	\$14.57	- ₩	\$156.78	\$156.78 Income/(Expense) <sup>vrp</sup>	36.82
Securities Sold	1	3,854.85 Interest	Interest	•	•	•	Securities Received/(Delivered)***	0.00
Funds Deposited	1	,	Other	•	•	ı		
Funds Disbursed	•	•	Expense					
Income	14.57	156.78	156.78 Interest	1	•	1		
Expense		(119.96) Fees	Fees	•	1	(119.96)		
Other	(3.84)	(6.73)	Other		•	1		
Closing Balance	\$ 0.00	\$0.00	Net	\$14.57	\$0.00	\$36.82		

### **Statement for Account # 201-287391** 05/01/16 - 05/31/16

	Income Summary Detail*	
Description	Current	Year to Date
Ordinary Dividends	\$ 14 57	\$ 97.34
Long Term Capital Gains	00 0	48.11
IDA Interest	0.01	0 02

<sup>\*</sup>This section displays current and year to date taxation values for this account. The current totals may not equate to the total payments listed on this statement as corrections to tax reporting may also be included. These corrections can include changes made to previous payments and removal of payments reportable in a previous tax year (spillover dividends). The year to date totals will accurately reflect your cumulative amount for the year

		Account Positions				
Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Estimated Income	Estimated Yield
Mutual Funds - Cash						
ALPS	BCSSX	3.541	\$71 93	\$254 70	<del>.</del>	•
BROWN CAPITAL SMALL COMPANY I			;		•	ò
AMERICAN CENTURY GOVERNMENT BOND I	ABTIX	21.283	11.28	240.07	4.53	%6:-
AGR	AQMRX	70.377	9.85	693.21	32.65	4.7%
MANAGED FUTURES STRATEGY R6				;		
ARTISAN	APDQX	24.214	20.67	500.50	ı	•
MID CAP VALUE FUND ADVISOR			!			ò
BLACKROCK	MPHQX	143.905	11.75	1,690.88	49.65	7.3%
IOIAL REIURN BLACKROCK OL	;	1	0	77.7	00.04	2 50/
BRIDGEWAY FD INC BLUE-CHIP 35 INDEX FD	BRLIX	140.677	12.20	07.01 / 1	42.20	0.5.7
BUFFALO FDS MID CAP FD	BUFMX	32.007	15.37	491.95	•	1
DODGE & COX FUNDS	DODFX	41.154	36.02	1,482.37	34.57	2.3%
DODGE & COX FUNDS STOCK FUND	DODGX	16.831	164.16	2,762.98	48.98	1.8%
METROPOLITAN WEST TOTAL RETURN BD P	MWTSX	141.456	10.21	1,444.27	27.73	1.9%
NORTHERN FDS SMALL CAP FD	NOSGX	48.465	20.48	992.56	11.00	1.1%
PIMCO REAL RETURN FD INSTL CL	PRRIX	66.135	10.87	718.89	6.40	%6.0

## Statement for Account # 201-287391 05/01/16 - 05/31/16

		Account Positions				
	Symbol/		Current	Market	Estimated	Estimated
Investment Description	CÚSIP	Quantity	Price	Value	Income	Yield
Mutual Funds - Cash						
PRIMECAP ODYSSEY STOCK FD	POSKX	61.088	24.00	1,466.11	14.84	1.0%
T ROWE PRICE HIGH YIELD I	PRHIX	154.651	6.41	991.31	54.59	5.5%
T ROWE PRICE EQUITY INCOME I	REIPX	98.745	30.17	2,979.14	•	•
T ROWE PRICE BLUE CHIP GROWTH I	TBCIX	17.543	70.13	1,230.29	•	•
T ROWE PRICE EMERGING MARKETS STOCK I	PRZIX	64.891	29.88	1,938.94	10.38	0.5%
TEMPLETON GLOBAL BOND ADVISOR	TGBAX	105.569	11.26	1,188.71	40.01	3.4%
THORNBURG INTERNTL VALUE INST	TGVIX	50.643	24.09	1,219.99	17.62	1.4%
VOYA GLOBAL REAL ESTATE I	IGLIX	11.893	19.97	237.50	6.30	2.7%
Total Mutual Funds				\$24,240.63	\$401.45	1.7%
Total Cash Account				\$24,240.63	\$401.45	1.7%

				Account Activity	ty				
Trade S Date D	Settle Acct Date Type	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balance
<b>Opening Balance</b> 05/02/16 05/02/16 Cash	./02/16	Cash	Div/Int - Income	T ROWE PRICE HIGH YIELD	PRHYX		\$ 0.00	\$ 3.84	\$ 0.00 3.84
05/02/16 05/02/16 Cash	,/02/16	Cash	Div/Int - Income	Payable: 04/29/2016 Ordinary Dividends 3.84 T ROWE PRICE HIGH YIELD I Payable 04/29/2016	PRHIX		0.00	1.16	5.00
				Ordinary Dividends 1.16					

#### Statement for Account # 201-287391 05/01/16 - 05/31/16

				Account Activity					
Trade	Settle	Acct	Transaction/		Symbol/				
Date	Date	Type	Cash Activity*	Description	CUSIP	Quantity	Price	Amount	Balance
05/02/16	05/02/16	Cash	Buy - Securities Purchased	T ROWE PRICE HIGH YIELD I REINVESTED AT 6.39 PER SHARE	PRHIX	0.182	6.39	(1.16)	3.84
05/02/16	05/02/16	Cash	Div/int - Income	PIMCO REAL RETURN FD INSTL CL Payable 04/29/2016 Ordinary Dividends 0.57	PRRIX	ı	0.00	0.57	4.41
05/02/16	05/02/16	Cash	Buy - Securities Purchased	PIMCO REAL RETURN FD INSTL CL REINVESTED AT 10.97 PER SHARE	PRRIX	0.052	10.97	(0.57)	3.84
05/02/16	05/02/16	Cash	Div/Int - Income	METROPOLITAN WEST TOTAL RETURN BD P Payable: 04/29/2016 Ordinary Dividends 2.39	MWTSX	ı	0.00	2.39	6.23
05/02/16	05/02/16	Cash	Buy - Securities Purchased	METROPOLITAN WEST TOTAL RETURN BD P REINVESTED AT 10.23 PER SHARE	MWTSX	0.234	10.23	(2.39)	3.84
05/02/16	05/02/16	Cash	Div/int - income	AMERICAN CENTURY GOVERNMENT BOND I Payable: 04/29/2016 Ordinary Dividends 0.36	АВТІХ	•	0.00	0.36	4.20
05/02/16	05/02/16	Cash	Buy - Securities Purchased	AMERICAN CENTURY GOVERNMENT BOND I REINVESTED AT 11.29 PER SHARE	ABTIX	0.032	11.29	(0.36)	3.84
05/02/16	05/02/16	Cash	Div/int - Income	BLACKROCK TOTAL RETURN BLACKROCK CL Payable 04/29/2016 Ordinary Dividends 3.89	мрнох	,	0.00	3.89	7.73
05/02/16	05/02/16	Cash	Buy - Securities Purchased	BLACKROCK TOTAL RETURN BLACKROCK CL REINVESTED AT 11.77 PER SHARE	MPHQX	0.331	11.77	(3.89)	3.84
05/03/16	05/03/16 Cash	Cash	Journal - Other	PURCHASE FDIC INSURED DEPOSIT ACCOUNT		•	0.00	(3.84)	0.00

#### Statement for Account # 201-287391 05/01/16 - 05/31/16

				Account Activity	ty				
Trade Date	Settle Acct Date Type	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balance
05/17/16	05/17/16 05/17/16 Cash	Cash	Div/int - income	TEMPLETON GLOBAL BOND ADVISOR Pavaha 05/18/2016	TGBAX	•	0.00	2.36	2.36
05/17/16	05/17/16 05/17/16 Cash	Cash	Buy - Secunties Purchased	Ordinary Dividends 2.36 TEMPLETON GLOBAL BOND ADVISOR	TGBAX	0.209	11.28	(2.36)	0.00
Closing Balance	alance			NEINVESTED AT 11.20 TEN STANK	ابر				\$ 0.00

Closing Balance

\*For Cash Activity totals, refer to the Cash Activity Summary on page one of your statement

		Insured Deposit	t Account interest Credited	edited		
Beain		Number	Interest	Interest	MTD	MTD
Date	Balance	of Days	Rate	Accrued	Accrued	PAID
05/01/16	\$ 179.60	2	0.0500	<del>- 9</del>	- <del>S</del>	<b>₩</b>
05/03/16	183.44	29	0.0500	0.01	0.01	0.01
Total Interest Income						\$0.01

				Insured Deposit Account Activity	Activity			
Date	Check	Date			Tracking	Expense		
Cleared	Number	Written	Transaction Description	Description	Code	Code	Amount	Balance
Opening Balance	ance							\$179.60
05/03/16	•	05/03/16	05/03/16 Received	FDIC INSURED DEPOSIT ACCOUNT	ı	•	\$ 3.84	183.44
				IDA08 NOT COVERED BY SIPC				
				PURCHASE FDIC INSURED DEPOSIT				
				ACCOUNT				
05/31/16	•	05/31/16	05/31/16 Received	Interest: Insured	,	•	0.01	183.45
				Deposit Account				
Closing Balance	ınce							\$183.45

Closing Balance **TD Bank NA** 

FDIC insured Deposit Account (IDA) balances reflected in your brokerage account are FDIC-insured up to applicable limits and held by TD Bank, N.A., or TD Bank USA, N.A., or both The IDA balances are not covered by the Securities Investor Protection Corporation (SIPC) protection applicable to your brokerage account

### Important Information

If there have been any changes in your financial situation, investment objectives or if you wish to impose or modify any reasonable restrictions on your account; please contact an Amerivest representative at 888-310-7921. Thank you for your continued business.

## Statement for Account # 201-287391 05/01/16 - 05/31/16

#### Important Information

## STATEMENT OF FINANCIAL CONDITION

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