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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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OMB No 1545-0052  
**2015**  
**Open to Public Inspection**

**For calendar year 2015, or tax year beginning 10-01-2015, and ending 09-30-2016**

Name of foundation RHODA & DAVID CHASE FAMILY FOUNDATION INC		<b>A Employer identification number</b> 06-1499922
Number and street (or P O box number if mail is not delivered to street address) CHASE ENTERPRISES225 ASYLUM STFL 29	Room/suite	<b>B Telephone number (see instructions)</b> (860) 549-1674
City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06103		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>H</b> 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		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 2,198,852	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

<b>Part I Analysis of Revenue and Expenses</b> <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 <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
<b>1</b>	Contributions, gifts, grants, etc., received (attach schedule)	373,342			
<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
<b>3</b>	Interest on savings and temporary cash investments	7	7		
<b>4</b>	Dividends and interest from securities	77,243	77,243		
<b>5a</b>	Gross rents				
<b>b</b>	Net rental income or (loss)				
<b>6a</b>	Net gain or (loss) from sale of assets not on line 10	420,000			
<b>b</b>	Gross sales price for all assets on line 6a	420,000			
<b>7</b>	Capital gain net income (from Part IV, line 2)		420,000		
<b>8</b>	Net short-term capital gain				
<b>9</b>	Income modifications				
<b>10a</b>	Gross sales less returns and allowances				
<b>b</b>	Less Cost of goods sold				
<b>c</b>	Gross profit or (loss) (attach schedule)				
<b>11</b>	Other income (attach schedule)				
<b>12</b>	<b>Total.</b> Add lines 1 through 11	870,592	497,250		
<b>13</b>	Compensation of officers, directors, trustees, etc	0	0		0
<b>14</b>	Other employee salaries and wages				
<b>15</b>	Pension plans, employee benefits				
<b>16a</b>	Legal fees (attach schedule)				
<b>b</b>	Accounting fees (attach schedule)	8,300	7,470		825
<b>c</b>	Other professional fees (attach schedule)				
<b>17</b>	Interest				
<b>18</b>	Taxes (attach schedule) (see instructions)	2,000	0		0
<b>19</b>	Depreciation (attach schedule) and depletion				
<b>20</b>	Occupancy				
<b>21</b>	Travel, conferences, and meetings				
<b>22</b>	Printing and publications				
<b>23</b>	Other expenses (attach schedule)	300	300		0
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	10,600	7,770		825
<b>25</b>	Contributions, gifts, grants paid	586,021			586,021
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	596,621	7,770		586,846
<b>27</b>	Subtract line 26 from line 12				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	273,971			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		489,480		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)				

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	118,925	113,000	113,000
	<b>2</b> Savings and temporary cash investments . . . . .	5,266	285,212	285,212
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,174,020	1,174,020	1,775,640
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	25,000	25,000	25,000	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,323,211	1,597,232	2,198,852	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,250	8,300	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	8,250	8,300	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	1,314,961	1,588,932	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,314,961	1,588,932		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	1,323,211	1,597,232		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b>	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) . . . . .	<b>1</b>	1,314,961
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	273,971
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,588,932
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	1,588,932

**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 D—Donation (b)	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
<b>1 a</b>	40,000 SH OF UIL HOLDINGS CORPORATION MERGER	P	2009-06-03	2015-12-17
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(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)
<b>a</b> 420,000			420,000
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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 Losses (from col (h)) (l)
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
<b>a</b>			420,000
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	420,000
<b>3</b>	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		{ }	<b>3</b>

**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	459,935	2,024,837	0.227147
2013	543,508	1,775,942	0.306039
2012	781,722	1,848,629	0.422866
2011	654,084	1,863,144	0.351065
2010	720,136	2,144,700	0.335775

<b>2</b>	Total of line 1, column (d).	<b>2</b>	1.642892
<b>3</b>	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	<b>3</b>	0.328578
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b>	2,137,190
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	702,234
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	4,895
<b>7</b>	Add lines 5 and 6.	<b>7</b>	707,129
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	586,846

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

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax based on investment income'. Total amount owed is 2,763.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'During the tax year, did the foundation attempt to influence any national, state, or local legislation?' and 'Did the foundation have at least \$5,000 in assets at any time during the year?'. Includes Yes/No columns.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> 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). . . . .	<b>11</b>		<b>No</b>
<b>12</b> 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) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ▶ <u>JOHN P REDDING</u> Telephone no ▶ <u>(860) 549-1674</u> Located at ▶ <u>CHASE ENTERP225 ASYLUM ST FL 29 HARTFORD CT</u> ZIP+4 ▶ <u>06103</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here . . . . . ▶ <input type="checkbox"/>	<b>15</b>		
<b>16</b> 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 ▶	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b> During the year did the foundation (either directly or indirectly) <b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>(2)</b> 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 <b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(5)</b> 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 <b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> 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>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b> 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"/>	<b>1c</b>		<b>No</b>
<b>2</b> 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)) <b>a</b> 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>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	<b>2b</b>		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969, <b>(2)</b> 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 <b>(3)</b> 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"/>	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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?	<b>4b</b>		<b>No</b>

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... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption... 6a Did the foundation, during the year, receive any funds... b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income...

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).

Table with 5 columns: (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, (e) Expense account, other allowances. Rows include DAVID T CHASE DECEASED, RHODA L CHASE, THERESA A KASUGA-LALIBERTE, JOHN P REDDING.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Row 1 contains NONE.

Total number of other employees paid over \$50,000. 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . **0**



**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	1,819,010
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	325,726
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	25,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	2,169,736
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	2,169,736
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	32,546
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	2,137,190
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	106,860

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	106,860
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	9,790
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	9,790
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	97,070
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	97,070
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	97,070

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	586,846
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	586,846
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	586,846

**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
<b>1</b> Distributable amount for 2015 from Part XI, line 7				97,070
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				615,059
<b>b</b> From 2011. . . . .				562,547
<b>c</b> From 2012. . . . .				690,905
<b>d</b> From 2013. . . . .				456,287
<b>e</b> From 2014. . . . .				360,081
<b>f</b> Total of lines 3a through e. . . . .	2,684,879			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>586,846</u>				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2015 distributable amount. . . . .				97,070
<b>e</b> Remaining amount distributed out of corpus	489,776			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,174,655			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .	615,059			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	2,559,596			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				562,547
<b>b</b> Excess from 2012. . . . .				690,905
<b>c</b> Excess from 2013. . . . .				456,287
<b>d</b> Excess from 2014. . . . .				360,081
<b>e</b> Excess from 2015. . . . .				489,776

Part XIV 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.

Table with columns for Tax year (2015) and Prior 3 years (2014, 2013, 2012) and a Total column. Rows correspond to lines 2a through 2e.

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) )

See Additional Data Table

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 e-mail address of the person to whom applications should be addressed

JOHN P REDDING CO CHASE ENTERPRISES
GOODWIN SQ 225 ASYLUM ST 29TH FL
HARTFORD, CT 06103
(860) 549-1674

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

NONE

c Any submission deadlines

NONE

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

NONE

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			▶ <b>3a</b>	586,021
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Fees and contracts from government agencies, Membership dues, Interest on savings, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Subtotal.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

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.

Schedule table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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? [X] No [ ] Yes

Table for 2b: If "Yes," complete the following schedule. Columns: (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.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

**Form 990PF Part XV Line 1a - 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).**

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RHODA L CHASE

**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)				
<b>a</b> <i>Paid during the year</i>				
ADOPT-A-FAMILY 1712 SECOND AVENUE NORTH LAKE WORTH, FL 334603210	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
AGUDATH ISRAEL OF AMERICA 42 BROADWAY 14TH FLOOR NEW YORK, NY 100041617	N/A	PUBLIC CHARITY	OVERSEAS PASSOVER CAMPAIGN	100
ALZHEIMER'S ASSOCIATION 200 EXECUTIVE BOULEVARD SUITE 4B SOUTHINGTON, CT 064893405	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,132
AMERICAN CANCER SOCIETY 825 BROOK ST ROCKY HILL, CT 060673405	N/A	PUBLIC CHARITY	PATIENT NAVIGATOR PROGRAM	15,000
AMERICAN FRIENDS OF MAGEN DAVID ADOM 3300 PGA BOULEVARD SUITE 970 PALM BEACH GARDENS, FL 334102888	N/A	PUBLIC CHARITY	CELEBRATION OF LIFE GALA	15,000
<b>Total . . . . .</b>				586,021

▶ **3a**



**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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD,CT 064924999	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	15,000
AMERICAN KIDNEY FUND 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE,MD 208522737	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
AMERICAN LUNG ASSOCIATION 45 ASH STREET EAST HARTFORD,CT 061083294	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,000
AMERICAN SOCIETY FOR YAD VASHEM INC 500 FIFTH AVENUE 42ND FLOOR NEW YORK,NY 101104299	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	250
ANTI-DEFAMATION LEAGUE 1952 WHITNEY AVE 3RD FLOOR HAMDEN,CT 065171206	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	3,333
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
ARTHRITIS FOUNDATION 35 COLD SPRING ROAD SUITE 411 ROCKY HILL,CT 060673405	N/A	PUBLIC CHARITY	WOMEN ON THE MOVE BREAKFAST	2,500
B'NAI B'RITH INTERNATIONAL 1120 20TH STREET NW SUITE 300 NORTH WASHINGTON,DC 200363406	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
B'NAI TIKVOH-SHOLOM 180 STILL ROAD BLOOMFIELD,CT 060022272	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	660
BLOOMFIELD ROTARY FOUNDATIONINC PO BOX 442 BLOOMFIELD,CT 060020442	N/A	PUBLIC CHARITY	SAM'S STROLLING MUSICIANS	1,500
BOYS TOWN JERUSALEM FOUNDATION OF AMERICA INC 1 PENN PLAZA SUITE 6250 NEW YORK,NY 101190002	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
CAMERA PO BOX 35040 BOSTON, MA 021350001	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
CHRISTOPHER & DANA REEVE FOUNDATION 636 MORRIS TURNPIKESUITE 3A SHORT HILLS, NJ 070782608	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	55
CONGREGATION BETH ISRAEL 701 FARMINGTON AVE WEST HARTFORD, CT 061191799	N/A	PUBLIC CHARITY	SISTER TORAH CIRCLE	180
CONGREGATION BETH ISRAEL 701 FARMINGTON AVE WEST HARTFORD, CT 061191799	N/A	PUBLIC CHARITY	LIFELONG LEARNING	250
CONGREGATION BETH ISRAEL 701 FARMINGTON AVE WEST HARTFORD, CT 061191799	N/A	PUBLIC CHARITY	HIGH HOLIDAY FUNDRAISING	1,800
<b>Total . . . . .</b>				586,021

**▶ 3a**

**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)				
<b>a</b> <i>Paid during the year</i>				
CONGREGATION BETH ISRAEL 701 FARMINGTON AVE WEST HARTFORD,CT 061191799	N/A	PUBLIC CHARITY	YISKOR MEMORIAL FUND	4,680
CONGREGATION BETH ISRAEL 701 FARMINGTON AVE WEST HARTFORD,CT 061191799	N/A	PUBLIC CHARITY	RABBI DISCRETIONARY FUND	325
CONNECTICUT APPLESEED 25 DUDLEY ROAD WILTON,CT 068973508	N/A	PUBLIC CHARITY	EVENT TO HONOR CHARLES KLIPPEL	834
CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD,CT 061063322	N/A	PUBLIC CHARITY	ACES FOR KIDS	500
CONNECTICUT PUBLIC BROADCASTING NETWORK 1049 ASYLUM AVENUE HARTFORD,CT 061052432	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
ONE HARTFORD SQUARE CWEALF WESTSUITE 1-300 HARTFORD,CT 061061983	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD SUITE 200 BETHESDA,MD 208145200	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	25,000
DANA-FARBER CANCER INSTITUTE 220 SUNRISE AVENUE SUITE 204 PALM BEACH,FL 334803803	N/A	PUBLIC CHARITY	25TH ANNIVERSARY DISCOVERY CELEBRATION	10,000
DOROT 171 WEST 85TH STREET NEW YORK,NY 100244400	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	36
FLAME PO BOX 590359 SAN FRANCISCO,CA 941590359	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
FLORENCE GRISWOLD MUSEUM 96 LYME STREET OLD LYME,CT 063711426	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
FOODSHARE 450 WOODLAND AVENUE BLOOMFIELD,CT 060021342	N/A	PUBLIC CHARITY	CONGREGATION BETH ISRAEL ANNUAL FOOD DRIVE	1,000
FOODSHARE 450 WOODLAND AVENUE BLOOMFIELD,CT 060021342	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	92
FOUNDATION FOR THE ADVANCEMENT OF CATHOLIC SCHOOLS 467 BLOOMFIELD AVENUE BLOOMFIELD,CT 060022903	N/A	PUBLIC CHARITY	FACS 2015 ANNUAL APPEAL	5,000
FOUNDATION FOR WEST HARTFORD PUBLIC SCHOOLS 50 SOUTH MAIN STREET 420 WEST HARTFORD,CT 061072485	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF ISRAEL DISABLED VETERANS INC 1133 BROADWAY SUITE 232 NEW YORK, NY 100108134	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	180
FRIENDS OF THE ISRAEL DEFENSE FORCES 7700 CONGRESS AVENUE SUITE 3207 BOCA RATON, FL 334871358	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,000
HADASSAH 40 WALL STREET NEW YORK, NY 100051304	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,000
HARTFORD ART SCHOOL INC 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171545	N/A	PUBLIC CHARITY	SANDRA CHASE ILLUSTRATION SCHOLARSHIP	500
HARTFORD POLICE UNION PO BOX 232 HARTFORD, CT 061010232	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
HARTFORD SYMPHONY ORCHESTRA 166 CAPITOL AVENUE HARTFORD,CT 061061621	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	5,000
HILL-STEAD MUSEUM 35 MOUNTAIN ROAD FARMINGTON,CT 060322372	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
HOUSE OF BREAD 1453 MAIN STREET HARTFORD,CT 061202726	N/A	PUBLIC CHARITY	HUNGER BANQUET	500
INTERNATIONAL SOCIETY OF PALM BEACH 44 COCOANUT ROW M-207C PALM BEACH,FL 334804069	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	25,000
ISRAEL CANCER ASSOCIATION USA 2751 S DIXIE HIGHWAY SUITE 3A WEST PALM BEACH,FL 334051233	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,000
<b>Total . . . . . ▶ 3a</b>				586,021



**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)				
<b>a</b> <i>Paid during the year</i>				
ISRAEL CANCER RESEARCH FUND 295 MADISON AVENUE SUITE 1030 NEW YORK, NY 100177754	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	236
ISRAEL SPECIAL KIDS FUND 505 EIGHTH AVENUE NEW YORK, NY 100186505	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 061171500	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	105,000
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 100215003	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	180
JOSLIN DIABETES CENTER ONE JOSLIN PLACE BOSTON, MA 022155306	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . .</b>				586,021

**▶ 3a**

**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)				
<b>a</b> <i>Paid during the year</i>				
JUDY DWORIN PERFORMANCE PROJECT 233 PEARL STREET HARTFORD,CT 061032109	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
JUVENILE DIABETES RESEARCH FOUNDATION 20 BATTERSON PARK ROAD 3RD FLOOR FARMINGTON,CT 060324502	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	3,333
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK,NY 100041703	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	25,000
LEUKEMIA & LYMPHOMA SOCIETY 3 LANDMARK SQUARE SUITE 330 STAMFORD,CT 069012501	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	15,000
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 208711952	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	45
<b>Total . . . . . ▶ 3a</b>				586,021

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

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
MAKE-A-WISH FOUNDATION PO BOX 97104 WASHINGTON,DC 200907104	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK,NY 100656007	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,000
MISHKAN ISRAEL DAY CAMP 77 MT PLEASANT DRIVE TRUMBULL,CT 066113424	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	180
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE 820A PROSPECT HILL ROAD WINDSOR,CT 060951559	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,667
NATIONAL GLAUCOMA RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 208712005	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	50
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL JEWISH HEALTH PO BOX 5898 DENVER, CO 802179171	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	N/A	PUBLIC CHARITY	THE ART PARTY OF THE YEAR	3,333
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,000
NEW YORK-PRESBYTERIAN HOSPITAL 654 WEST 170TH STREET NEW YORK, NY 100323501	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	250
PALM BEACH ROUND TABLE 44 COCOANUT ROW SUITE T-12 PALM BEACH, FL 334804069	N/A	PUBLIC CHARITY	PALM BEACH ROUND TABLE SCHOLARSHIP PROGRAM	10,000
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
PAN-MASS CHALLENGE - JIMMY FUND 77 4TH AVENUE NEEDHAM, MA 024942704	N/A	PUBLIC CHARITY	ANNUAL BIKE-A-THON	500
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE SUITE 200 MANHATTAN BEACH, CA 902663721	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
RABBI EMERITUS DISCRETIONARY FUND 15 LEWIS STREET HARTFORD, CT 061032502	N/A	PUBLIC CHARITY	PUBLISHING OF THE BOOK "THE SABBATH"	1,000
RABBINICAL COLLEGE OF AMERICA PO BOX 1996 MORRISTOWN, NJ 079621996	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100,000
RICHARD DAVID KANN MELANOMA FOUNDATION 2751 S DIXIE HIGHWAY-SUITE 2A WEST PALM BEACH, FL 334051233	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	5,000
<b>Total . . . . .</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
SMITHSONIAN INSTITUTION PO BOX 37012 MRC 712 WASHINGTON,DC 200137012	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	90
THE FIRST TEE OF CONNECTICUT 55 GOLF CLUB ROAD CROMWELL,CT 064161539	N/A	PUBLIC CHARITY	SCHOLARSHIP FUND	250
THE HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND STREET NEW BRITAIN,CT 060502016	N/A	PUBLIC CHARITY	WOLFSON PALLIATIVE CARE PROGRAM	200
THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH,FL 334804102	N/A	PUBLIC CHARITY	LIBRARY RENOVATION PROJECT	250
THE UNIVERSITY OF CONNECTICUT FOUNDATION INC 2390 ALUMNI DRIVE UNIT 3206 STORRS,CT 062693206	N/A	PUBLIC CHARITY	UCONN HEALTH CENTER ANNUAL WHITE COAT GALA	21,667
<b>Total . . . . . ▶ 3a</b>				586,021

**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)				
<b>a</b> <i>Paid during the year</i>				
THE UNIVERSITY OF CONNECTICUT FOUNDATION INC 2390 ALUMNI DRIVE UNIT 3206 STORRS,CT 062693206	N/A	PUBLIC CHARITY	NEAG COMPREHENSIVE CANCER CENTER FUND	10,000
THE UNIVERSITY OF CONNECTICUT FOUNDATION INC 2390 ALUMNI DRIVE UNIT 3206 STORRS,CT 062693206	N/A	PUBLIC CHARITY	STETHOSCOPE PROGRAM	1,200
TODD S GREENBERG CHARITABLE FOUNDATION 5 OLD WINDSOR ROAD BLOOMFIELD,CT 060021311	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,000
TRI-COUNTY ANIMAL RESCUE 21287 BOCA RIO ROAD BOCA RATON,FL 334332203	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,000
UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK,NY 100176778	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	180
<b>Total . . . . .</b>				586,021

**▶ 3a**

**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)				
<b>a</b> <i>Paid during the year</i>				
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON,DC 200242126	N/A	PUBLIC CHARITY	THE DAVID AND FELA SHAPELL FAMILY COLLECTIONS AND CONSERVATION CENTER	75,000
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON,DC 200242126	N/A	PUBLIC CHARITY	UNRESRICTED PURPOSE	1,000
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON,DC 200242126	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	1,667
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD,CT 061067361	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	10,000
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD,CT 061171545	N/A	PUBLIC CHARITY	THE INSTITUTE FOR TRANSLATIONAL RESEARCH ENDOWMENT FUND	500
<b>Total . . . . .</b> ▶ <b>3a</b>				586,021



**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)				
<b>a</b> <i>Paid during the year</i>				
WORLD JEWISH CONGRESS 501 MADISON AVENUE NEW YORK, NY 100225602	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	36
YESHIVA ACADEMY 1148 CONVERSE STREET LONGMEADOW, MA 011061787	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	500
ZIONIST ORGANIZATION OF AMERICA 4 EAST 34TH STREET NEW YORK, NY 100164333	N/A	PUBLIC CHARITY	UNRESTRICTED PURPOSE	100
<b>Total . . . . .</b>				<b>▶ 3a</b> 586,021

**TY 2015 Accounting Fees Schedule**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC

**EIN:** 06-1499922

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
RETURN PREPARATION FEES	8,300	7,470		825

**TY 2015 General Explanation Attachment**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC  
**EIN:** 06-1499922

Identifier	Return Reference	Explanation
	FORM 990-PF - STATEMENT PURSUANT TO 1 368-3(B)	STATEMENT PURSUANT TO 1 368-3(B) BY RHODA & DAVID CHASE FAMILY FOUNDATION, INC, EMPLOYER IDENTIFICATION NUMBER 06-1499922, A SIGNIFICANT HOLDER(1) NAMES AND EMPLOYER IDENTIFICATION NUMBERS OF ALL OF THE PARTIES TO THE REORGANIZATION TARGET CORPORATION STOCK SURRENDERED UIL HOLDINGS CORPORATION, EMPLOYER IDENTIFICATION NUMBER 06-1541045 COMBINED COMPANY STOCK RECEIVED AVANGRID, INC, EMPLOYER IDENTIFICATION NUMBER 14-1798693 MERGER SUB GREEN MERGER SUB, INC (A WHOLLY OWNED SUBSIDIARY OF AVANGRID, INC)(2) DATE OF THE REORGANIZATION DECEMBER 16, 2015(3) FAIR MARKET VALUE, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF ALL THE STOCK OF THE TARGET CORPORATION THAT WAS TRANSFERRED IN THE TRANSACTION 2,004,000 BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, IN THE STOCK OF THE TARGET CORPORATION 1,074,020

**TY 2015 Investments Corporate Stock Schedule**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC

**EIN:** 06-1499922

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
UIL HOLDINGS CORPORATION	0	0
HSBC HOLDINGS PLC	100,000	104,440
AVANGRID, INC	1,074,020	1,671,200

**TY 2015 Other Assets Schedule**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC

**EIN:** 06-1499922

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM RABBINICAL COLLEGE OF AMERICA	25,000	25,000	25,000

**TY 2015 Other Expenses Schedule**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC

**EIN:** 06-1499922

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT RELATED FEES	300	300		0

**TY 2015 Taxes Schedule**

**Name:** RHODA & DAVID CHASE FAMILY  
FOUNDATION INC

**EIN:** 06-1499922

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	2,000	0		0

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

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

2015

Name of the organization RHODA & DAVID CHASE FAMILY FOUNDATION INC

Employer identification number 06-1499922

Organization type (check one)

Filers of:

Section:

- Form 990 or 990-EZ [ ] 501(c)( ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [x] 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

- [x] 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 33 1/3% 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**  
 RHODA & DAVID CHASE FAMILY  
 FOUNDATION INC

**Employer identification number**  
 06-1499922

<b>Part I Contributors</b> (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	DAVID T CHASE	\$ 158,250	Person <input checked="" type="checkbox"/>
	C/O CHASE ENTERPRISES GOODWIN SQ 22		Payroll <input type="checkbox"/>
	HARTFORD, CT 06103		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	ONE FORDHAM PLAZA LLC	\$ 115,000	Person <input checked="" type="checkbox"/>
	C/O CHASE ENTERPRISES GOODWIN SQ 22		Payroll <input type="checkbox"/>
	HARTFORD, CT 06103		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	RHODA L CHASE	\$ 100,092	Person <input checked="" type="checkbox"/>
	C/O CHASE ENTERPRISES GOODWIN SQ 22		Payroll <input type="checkbox"/>
	HARTFORD, CT 06103		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> RHODA & DAVID CHASE FAMILY FOUNDATION INC	<b>Employer identification number</b> 06-1499922
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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> RHODA & DAVID CHASE FAMILY FOUNDATION INC	<b>Employer identification number</b> 06-1499922
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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	
_____		_____	
---		_____	