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EXTENDED TO NOVEMBER 15, 2017

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions at www.lrs.gov/form990pf. Form **990-PF** Deparament of the Treasury Internal Revenue Service

OMB No 1545-0052

Forc	alen	dar year 2016 or tax year beginning		, and ending		
Nam	ne of	foundation	A Employer identification number			
C	HU:	ZA FOUNDATION			06-1517579	
Num	ber ar	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
3:	<u>17</u>	HOLLOW TREE RIDGE ROAD			(203)977-7	000
. ,		own, state or province, country, and ZIP or foreign p IEN, CT 06820	ostal code		C if exemption application is pe	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach cor	eting the 85% test,
		Address change	Name change		1	-
H C		type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	empt private toundation Other taxable private found:	ation	E If private foundation statunder section 507(b)(1)	
L Fa		rket value of all assets at end of year J Accounti		Accrual	1 ''''	• •
		· I	ther (specify)	Accidai	F If the foundation is in a 6 under section 507(b)(1)	
(//\		211,803. (Part I, colu	mn (d) must be on cash i	basis.)	under 5555511 557 (2)(1)	(2), 4
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	ıncome	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	44,052.		,	* * .
	2	Check Inf the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	1.	1.		STATEMENT 1
	4	Dividends and interest from securities	13,714.	13,714	13,714.	STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				*
<u>o</u>		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	<9,755.	<u> </u>		*
e e	b	Gross sales price for all assets on line 6a 63,461.				
Revenue	7	Capital gain net income (from Part IV, line 2)		0		
-	8	Net short-term capital gain			N/A	· · · · · · · · · · · · · · · · · · ·
	9	Income modifications Gross sales less returns		· · · · · · · · · · · · · · · · · · ·		
1		and allowances		ļ	·	'
		Less Cost of goods sold				-
		Gross profit or (loss) Other income	-		 	
	12	Total. Add lines 1 through 11	48,012.	13,715	. 13,715.	
		Compensation of officers, directors, trustees, etc	0.	0		0
	14	Other employee salaries and wages			1	
		Pension plans, employee benefits				
ses		Legal fees				
Expense	ь	Accounting fees STMT 3	1,400.	0	. 0.	0
Exp		Other professional fees				
<u>A</u>	17	Interest			EDI	
크에에 Wanstrative and Administrative	18	Taxes . STMT 4	293.	0.000	0.	0
© E	19	Depreciation and depletion		S AUG A 7	42	
X	20			NOO WOX	41/ 9	
€₹	21	Travel, conferences, and meetings	150			ļ
mã.		Printing and publications	150		17 B 0.	0
رية. ا		Other expenses STMT 5	172.	0	0.	0
rat	24	Total operating and administrative	2 015		.] o.	0
Cirit∀ Operati		expenses. Add lines 13 through 23	2,015.	0	•	83,160
, °		Contributions, gifts, grants paid	83,160.		 	03,100
<i>о</i>	26	Total expenses and disbursements.	85,175.	0	. 0.	83,160
	07	Add lines 24 and 25	05,175.		· 	03,100
ده ۱۵ 		Subtract line 26 from line 12:	<37,163.			
J		Excess of revenue over expenses and disbursements	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13,715		
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		13,,15	13,715.	
		-23-16 LHA For Paperwork Reduction Act Notice	re see instructions			Form 990-PF (2016

Form 990-PF (2016) CHUZA FOUNDATION 06-1517579 Page 2

F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
	=	Colorin Should be for end-dr-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	6,298.	33,191	. 33,191.
	3	Accounts receivable			
	l	Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			<u> </u>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons	ļ.		1
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ŗ		Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 6	242,668.	178,612	. 178,612.
	1	Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
					
	12	Less accumulated depreciation Investments - mortgage loans			
		Investments - other			
					
	'"	Land, buildings, and equipment basis		······································	
		Less accumulated depreciation	···		
	ı	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	240 066	011 000	211 002
	 -	instructions. Also, see page 1, item I)	248,966.	211,803	. 211,803.
		Accounts payable and accrued expenses			_
		Grants payable			_
es		Deferred revenue			_
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			_] ;
	1		1		
	23	Total liabilities (add lines 17 through 22)	0.	0	<u>.</u>
	1	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted	\		1
<u>a</u>	25	Temporarily restricted			7
	26	Permanently restricted			7
2	ŀ	Foundations that do not follow SFAS 117, check here			7
Net Assets or Fund	l	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0	.]
žė,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.1	0	1
Asi	29	Retained earnings, accumulated income, endowment, or other funds	248,966.	211,803	1
ē	30	Total net assets or fund balances	248,966.	211,803]
Z	"		210,300.	211,003	7
	31	Total liabilities and net assets/fund balances	248,966.	211,803	
=				211,003	•
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		at agree with end-of-year figure reported on prior year's return)		1	248,966.
		amount from Part I, line 27a			
		r increases not included in line 2 (itemize)		2	
		· · · · · · · · · · · · · · · · · · ·			224 222
		lines 1, 2, and 3		<u> 4</u>	
		eases not included in line 2 (itemize)	l (b) 1 00	5	
6	ı otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (b), line 30	6	
					Form 990-PF (2016)

623511 11-23-16

Partily Capital Gains	and Lo	osses for Tax on In	vestment	Income				<u>`</u>		<u> </u>
(a) List and descr 2-story brick wa	ibe the k rehouse;	ind(s) of property sold (e.g. or common stock, 200 shs	., real estate, MLC Co.)		(6) F	low ac - Purc - Dona	cquired hase ation	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
1a 3000 SHS BANK AMERICA CORP						P	05/2	7/15	04/08/16	
ь 1799.856 SHS Т	ROW	E GLOBAL TEC	HNOLOG	Y			P	VARI	OUS	07/12/16
<u>c</u>										
<u>d</u>					<u> </u>					<u> </u>
_ e	/6	Depreciation allowed	(a) Co.	at ar ather bears	┖			(b) C	ain or (loss	<u> </u>
(e) Gross sales price	(1)	(or allowable)		st or other basis xpense of sale	1				aili oi (iuss s (f) minus i	
a 38,507.				50,22	0.					<11,713.
ь 24,954.				22,99						1,958.
С										
<u>d</u>										· · · · · · · · · · · · · · · · · · ·
e Complete and for acceptant			1 - fad-h	40.004.00						
Complete only for assets showin									ol. (h) gaın ot less tha	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses	(from col. ((h))
a										<11,713.
b										1,958.
С										
d										
<u>e</u>										
2 Capital gain net income or (net ca	pıtal loss	If gain, also enter If (loss), enter -0-			}[2				<9,755.
3 Net short-term capital gain or (los	s) as def	ined in sections 1222(5) an	d (6):						_	
If gain, also enter in Part I, line 8,	column (c).			1		Ì			.44 540
If (loss), enter -0- in Part I, line 8 [PartV Qualification U	ndor 3	Section 4040/ol for	Doduood	Toy on Not	122	3	oont Inc			<11,713.
(For optional use by domestic private							ilent inc	Oine		
		•	1340(a) tax on	Her Hivesulient III	CUINE	-,				
If section 4940(d)(2) applies, leave th	is part b	lank.								
Was the foundation liable for the sect	ion 4942	tax on the distributable am	ount of any ye	ar in the base per	od?					Yes X No
If "Yes," the foundation does not quali										
1 Enter the appropriate amount in e	ach colu		istructions be	fore making any ei						78
(a) Base period years Calendar year (or tax year beginnir	ıg ın)	(b) Adjusted qualifying dist		Net value of no	(c) nchar	ıtable-			Distrit (col. (b) div	(d) oution ratio rided by col. (c))
2015			2,268.				1,282			.571716
2014			1,091.				2,059			.432275
2013		10	0,377. 0,340.				1,711 8,677			.427727
2012			$\frac{0,340}{4,974}$				$\frac{8,877}{0,801}$.158164
2011		<u>~</u>	3,7,30				0,001	+		•130104
2 Total of line 1, column (d)								2		1.722819
3 Average distribution ratio for the 5	-year ba				of yea	ars	•			
the foundation has been in existen	ce if less	than 5 years						3		.344564
A Fate-the colored at a 1 to 1	•									240 924
4 Enter the net value of noncharitable	e-use as	sets for 2016 from Part X, I	line 5					4		340,834.
5 Multiply line 4 by line 3	••							5		117,439.
6 Enter 1% of net investment incom	e (1% of	Part L line 27b)						6		137.
	,	,	•		•	••	••			
7 Add lines 5 and 6							• •	7		117,576.
8 Enter qualifying distributions from	Part XII,	, line 4						8		83,160.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, cl	neck the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax ı	rate.			
623521 11-23-16									<u>-</u>	orm 990-PF (2016)

Form 990-PF (2016) CHUZA FOUNDATION Part VI Excise Tax Based Control of the Cont	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or Date of ruling or determination letter: b Domestic foundations that meet the section 4940(c) (attach copy of letter if peccess.)	
Date of ruling or determination letter: b Domestic foundations that meet the section 4940(a). (attach copy of letter if passes.)	06-1517570
Date of ruling or determination letter.	1 4948 - See inch
of Part I, line 27b (attach copy of letter if necessary-see instructions)	Gee Instructions)
Of Part [line 27h	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 3 Add lines 1 and 2	1
lax under section 511 (domestic section 40 and 10 leaves of the section 511)	274.
Add lines 1 and 2 Add lines 1 and 2 Add lines 1 and 2	
Obbille A (Income) tay (do-	2
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 2016 estimated to a subtract line 4 from line 3. If zero or less, enter -0-	0.
6 Credits/Payments: Come Subtract line 4 from line 3. If zero or less enter 0	274
a 2016 estimated tax naumont	
a 2016 estimated tax payments and 2015 overpayment credited to 2016 Exempt foreign organizations - tax withheld at source Tax paid with application for each	5 274.
at Source	
d Backup withholding erroneously withheld 7 Total credits and page and page at the second se	
10tal Credits and now	,
8 Enter any penalty for under	1
9 Tax due, if the total of incomparison of estimated tax, Check here	
10 Overpayment If line 7 and 8 is more than line 7, enter amount of Form 2220 is attached	7 0.
11 Enter the amount of lines 5 and 8 and 8	8
10 Overpayment. If line 7 is more than line 7, enter amount owed 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	9 274.
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 participate or intervene in if the answer is "You" in the state of	10
any political comment of influence any and the foundation attempt to influence attempt to influence and the foundation attempt to influence attempt to influence and the foundation attempt to influence attempt to influence and the foundation attempt to influence attempt att	11
b Did it spand many its analysis and the spand many is a span and its analysis analysis and its analysis ana	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material. C Did the foundation in connection with the activities.	Yes No
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published description of the activities and copies of any materials published the foundation in connection with the activities	1a Y
t. Did the foundation in connection with the	1a X
c Did the foundation file Form 1120-POL for this year?	or 1b X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: e Enter the reimbursement (if any)	-
5 Section 4955) imposed during the year	
2) On foundation managers	1c X
inallagers. • \$ 0.	1 1 1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation Has the foundation engaged in any activities that have not previously been reported to the IRS? Has the foundation made acrivities.	1 1 1 1
Has the foundation made any changes not	
Has the foundation made any changes, not previously reported to the IRS? bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes b If "Yes," has it filed a tay return as "B".	2 X
48 Did the foundation have unrelated business, " attach a conformed copy of the above the strument, articles of incorporation or	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, description.	
5 Was there a liquidation, termination of this year?	. 3 X
If "Yes " attach the dissolution, of substantial continue and the dissolution of substantial continue and the	4a X
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By state legislation that affortively.	/A 4b A
Dy latinitiana in the annual of the second o	5 X
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law Did the foundation have at least \$5,000 in assets at any time during the way 2.	
remain in the government of the covery amends the government of the covery	1 1 1 1
7 Did the foundation have set to the foundation	
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 CT	
8a Enter the states to which it is	6 X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) b if the answer is "Yes" to line 7, booth.	7 X A
b If the answer is "You" A	
of each state as seen of the foundation furnished a constant	
9 Is the foundation at the Attorney General Instruction G2 If "No I at the Attorney General (or do	-
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 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 10 Did any persons become substantial contributors during the tay year?	-
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	8b X
any persons become substantial contributors during the substantial	. 8b X
Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	
streamer listing their names and addresses	9 X
	10 X
	Form 990-PF (2016)

Pa	irt 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 meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	l	_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13]	<u>X</u>
	Website address ► N/A			
14	The books are in care of ▶ DAVID M. MACE Telephone no.▶ (203)		<u>700</u>	0
	Located at ► 317 HOLLOW TREE RIDGE ROAD, DARIEN, CT ZIP+4 ►06	820		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			ليا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1	1	
<u> </u>	foreign country	<u></u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1-	Vaal	Na
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	Yes	No
18	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	,		į
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016?			. {
	If "Yes," list the years ▶,			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	-		
		2b		
Ü	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	Ì		
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
Ju	during the year?	ì		
h	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	1)
,	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	1		
	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,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		'
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
		rm 99 0)-PF	(2016)

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Fo	rm	990	-PF	(201	6)

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

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Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	nter "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 .		D 0
Partix Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st	atistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers p	produced, etc.	Expenses
1 MAKING CONTRIBUTIONS TO PUBLICLY SUPPORTED		
CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERAR		02 160
ORGANIZATIONS WHICH ASSIST PEOPLE IN IMPRO	VING THEIR LIVES.	83,160.
2		<u> </u>
		1
3		
4	···	
		1
PartIX:B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1N/A		
<u> </u>		
2		1
		1
All other program-related investments. See instructions.		· · · · · · · · · · · · · · · · · · ·
3		
		1
		4

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	330,048.
	Average of monthly cash balances	1b	15,976.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	346,024.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le l		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	346,024.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,190.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	340,834.
6	Minimum investment return. Enter 5% of line 5	6	17,042.
Ť	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		
ـــا	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	17,042.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	274.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,768.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	16,768.
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	16,768.
P	art XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	83,160.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	83,160.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	83,160.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	aualifies for t	he section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
4.6.1.111	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7				16,768.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
 ', 		0.		
3 Excess distributions carryover, if any, to 2016:				
aFrom 2011 44,556.				
bFrom 2012 31,599.				
cFrom 2013 159,777.				
dFrom 2014 172,906.				
eFrom 2015 194,278.				
f Total of lines 3a through e	603,116.			*
4 Qualifying distributions for 2016 from			**	
Part XII, line 4: ▶\$83,160.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		
(Election required - see instructions)	0.			
dApplied to 2016 distributable amount	<u> </u>			16,768.
e Remaining amount distributed out of corpus	66,392.	· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below;				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	669,508.			
b Prior years' undistributed income. Subtract	003/3001		·	
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line		<u> </u>		
4a from line 2a. Taxable amount - see instr.	1		0.	
f Undistributed income for 2016. Subtract		<u></u>	U •	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				•
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	İ			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	AA 556			
not applied on line 5 or line 7	44,556.		·	
9 Excess distributions carryover to 2017.	624 050			
Subtract lines 7 and 8 from line 6a	624,952.			
0 Analysis of line 9:				
a Excess from 2012 31,599.				
b Excess from 2013 159,777.				
c Excess from 2014 172, 906.	ł			
d Excess from 2015 194, 278.				
e Excess from 2016 66,392.				5 000 PF (0040)

1 à If the foundation has received a ruling or o	undations (see in determination letter tha			N/A	
foundation, and the ruling is effective for 2			▶		
b Check box to indicate whether the foundat	tion is a private operati	ng foundation described	in section	4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	Ţ	Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			 		
each year listed					
b 85% of line 2a				 	
c Qualifying distributions from Part XII,		 	 	 	
line 4 for each year listed					
d Amounts included in line 2c not			 	 	
used directly for active conduct of					1
exempt activities		 		 	
e Qualifying distributions made directly					
for active conduct of exempt activities.			1]	•
Subtract line 2d from line 2c					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			<u> </u>		
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		1	1	1	1
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 Infor	mation (Comple	ete this part only	if the foundation	had \$5,000 or mo	ore in asset
at any time during th	e year-see inst	ructions.)			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed mo	have contributed more		tributions received by the	foundation before the clos	se of any tax
AVID M. MACE					
b List any managers of the foundation who other entity) of which the foundation has a			(or an equally large porte	on of the ownership of a pa	artnership or
ONE					
Information Regarding Contribution Check here ► X if the foundation on the foundation makes gifts, grants, etc. (s	y makes contributions	to preselected charitable	organizations and does r		
	 				
		and person to whom app	nocaono onodio de addica		
a The name, address, and telephone number					
					
		ation and materials they s	should include:		
a The name, address, and telephone number		ation and materials they s	should include:		
a The name, address, and telephone number b The form in which applications should be	submitted and informa			other factors:	
a The name, address, and telephone number b The form in which applications should be c Any submission deadlines:	submitted and informa			other factors:	Form 990-PF

PartXV Supplementary Information				
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
	Ì	ļ		
AMEC			UNRESTRICTED	
C/O 317 HOLLOW TREE RIDGE ROAD			CHARITABLE USE	
DARIEN, CT 06820		<u> </u>	.	1,000.
	İ			
AMHERST ALUMNI FUND		1	UNRESTRICTED	
P.O. BOX 5000			CHARITABLE USE	
AMHERST, MA 01002	ļ		 	500.
AT HOME IN DARIEN				
2 RENSHAW ROAD				
DARIEN, CT 06820			UNRESTRICTED CHARITABLE USE	100.
	-			
DIVID MODIFICAN COLLEGE ALLEGE			The same same	
BLUE MOUNTAIN COLLEGE ALUMNI 201 WEST MAIN			UNRESTRICTED CHARITABLE USE	
BLUE MOUNTAIN, MS 38610		!		500.
CHANNEL THIRTEEN			UNRESTRICTED	
450 WEST 33RD STREET			CHARITABLE USE	
NEW YORK, NY 10001	<u> </u>		_l	200.
	TINUATION SHEE	er(s)	> 3a	83,160.
b Approved for future payment				
NONE				
		ļ		
	 	 		
		1		
Total .		1		0.
				000 DE (0040)

Form 990-PF (2016) CHUZA FOUNDATIO	N	·		06-	1517579 Page 12
Part XVI-A Analysis of Income-Produc	ing Activit	ies			
Enter gross amounts unless otherwise indicated.		business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3. Interest on savings and temporary cash					
investments					1.
4 Dividends and interest from securities					13,714.
5 Net rental income or (loss) from real estate;	4.7.数域创发	visit of a second poster	推合的	6.米.pr/// 第 本标题中的	生工作的 机砂糖等效性
a Debt-financed property .					
b Not debt-financed property					
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income	1				
8 Gain or (loss) from sales of assets other		-	Ì		
than inventory					<9,755.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
a					
b					
C					
d					
e			ļ		
12 Subtotal. Add columns (b), (d), and (e)	J. Markey St.	0.	* *	. 0.	
13 Total. Add line 12, columns (b), (d), and (e)		•			3,960.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	xemi	ot Purposes	
Line No. Explain below how each activity for which income			A contr	ibuted importantly to the acco	mplishment of
the foundation's exempt purposes (other than			TT TD #T	DED C. COMPONENT	nen.
3,4, INCOME DERIVED FROM THE					
8 SIGNIFICANTLY TO THE FU	JNDS AV.	ALLABLE TO A	<u> 1000</u>	MPLISH THE PO	JUNDATION 5
EXEMPT PURPOSE.					
		·			
					
					

Form **990-PF** (2016)

623621 11-23-16

Part XVII	Information Re Exempt Organ		sfers To a	and Transa	ctions a	and Relations	hips With Nonch	aritable	•	
1 Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any othe	r organizatio	n described in sect	ion 501(c) of	i i	Yes	No
	(other than section 501(c)				-			4. 1,		3
	from the reporting founds			- •	•					
(1) Cash				_				1a(1)		X
(2) Other			• • • •		• •			1a(2)		X
b Other tran	sactions:				- ••					
(1) Sales	of assets to a noncharital	ble exempt organiza	ation					1b(1)		X
(2) Purci	hases of assets from a noi	ncharitable exempt	organization		•			1b(2)		X
(3) Renta	al of facilities, equipment, (or other assets			•			1b(3)		X
(4) Reim	bursement arrangements				• ••			1b(4)		X
(5) Loan	s or loan guarantees	••		••	• ••			1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundra		ons				1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees				1c		X
	wer to any of the above is				b) should ah	ways show the fair i	market value of the good	s, other ass	ets,	
or service	s given by the reporting fo	oundation. If the foi	undation receiv	ed less than fail						
(a)Line no	(b) Amount involved			e exempt organ	ration	(d) December		nd showing or		
(a)cine no	(b) Amount involved	(c) Name (N/A	e exempt organi	Zalivii	(u) Description	n of transfers, transactions, a	no snamng ar	rangeme	ents
			N/A							
										
						+				
		<u> </u>					 			
						- 				
						 				
		<u> </u>				 				
		 								
		 			-	 				
		 								
		 								
										
								 		
ın section	ndation directly or indirect 501(c) of the Code (other	r than section 501(empt organi	zations described		Yes	X] No
b if "Yes," co	omplete the following school			(h) Tupo of o		· · · · · · · · · · · · · · · · · · ·	(c) Description of relation	nohin		
	. , ,	Jamzauon		(b) Type of o	rganization		(c) Description of relation	nisnip		
	N/A					···-				
				ļ						
				<u> </u>						
Liberter	penalties of perjury.) declare	that I have examined 4	he return unclude	200000000000000000000000000000000000000	cobodulas as d	statements and to the	heet of my knowledge			
	elief, it is true, correct and con						r has any knowledge	May the IRS return with th	e prepar	er
Here	/ /	1 /2		17/	31/17	PRESI		shown below] No
Sian	ature of officer or trustee	- A FINA		Date	'////	Title		LAL TES		7 140
	Print/Type preparer's na		Preparer's s			Date	Check if PTI	N		
	, , , , , , , , , , , , , , , , , ,	ΛV					self- employed			
Paid	s. COOPERB	ERG CPA	k. coo	PERBERO	ב מס	07/12/17	' ' 1	00447	750	
Preparer	Firm's name ► TOD				CFA	01/12/11	Firm's EIN ▶ 11-			
Use Only	THINIS HAME PIOD.	THE & COL					THE TT-	J J J Z U	± J	
Jing	Firm's address ▶ 40	በ ውርሞ እነ	TENTIE:	द्वारणच् ४	205		 			
		STBURY, 1			200		Phone no. 516-	007-3	222	
	I WE	OIDORI, 1	41 1133				TEHOUS HO. SIG-	Form 99		

3 Grants and Contributions Paid During the				Γ
Recipient	If recipient is an individual,		T	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Tallio and 2001000 (fighter of 20011000)	or substantial contributor	recipient		
CHRISTIAN MISSION TO GAZA			UNRESTRICTED	
C/O 317 HOLLOW TREE RIDGE ROAD			CHARITABLE USE	2 000
DARIEN, CT 06820				2,000.
CRU			UNRESTRICTED	1
100 LAKE HART DRIVE, DEPT. 2800			CHARITABLE USE	
ORLANDO, FL 32832				300.
DARIEN COMMUNITY ASSOCIATION			UNRESTRICTED	1
274 MIDDLESEX ROAD			CHARITABLE USE	
DARIEN, CT 06820				350.
DARIEN COMMUNITY FUND			UNRESTRICTED	
30 OLD KINGS HWY S			CHARITABLE USE	
DARIEN, CT 06820				2,500.
DARIEN HISTORICAL SOCIETY			UNRESTRICTED	
45 OLD KINGS HIGHWAY NORTH			CHARITABLE USE	
DARIEN, CT 06820				100.
DARIEN LIBRARY			UNRESTRICTED	
35 LEROY AVENUE			CHARITABLE USE	200
DARIEN, CT 06820				200.
DI CHARDO ALTONAO TAG				
EL CENTRO HISPANO, INC. 346 S LEXTINGTON AVE			UNRESTRICTED CHARITABLE USE	
WHITE PLAINS, NY 10606			CHARTIABLE USE	500.
FRIENDS OF SELLECK WOODS			UNRESTRICTED	
10 HARRIETT LANE			CHARITABLE USE	
DARIEN, CT 06820			<u> </u>	50.
INSPIRICA INC			UNRESTRICTED	
C/O 317 HOLLOW TREE RIDGE ROAD			CHARITABLE USE	
DARIEN, CT 06820	-			5,000.
KIDS IN CRISIS, INC.			UNRESTRICTED	
ONE SALEM STREET			CHARITABLE USE	300.
COS COB, CT 06807 Total from continuation sheets	<u> </u>	_		80,860.
Total Holli Conunuation Sheets			<u>. </u>	

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor UNRESTRICTED LEAGUE OF WOMEN VOTERS OF DARIEN CHARITABLE USE 274 MIDDLESEX ROAD 50. DARIEN, CT 06820 NOROTON HEIGHTS FIRE DEPARTMENT UNRESTRICTED CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 50. DARIEN, CT 06820 UNRESTRICTED NOROTON PRESBYTERIAN CHURCH CHARITABLE USE 2011 POST ROAD 40,300. DARIEN, CT 06820 UNRESTRICTED OMSC CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD DARIEN, CT 06820 1,000. UNRESTRICTED PRINCETON THEOLOGICAL SEMINARY CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 1,000. DARIEN, CT 06820 UNRESTRICTED Q PLACE CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 100. DARIEN, CT 06820 UNRESTRICTED TREE CONSERVANCY OF DARIEN CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 50. DARIEN, CT 06820 UNRESTRICTED WORLD VISION CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 26,860. DARIEN, CT 06820 UNRESTRICTED WQXR RADIO CHARITABLE USE C/O 317 HOLLOW TREE RIDGE ROAD 150. DARIEN, CT 06820 Total from continuation sheets

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

Department of the Treasury Internal Revenue Service

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

2016

Name of the organization

Employer identification number

06-1517579 CHUZA FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a 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 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, chantable, 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, chantable, 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

CHUZA	FOUNDATION	06	-1517579
Part 1	Contributors (See instructions) Use duplicate copies of Part I if additional additional contributors (See instructions)	rtional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROSEMARY H MACE LIVING 2008 TRUST 317 HOLLOW TREE RIDGE RD DARIEN, CT 06820-3215	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions)

623452 10-18-16

Employer identification number

CHUZA FOUNDATION

06-1517579

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					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
	. —————————————————————————————————————	<u> </u>						
		 \$						
(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					
		<u> </u>						
ĺ		\$	· · · · · · · · · · · · · · · · · · ·					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
Faili								
		\$						
623453 10-18	B-16	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2010					

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 4						
Name of organ	nization		Employer identification number						
CHIIZA I	FOUNDATION		06-1517579						
Partill .	Exclusively religious, charitable, etc., contributor Complete c	olumns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for						
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or le	ess for the year (Enter this info once)						
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
-									
-			<u> </u>						
-		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
[-									
-									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-			-						
	(e) Transfer of gift								
ŀ	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, a	nd ZIP + 4	Relationship of transferor to transferee						
Γ-									
-	 								
-									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
-									
-		(e) Transfer of gift							
	(e) transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
-									
			Sahadula P (Farm 000, 000 F7, ar 000 PE) (2016)						

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEMI	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE	(A) REVEI PER BO	NUE NET INVESTMENT AD		(C) ADJUSTED NET INCOME	
VIA AMERIPRISE FINA	NCIAL		1.		1.
TOTAL TO PART I, LI		1.		1.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVENUE		
VIA AMERIPRISE FINANCIAL	13,714		0. 13,71	4. 13,71	4. 13,714.
TO PART I, LINE 4	13,714		0. 13,71	13,71	13,714.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
PROFESSIONAL FEES	_	1,400.	0	•	0. 0.
TO FORM 990-PF, PG	1, LN 16B	1,400.	0	•	0. 0.
FORM 990-PF		TAX	ES	STATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
OTHER TAXES	_	293.	0	•	0. 0.
TO FORM 990-PF, PG	1, LN 18	293.	0	•	0. 0.
	=				

FORM `990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL E PURPOSES	
BANK CHARGES	172.	0.	C	0.	
TO FORM 990-PF, PG 1, LN 23	172.	0.		0. 0	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
VIA AMERIPRISE FINANCIAL			178,612.	178,612	
TOTAL TO FORM 990-PF, PART I			178,612.	178,612	