Form **990-PF**

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.

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf Open to Public Inspection

_		lendar year 2016 or tax year beginning			and endi			, 20
i	Name	offoundation JAMES H & HELEN S ${ t H}$	CNIPPEN FOUNDAT	CION		1	A Employer identific	cation number
_		XX2003					36-	6964673
ı	Numb	er and street (or P O. box number if mail is not delivered	to street address)		Room/suite	e I	3 Telephone number	r (see instructions)
	10	S DEARBORN IL1-0117		86	6-888-5157			
_	City or	town, state or province, country, and ZIP or foreign pos						
	ant	GNGO TI COCO2					If exemption applicati pending, check here.	ion is
_		CAGO, IL 60603 ck all that apply Initial return	Initial return	of a former p	ublic char	·in.		. \Box
٠	Cite	Final return	Amended re	•	ablic chai	ין יי	 1 Foreign organization 2 Foreign organization 	
		Address change	Name chang				85% test, check he computation	re and attach
H	Che	ck type of organization: X Section 501(
1	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		ion		If private foundation s under section 507(b)	(1)(A), check here
l			unting method. X C	ash 💹 Acc	rual	- ,	If the foundation is in	a 60-month termination
		, 	ther (specify)				under section 507(b)	(1)(B),check here . >
			column (d) must be on ca	sh basis)				/ II D: 1
Li	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) nevenue and	(b) Net inve	stment	(c)	Adjusted net	(d) Disbursements for charitable
0		may not necessarily equal the amounts in	expenses per books	incom		,-,	income	purposes
3 –	Ι.	column (a) (see instructions))	-					(cash basis only)
•	1 2	Contributions, gifts, grants, etc. received (attach schedule). Check X if the foundation is not required to attach Sch B.						
	3	attach Sch B						
	4	Dividends and interest from securities	4,356.		4,356.			STMT 1
	5a		7,					
	b	Net rental income or (loss)						
e	6a	Net gain or (loss) from sale of assets not on line 10	866.					
evenue	ь	Gross sales price for all assets on line 6a 15,000.						
é	7	Capital gain net income (from Part IV, line 2) .	P(DSTMAR	₹1,866.		ECEMPO	
<u> </u>	8	Net short-term capital gain					000000	
	9 10a	Income modifications		AY 1 1 '9 :	77	A A	AV 4 8 1 1 5	
	h	and allowances Less Cost of goods sold .		AI X = II	7	A H	17 1 2 '17	1
		Gross profit or (loss) (attach schedule)		96	000	ر کر ا		· · · · · · · · · · · · · · · · · · ·
	11	Other income (attach schedule)		35				STMT 2
	12	Total. Add lines 1 through 11	5,343.	SERVI	野妇妇	EM3	IER	
	13	Compensation of officers, directors, trustees, etc.	3,250.		1,950.			1,300
enses	14	Other employee salaries and wages			NONE		NONE	
ē	15	Pension plans, employee benefits			NONE		NONE	
×	16a	Legal fees (attach schedule)						
ē	ь	Accounting fees (attach schedule)						
ξį	C	Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions 3 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings						
stra	17	Interest	146		140			
Ë	18	Taxes (attach schedule) (see instructions). 3.	146.		146.			
퉏	19	Depreciation (attach schedule) and depletion.						
Ă	21	Travel, conferences, and meetings	-		NONE		NONE	
and	22	Printing and publications			NONE		NONE	-
<u> </u>	23	Other expenses (attach schedule) STMT. 4	15.				NOTE	15
ıţi	24	Total operating and administrative expenses.						13
ēra	23 24 25	Add lines 13 through 23	3,411.		2,096.		NONE	1,315
o	25	Contributions, gifts, grants paid	13,581.					13,581
_	26	Total expenses and disbursements Add lines 24 and 25	16,992.		2,096.		NONE	14,896
	27	Subtract line 26 from line 12.						
	1	Excess of revenue over expenses and disbursements	-11,649.					
	t	Net investment income (if negative, enter -0-)			3,126.			
_	C	Adjusted net income (if negative, enter -0-)						

36-6964673 Form 990-PF (2016) Page 2 Attached schedules and amounts in the End of year Beginning of year Balance Sheets description column should be for end-of-year amounts only (See instructions) Part II (a) Book Value (b) Book Value (c) Fair Market Value 12,275 21,830. 12.275 Savings and temporary cash investments Accounts receivable Less allowance for doubtful accounts Pledges receivable ▶ Less allowance for doubtful accounts ▶ Grants receivable........... 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts Assets 8 9 10a Investments - U S and state government obligations (attach schedule). . **b** Investments - corporate stock (attach schedule) Investments - corporate bonds (attach schedule) Investments - land, buildings, • Less accumulated depreciation (attach schedule) 12 251,053 13 Investments - other (attach schedule) Land, buildings, and equipment basis
Less accumulated depreciation (attach schedule) 249,709 Other assets (describe > 48121A795 JPM ACCESS GRWTH FD) 266,287. 15 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 272,883 261,985 278.563 17 18 19 20 Loans from officers, directors, trustees, and other disqualified persons. . . 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶_ Total liabilities (add lines 17 through 22) NONE Foundations that follow SFAS 117, check here Balances and complete lines 24 through 26 and lines 30 and 31. 24 25 Temporarily restricted 26 Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ō 272,883. 27 Capital stock, trust principal, or current funds Assets 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds . . 272,883. 261,985 30 Net Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see

 Part III Analysis of Changes in Net Assets or Fund Balances

 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return).
 1
 272,883.

 2 Enter amount from Part I, line 27a.
 2
 -11,649.

 3 Other increases not included in line 2 (itemize) ► COST BASIS ADJUSTMENT
 3
 751.

 4 Add lines 1, 2, and 3
 4
 261,985.

 5 Decreases not included in line 2 (itemize) ►
 5

 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30
 6
 261,985.

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261.985

272,883

rm 990-PF (2016)	and Losses for Tax on Inve	estment Income	_		Page
	describe the kind(s) of property sold (e		(b) How	[43 B	/d) Data and
• • -	ck warehouse, or common stock, 200	- '	P - Purchase		(d) Date sold (mo., day, yr)
a PUBLICLY TRADED S	SECURITIES		D - Donation		
)					
j					
<u> </u>				l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
15,000.		14,134.	<u> </u>		866.
			<u> </u>		
Complete only for assets she	owing gain in column (h) and owned b	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	in minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		(k), but not less t Losses (from co	han -0-) or
					866.
			ļ		
	<u> </u>				
		in all and a Real Lines 7	 		
Capital gain net income	or (net canital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		866.
Net short-term capital da	in or (loss) as defined in sections	,	-		000.
		tructions). If (loss), enter -0 - in \mathbf{l}			
_ ~		· · · · · · · · · · · · · · · · · · ·	2		
		uced Tax on Net Investment I	ncome		
	ne section 4942 tax on the distribution of qualify under section 4940(e).	outable amount of any year in the b Do not complete this part.	ase perio	a' <u> </u>	Yes XN
	ount in each column for each yea	r; see the instructions before making	ng any en		
(a) Base period years	(b)	(c)		(d) Distribution ra	tio
endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable—use assets	 	(col (b) divided by	
2015	15,737.	300,722.	 		0.052331
2014	14,806. 14,369.	315,097. 305,091.			0.046989
2013	14,389.		 		0.047037
2011	15,195.		 -		0.049834
					<u> </u>
Total of line 1, column (2		0.245782
		le the total on line 2 by 5, or by the			
<u>-</u>	•	ss than 5 years	3		0.049156
Enter the net value of no	ncharitable-use assets for 2016 fr	rom Part X, line 5	4		<u>281,839.</u>
Multiply line 4 by line 3.			5 13,854.		
Enter 1% of net investme	ent income (1% of Part I. line 27b)				
			7		13,885.
				· · · ·	
		x in Part VI, line 1b, and complete	that par	t using a 1% ta	14,896. ix rate. See t
220 1 000				Form	990-PF (201
430 1 000	02/2017 00.56.20	XXXXX2003			5
DBC243 501G 05/	04/401/ 05:30:40	AAAAAZUUJ			,

Form 9	190-PF (2016) 36-6964673		Pa	ge 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see in	struc	tions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach_copy of letter if necessary - see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>31.</u>
	here 🕨 🗓 and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			<u>31.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u>31.</u>
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 411.			ı
Ь	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			•
d	Backup withholding erroneously withheld	-		
7	Total credits and payments. Add lines 6a through 6d		4	<u>11.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>80.</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax 380. Refunded 11			
	VII-A Statements Regarding Activities		T	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	\vdash	Yes	No.
_	participate or intervene in any political campaign?	1a		<u> X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	4.	l	v
	Instructions for the definition)?	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			,
	published or distributed by the foundation in connection with the activities.	40		~ v
	Did the foundation file Form 1120-POL for this year?	1c	+	<u> X</u>
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation (2) On foundation managers.]	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers. > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	·	X
2	If "Yes," attach a detailed description of the activities	┌╼┤		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			

4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"

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

Pari	VII-A Statements Regarding Activities (continued)			_
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)7 If "Yes," attach schedule (see instructions),	11		Х
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ JP MORGAN CHASE BANK, N.A. Telephone no. ▶ (866) 888	-515	7	
	Located at ▶ 10 S DEARBORN ST; MC; IL 1-0117, CHICAGO, IL ZIP+4 ▶ 60603			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	780		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			100
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	7	4.0	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			11/2
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		4	
	foundation agreed to make a grant to or to employ the official for a period after		72	1
	termination of government service, if terminating within 90 days.}			7.4
Ь	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	400000	X
	Organizations relying on a current notice regarding disaster assistance check here			2.
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4 -		V
_	were not corrected before the first day of the tax year beginning in 2016?	1c	S	A
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			i i
	operating foundation 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?			47.5
				17
h	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			21
	all years listed, answer "No" and attach statement - see instructions.)	2b	2000	Х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- A		
Ĭ	•			7.
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		•	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			1.00
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	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			. 0
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
	F	orm 99	O-PF	(2016

orm 9	90-PF (2016)		36-69	64673		Page 6
Par	VII-B Statements Regarding Activities	for Which Form 4	720 May Be Reg	uired (continued)		
5a	During the year did the foundation pay or incur any amo	ount to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	,	
	(2) Influence the outcome of any specific public el	ection (see section	1955); or to carry or	,		
	directly or indirectly, any voter registration drive?			, Yes X No	ا ا د	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	·	, Yes X No	•	
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described i	n	1 1	
	section 4945(d)(4)(A)? (see instructions)		•		.	
	(5) Provide for any purpose other than religious, c				1 1	1
	purposes, or for the prevention of cruelty to children				.	
ь	If any answer is "Yes" to 5a(1)(5), did any of the				n	
	Regulations section 53.4945 or in a current notice regal		•	•	1 1	
	Organizations relying on a current notice regarding disa	_			·	
^	If the answer is "Yes" to question 5a(4), does the					
·	because it maintained expenditure responsibility for the		•		.	
	If "Yes," attach the statement required by Regulations se	•		. [_].	1	1
6a	Did the foundation, during the year, receive any fu		aethi ta nau neamiii			
Va	on a personal benefit contract?	•	, , .		.	1
b	Did the foundation, during the year, pay premiums, direct			• — —	6ь	X
U	If "Yes" to 6b, file Form 8870	city of manectry, on a	personal benefit contra		. 00	 ^ -
7a	At any time during the tax year, was the foundation a pa	unter to a probability of tou	Canitan tonana ation?	Yes X No	_	
b	If "Yes," did the foundation receive any proceeds or have	· ·			- - -	
	Information About Officers, Director					
	and Contractors					
1	List all officers, directors, trustees, foundation m	anagers and their (b) Title, and average		instructions). (d) Contributions to		
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid,	employee benefit plans	(e) Expense acc other allowar	count, nces
TD MC	RGAN CHASE BANK, N.A.	TRUSTEE	enter -0-)	and deferred compensation		
	DEARBORN ST, MC; IL 1-0117, CHICAGO, IL 60603	2	3,250.	-0~		-0-
.0 0	DEFICION DI NO, ID I VIII, CITORDO, ID 00003		3,230.			
		•				
		 				
						
		•				
2	Compensation of five highest-paid employees	(other than thos	e included on lin	1 - see instruction	ons) If none	enter
	"NONE."	, , , , , , , , , , , , , , , , , , , ,				
		(b) Title, and average	13.0	(d) Contributions to employee benefit	(e) Expense acc	count
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowar	
NONE				compensation		
102111		· [-0-	-0-		-0-
	- 					
		•}				
		·				
		 		 		
		·				
[ntol	number of other employees paid over \$50,000		<u> </u>		NON	
vial	number of other employees paid over \$50,000 .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Form 990-PI	
					TOTAL STORY	(2010)

	ghest-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
ONE		
		NON
	()	37037
otal numbe	of others receiving over \$50,000 for professional services	NON
art IX-A	Summary of Direct Charitable Activities	
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1N/A		
/		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
,		
2		
All other proc	ram-related investments. See instructions.	
3NONE		
3 NONE		

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundations,	
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	272,783.
ь	Average of monthly cash balances	1b	13,348.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	286,131.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	286,131.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	4,292.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	281,839.
6	Minimum investment return. Enter 5% of line 5	6	14,092.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	14,092.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 31		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b],	
C	Add lines 2a and 2b	2c	31.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,061.
4	Recoveries of amounts treated as qualifying distributions	4	750.
5	Add lines 3 and 4	5	14,811.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,811.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	14,896.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b, Enter here and on Part V, line 8, and Part XIII, line 4	4	14,896.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	31.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,865.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculation qualifies for the section 4940(e) reduction of tax in those years.	alculating whether the	ne foundation

Form **990-PF** (2016)

Part XIII Undistributed Income (see instruc	(a)	(b)	(c)	(d)
1 Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
line 7				14,811.
2 Undistributed income, if any, as of the end of 2016	Ì		12 501	
a Enter amount for 2015 only		· MONT	13,581.	
b Total for prior years 20_14_,20,20		NONE		
3 Excess distributions carryover, if any, to 2016				
a From 2011 NONE b From 2012 NONE			}	
MONT			į	
d From 2014				
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2016 from Part XII,	1,01,7			
line 4 ▶ \$14,896				
a Applied to 2015, but not more than line 2a	Į		13,581.	
b Applied to undistributed income of prior years				
(Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			
d Applied to 2016 distributable amount				1,315.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2016 .	NONE			NONE NONE
(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:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	NONE NONE			
b Prior years' undistributed income. Subtract		NIONIE		
line 4b from line 2b		NONE		
income for which a notice of deficiency has			ľ	
been issued, or on which the section 4942(a)		NONE		
tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2017				<u>13,496.</u>
7 Amounts treated as distributions out of corpus		Ì		
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)	NONE			
8 Excess distributions carryover from 2011 not	MONE			
applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2017.	NONE		İ	
Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9. a Excess from 2012 NONE				
b Excess from 2013 NONE				
c Excess from 2014 NONE			}	
d Excess from 2015 NONE				
a excess from 2015				

Par	t XIV Private Ope	erating Foundations	(see instructions a	nd Part_VII-A, questi	ion 9)		NOT_AP	PLICABL
1a	If the foundation has	received a ruling or d	etermination letter that	t it is a private oper	ating			
	foundation, and the ruling	is effective for 2016, en	ter the date of the ruling	<i></i>	▶			
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(j)(3) or	4942(j)(5)
22	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) 7	Total
2 a	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 201	3		
	I or the minimum investment					}		
	return from Part X for each year listed							
b	85% of line 2a							
С	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				<u> </u>			
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				İ	}		
	(1) Value of all assets				<u> </u>			
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)				ļ			
b	"Endowment" alternative test- enter 2/3 of minimum invest-				1	1		
	ment return shown in Part X,				1			
	line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents, payments on securities							
	loans (section 512(a)(5)),				1			
	or royalties) (2) Support from general				 			
	public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(m)				 			
	(3) Largest amount of sup- port from an exempt							
	organization (4) Gross investment income.	_			 		 -	
Pai		tary Information (Complete this part	only if the founda	tion had \$5	000 or r	more in	assets at
		uring the year - see		omy ii the reaman	mon maa 40,	000 0		ussets u
1	Information Regarding	Foundation Manager	rs:					
а				e than 2% of the tot			d by the	foundation
	before the close of any	tax year (but only if th	iey have contributed r	nore than \$5,000). (S	see section 50	/(d)(2).)		
	N/A							
b				f the stock of a corp		n equally I	large por	tion of the
	ownership of a partner	snip or other entity) of	which the foundation	has a 10% or greater	r interest.			
	•							
	N/A Information Regarding	Cambrillandian Camb	Cife I can Cabalanahi					
2	<u> </u>							
	Check here \ if t	he foundation only	makes contributions	to preselected charants, etc. (see instruc	ritable organiz	ations and	d does i	not accept
	other conditions, comp			inis, etc. (see instruc	ctions) to mail	riduals or	organizati	ions under
				person to whom app	olications show	ld be addr	occod:	
•			i e-illan address of the	person to whom app	JIICALIOTIS SITOU	iu be auui	csseu.	
	SEE STATEMENT !		mitted and information	on and materials they	should include	<u></u>		
_	SEE ATTACHED S'			Line irrections tiley	ouid inicidate	**		
	SEE ALIMCHED S.	INIERENI FOR DI	.14E &					
	Any submission deadle	nes:						
_	SEE ATTACHED S'		NE 2					
d		mitations on awards	, such as by geogra	aphical areas, charit	able fields, k	nds of in	stitutions	, or other
	factors [,]							
	ODD ADDAOUDD OF	PAREMENT DOD IN	CATE A					

Form 990-PF (2016) Part XV Supplementary Information ((continued)	·		Page 11
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
- ,				
SEE STATEMENT 10				13,581.
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Total				13,581.
b Approved for future payment		1		
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		1	<u> </u>	
Total	<u></u>	<u></u>	▶ 3b	

Part XVI-	A Analysis of Income-Produ	cing Acti	vities			
	amounts unless otherwise indicated.		ted business income	Excluded by	section 512, 513, or 514	(e)
_	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a						
b						· · · · · · · · · · · · · · · · · · ·
c						
d						
е						
f				ļ		
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest o	n savings and temporary cash investments -					
4 Dividend	ls and interest from securities			14	4,356.	
5 Net renta	al income or (loss) from real estate					
	financed property		· · · · · · · · · · · · · · · · · · ·	 		
b Not o	debt-financed property • • • • • • •		· · · · · · · · · · · · · · · · · · ·	 		
6 Net renta	I income or (loss) from personal property.					
	vestment income			18	966	
8 Gain or (le	oss) from sales of assets other than inventory			1 10	866.	····
	me or (loss) from special events · · ·			 -		
•	ofit or (loss) from sales of inventory					
	venue a			14	121.	
				14	121.	
				 		
e		 -		 -		
	. Add columns (b), (d), and (e)			 	5,343.	
	dd line 12, columns (b), (d), and (e)					5,343.
	eet in line 13 instructions to verify calcu					
Part XVI-	Relationship of Activities	to the A	complishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activity accomplishment of the foundation					
			NOT APPLICABL	E		
	 					
<u></u>						
						
						
						
	 					
	<u> </u>					

Form 990)-PF (20	16)							36-69646	73			Pa	ge 13
Part X	(VII	Informati Exempt (ansfers	To an	d Transac	tions a	nd Relation	ships V	Vith None	chari	table	·
in	section								any other orga section 527,				Yes	No
	•		porting	foundation to	a nonch	aritable e	exempt orga	nization o	of.					
(1) Casl	h										1a(1)		X
-	-	er assets ansactions:					•••••	• • • • • ·			• • • • •	1a(2)	-	X
												1b(1)	ļ	X
												1b(2)		X
												1b(3) 1b(4)		X
	-		_									$\overline{}$		X
														Х
c SI	harıng	of facilities, e	quipm	ent, mailing lis	sts, other	assets, o	r paid empl	oyees .				_1c_	<u> </u>	_ X_
									Column (b)					
									n. If the found e of the goods					
(a) Line		(b) Amount invo				ole exempt of			escription of transf					
- (2) -	-	(S) Amount me	1	(c) Italiic of	TIOTICITATION	old exempt	or gornzation	(4) (5)	escription of transi	013, 11 211300	,tions, and smal		ngonie	
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					other than	n section	501(c)(3)) c	or in section	on 527?	· · · · ·	l	J Y	es 🔼	Ā No
<u> </u>	res,	complete the			Γ	(b) Type o	of organization			(c) Descript	tion of relation:	ship		
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Sign	W	ninten B	arto	١.	1	05/02/	2017	Wic	e Preside	nt	May the IRS			return
Here	Sign	ature of officer or	trustee			Date	2011	Title	e_rreside.		with the pr	eparer ns)? X	Yes	below No
	KR	ISTEN BAX	TER											
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											Fo	rm JJ	UTT	(2016)

JAMES H & HELEN S KNIPPEN FOUNDATION

36-6964673

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
JPM ACCESS GRWTH FD - L FUND 3234		18. 4,338.	18. 4,338.
	TOTAL	4,356.	4,356.

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

DEFERRED INCOME

121.

TOTALS

121.

JAMES H & HELEN S KNIPPEN FOUNDATION

36-6964673

FORM 990PF, PART I - TAXES ------

	REVENUE				
	AND	NET			
	EXPENSES	INVESTMENT			
DESCRIPTION	PER BOOKS	INCOME			
FOREIGN TAXES ON QUALIFIED FOR	45.	45.			
FOREIGN TAXES ON NONQUALIFIED	101.	101.			
momat o	146	146			
TOTALS	146.	146.			

JAMES H & HELEN S KNIPPEN FOUNDATION

36-6964673

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
ATTORNEY GENERAL FEE		15.	15.
	TOTALS	15.	15.

DBC243 501G 05/02/2017 09:56:28 XXXXX2003

STATEMENT 4

JAMES H & HELEN S KNIPPEN FOUNDATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

JPMORGAN CHASE BANK, NA

ADDRESS:

10 S DEARBORN IL1-0117

CHICAGO, IL 60603

RECIPIENT'S PHONE NUMBER: 866-888-5157

FORM, INFORMATION AND MATERIALS:

LETTER WITH ANNUAL REPORT AND EXEMPTION LETTER

SUBMISSION DEADLINES:

DECEMBER 1ST EACH YEAR

RESTRICTIONS OR LIMITATIONS ON AWARDS:

TERMS AS STATED IN DOCUMENT

JAMES H & HELEN S KNIPPEN FOUNDATION 36-6964673 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: THE NATURE CONSERVANCY IL CHAPTER ADDRESS: 8 S MICHIGAN AVE STE 900 CHICAGO, IL 60606 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: SOUTHWEST INDIAN RELIEF COUNCIL ADDRESS: PO BOX 16777 MESA, AZ 85211 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: PRIMARY CHILDRENS MEDICAL CENTER FOUNDATION ADDRESS: 100 N MARIO CAPECCHI DR LAKE CITY, UT 84158-0249 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

1,456.

JAMES H & HELEN S KNIPPEN FOUNDATION 36-6964673 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME: COMMUNITY NURSING SERVICE OF DUPAGE COUNTY ADDRESS: 690 E NORTH AVE Carol Stream,, IL 60188 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME: UNITED WAY OF METROPOLITAN CHICAGO ADDRESS: 333 S WABASH AVE Chicago, IL 60604 RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 750.

RECIPIENT NAME: EASTER SEALS DUPAGE AND THE FOX VALLEY REGION ADDRESS: 1323 BOND ST, Naperville, IL 60563 RELATIONSHIP: NONE

PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 750. JAMES H & HELEN S KNIPPEN FOUNDATION 36-6964673 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ALZHEIMERS ASSOCIATION ADDRESS: 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 371. RECIPIENT NAME: CENTRAL DUPAGE HOSPITAL HEALTH FOUNDATION ADDRESS: 27 W 353 JEWELL ROAD WINFIELD, IL 60190 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: JUVENILE DIABETES RESEARCH FOUNDATION ADDRESS: 500 N DEARBORN ST STE 305 CHICAGO, IL 60610 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

1,500.

JAMES H & HELEN S KNIPPEN FOUNDATION 36-6964673 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NATIONAL OSTEOPOROSIS FOUNDATION ADDRESS: 1232 22ND ST NW WASHINGTON, DC 20037 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 500. RECIPIENT NAME: PEOPLE RESOURCE CENTER ADDRESS: 201 S NAPERVILLE RD WASHINGTON, IL 60187 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 750. RECIPIENT NAME: SALVATION ARMY ADDRESS: PO BOX 269 ALEXANDRIA, VA 22313 RELATIONSHIP: NONE PURPOSE OF GRANT: **GENERAL** FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

500.

JAMES H & HELEN S KNIPPEN FOUNDATION 36-6964673 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SHRINERS HOSPITAL FOR CHILDREN ADDRESS: 2211 N OAK PARK AVE CHICAGO, IL 60707 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: ST JUDE CHILDREN'S RESERACH HOSPITAL ADDRESS: 332 N LAUDERDALE MEMPHIS, TN 38105 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 2,004.

TOTAL GRANTS PAID:

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13,581.