

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0052

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

Name of foundation CLAUDE & DELA CHILCUTT TRUST XXXXX9001		A Employer identification number 75-6014433	
Number and street (or P.O. box number if mail is not delivered to street address) 10 S DEARBORN IL1-0111		Room/suite	
		B Telephone number (see instructions) (800) 496-2583	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603		C If exemption application is pending, check here <input type="checkbox"/>	
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 792,336		J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	17,908	17,906		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	33,927			
	b Gross sales price for all assets on line 6a 168,125				
	7 Capital gain net income (from Part IV, line 2)		33,927		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	51,835	51,833			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	8,139	4,883		3,255
	14 Other employee salaries and wages		0	0	0
	15 Pension plans, employee benefits		0	0	
	16a Legal fees (attach schedule)				0
	b Accounting fees (attach schedule)				0
	c Other professional fees (attach schedule)				0
	17 Interest				0
	18 Taxes (attach schedule) (see instructions)	994	277		0
	19 Depreciation (attach schedule) and depletion	0	0		
	20 Occupancy				
	21 Travel, conferences, and meetings		0	0	
	22 Printing and publications		0	0	
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	9,133	5,160	0	3,255
	25 Contributions, gifts, grants paid	32,379			32,379
26 Total expenses and disbursements. Add lines 24 and 25	41,512	5,160	0	35,634	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	10,323				
b Net investment income (if negative, enter -0-)		46,673			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	224	694	694
	2 Savings and temporary cash investments	6,626	12,747	12,747
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____		0	0
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____ 0			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	463,300	441,369	625,223
	c Investments—corporate bonds (attach schedule)	73,507	96,060	95,112
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	56,270	59,367	58,560
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	599,927	610,237	792,336	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	599,927	610,237	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	599,927	610,237		
31 Total liabilities and net assets/fund balances (see instructions) .	599,927	610,237		

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	599,927
2 Enter amount from Part I, line 27a	2	10,323
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	610,250
5 Decreases not included in line 2 (itemize) ▶ _____	5	13
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	610,237

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	33,927
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	3	

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))
2016	34,794	723,518	0 04809
2015	38,270	696,762	0 054925
2014	37,429	754,853	0 049584
2013	32,406	770,972	0 042033
2012	35,778	702,240	0 050948
2 Total of line 1, column (d)			2 0 24558
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 049116
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 789,274
5 Multiply line 4 by line 3			5 38,766
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 467
7 Add lines 5 and 6			7 39,233
8 Enter qualifying distributions from Part XII, line 4			8 35,634

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 instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 333.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address
14 The books are in care of JP MORGAN CHASE BANK NA Telephone no (800) 496-2583
Located at 10 S DEARBORN ST MC ILI-0111 CHICAGO IL ZIP+4 60603
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.
16 At any time during calendar year 2017, 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

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.

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 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 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).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 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 2017?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions)
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2017?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JP MORGAN CHASE BANK NA 10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	TRUSTEE 2	8,139		

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	702,945
b	Average of monthly cash balances.	1b	98,348
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	801,293
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	801,293
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	12,019
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	789,274
6	Minimum investment return. Enter 5% of line 5.	6	39,464

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

1	Minimum investment return from Part X, line 6.	1	39,464
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	933
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	933
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	38,531
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	38,531
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	38,531

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	35,634
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	35,634
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	35,634

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				38,531
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			32,381	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	0			
b From 2013.	0			
c From 2014.	0			
d From 2015.	0			
e From 2016.	0			
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>35,634</u>				
a Applied to 2016, but not more than line 2a			32,381	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				3,253
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				35,278
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013.	0			
b Excess from 2014.	0			
c Excess from 2015.	0			
d Excess from 2016.	0			
e Excess from 2017.	0			

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 2017, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

JP MORGAN CHASE BANK NA
420 THROCKMORTON
FORT WORTH, TX 76102
(817) 884-4159

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

NAME OF ORGANIZATION, PURPOSE, AMOUNT, PURPOSE OF REQUEST, & BOARD MEMBERS

c Any submission deadlines

SEPTEMBER 30

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

INDIGENT CANCER & DIABETES PATIENTS RESIDING IN PARKER CO, TX & MATCHED

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				32,379
b <i>Approved for future payment</i>				
Total ▶ 3b				

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
585 888 JPM GLBL RES ENH INDEX FD - SEL		2014-12-15	2017-11-16
804 822 NB HIGH INCOME BOND-R6		2016-03-31	2017-11-20
248 441 OAKMARK INTERNATIONAL-INST		2013-07-31	2018-01-23
344 817 JPMORGAN GL RES ENH IDX-R6		2014-12-15	2018-01-23
146 192 JPMORGAN US L/C CORE PL-R6		2007-04-16	2018-01-23
80 883 JPMORGAN TAX AWARE DISCIPLINED		2006-06-12	2018-01-23
209 195 MFS INTL VALUE-R6			2018-01-23
435 693 PIMCO SHORT TERM FUND INSTL		2018-01-23	2018-02-09
596 695 T ROWE PR EMERG MKTS BND-I		2016-07-15	2018-02-13
1791 253 NB HIGH INCOME BOND-R6			2018-02-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
12,995		10,546	2,449
7,010		6,583	427
7,647		6,129	1,518
8,217		6,207	2,010
4,703		2,912	1,791
2,894		1,448	1,446
9,510		6,500	3,010
4,309		4,300	9
7,208		7,504	-296
15,279		14,147	1,132

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			2,449
			427
			1,518
			2,010
			1,791
			1,446
			3,010
			9
			-296
			1,132

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
241 ISHARES MISC I EAFE INDEX FUND			2018-06-06
204 245 AQR LONG-SHORT EQUITY-R6		2017-06-29	2018-07-11
378 446 CRM LONG/SHORT OPPORTUNITIES FUND		2017-06-29	2018-07-11
167 243 EQUINOX CAMPBELL STRATEGY-I		2018-03-23	2018-07-11
637 98 EQUINOX CAMPBELL STRATEGY-I		2013-06-25	2018-07-11
129 576 OAKMARK INTERNATIONAL-INST		2013-07-31	2018-08-14
1378 412 DOUBLELINE TOTL RET BND-I			2018-08-29
527 247 FMI LARGE CAP FUND-INST		2011-01-20	2018-09-14
274 923 HARTFORD CAPITAL APPREC FD CL - F		2012-06-07	2018-09-14
131 606 JPMORGAN GL RES ENH IDX-R6		2014-12-15	2018-09-14

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
17,026		15,542	1,484
2,598		2,821	-223
4,091		3,872	219
1,606		1,644	-38
6,125		6,699	-574
3,334		3,197	137
14,377		15,067	-690
12,121		8,427	3,694
11,398		8,284	3,114
3,073		2,369	704

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			1,484
			-223
			219
			-38
			-574
			137
			-690
			3,694
			3,114
			704

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

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)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
CAPITAL GAIN DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
			12,604

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF WEATHERFORD 303 PALO PINTO STREET WEATHERFORD, TX 76086	NONE	GOV	2018 PRESERVATION PROJECTS	3,000
D B10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	2,411
D S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	2,010
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A T10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	2,584
G M10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	2,640
R A10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	930
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
J P10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	1,800
K H10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	1,500
T D10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	1,800
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
T V10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	930
B W10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	3,600
D W10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	736
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
M G10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	105
J P10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	551
J P10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	181
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
L S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	99
H K10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	1,080
M S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	401
Total 3a			▶	32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
J P10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	364
S L10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	821
T F10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	474
Total 3a			▶	32,379


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
C S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	177
J S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	160
P D10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	457
Total ▶ 3a				32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
M D10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	131
R D10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	93
B B10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	1,024
Total 3a			▶	32,379

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
M S10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	812
B M10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	117
S W10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	556
Total 				32,379
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)				
a <i>Paid during the year</i>				
A M10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	56
K M10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	199
K W10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	235
Total ▶ 3a				32,379

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
B W10 S DEARBORN ST MC IL1-0111 CHICAGO, IL 60603	NONE	I	MEDICAL ASSISTANCE	345
Total				32,379
3a				

TY 2017 Investments Corporate Bonds Schedule**Name:** CLAUDE & DELA CHILCUTT TRUST XXXXX9001**EIN:** 75-6014433**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
64128K579- NB HIGH INCOME BOND		
4812C0100- JPM CORE BD FD - R6	16,335	15,809
258620103- DOUBLELINE TOTL RET		
77956H534- T ROWE PR EMERG MKT		
92203J308- VANGUARD TOTAL INTL	31,826	31,746
256210105- DODGE & COX INCOME	7,788	7,534
693390601- PIMCO ST FD INSTL	7,952	7,964
722005816- PIMCO INV GRADE COR	16,237	16,141
921937827- VANGUARD ST BOND ET	15,922	15,918

TY 2017 Investments Corporate Stock Schedule**Name:** CLAUDE & DELA CHILCUTT TRUST XXXXX9001**EIN:** 75-6014433

Name of Stock	End of Year Book Value	End of Year Fair Market Value
302933502- FMI LARGE CAP FUND-	8,970	12,825
413838723- OAKMARK INTERNATION	27,566	31,966
46432F842- ISHARES CORE MSCI E	36,930	37,935
4812A1654- JPM TAX AWARE EQ FD	16,700	34,390
4812A2389- JPM US LARGE CP COR		
78462F103- SPDR S&P 500 ETF TR	140,437	231,704
41664T719- HARTFORD CAPITAL AP	8,526	11,726
00171A530- AMG MANAGERS PICTET		
115233579- BROWN ADV JAPAN ALP	6,872	7,752
464287465- ISHARES MSCI EAFE I	54,138	61,939
46637K513- JPM GLBL RES ENH IN		
552746349- MFS INTL VALUE-R6	17,588	32,463
315911750- FIDELITY 500 INDEX	15,562	17,099
48129C603- JPMORGAN US L/C COR	15,520	25,931
46641Q696- JPMORGAN BETABUILDE	8,003	7,943
00171C403- AMG MG PICTET INTL-	26,271	32,672
46434G822- ISHARES INC MSCI JA	8,320	7,770
48129C207- JPMORGAN GL RES ENH	49,966	71,108

TY 2017 Investments - Other Schedule**Name:** CLAUDE & DELA CHILCUTT TRUST XXXXX9001**EIN:** 75-6014433**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
00191K500- AQR LONG-SHORT EQUI	AT COST	8,014	7,911
12628J881- CRM LONG/SHORT OPPO	AT COST	7,358	7,981
29446A710- EQUINOX FDS TR IPM	AT COST	6,568	6,311
29446A819- EQUINOX CAMPBELL ST			
024525172- AMERICAN BEACON GLG	AT COST	7,598	7,486
72201M487- PIMCO UNCONSTRAINED	AT COST	13,341	12,683
00771X435- CHILTON STRATEGIC E	AT COST	8,244	8,020
362014623- GMO SGM MAJOR MARKE	AT COST	8,244	8,168

TY 2017 Other Decreases Schedule**Name:** CLAUDE & DELA CHILCUTT TRUST XXXXX9001**EIN:** 75-6014433

Description	Amount
COST BASIS ADJUSTMENT	11
ROUNDING	2

TY 2017 Taxes Schedule**Name:** CLAUDE & DELA CHILCUTT TRUST XXXXX9001**EIN:** 75-6014433

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX PAYMENT - PRIOR YE	117	0		0
FEDERAL ESTIMATES - INCOME	600	0		0
FOREIGN TAXES ON QUALIFIED FOR	238	238		0
FOREIGN TAXES ON NONQUALIFIED	39	39		0