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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation LEOPARDO CHARITABLE FOUNDATION		A Employer identification number 20-1437384	
Number and street (or P O box number if mail is not delivered to street address) 5200 PRAIRIE STONE PARKWAY		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HOFFMAN ESTATES, IL 60192		B Telephone number (see instructions) (847) 783-3000	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> 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) \$ 460,852		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <div><input type="checkbox"/> Cash <input type="checkbox"/> Accrual</div> <div><input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH BASIS</u></div> <div>(Part I, column (d) must be on cash basis)</div>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>			Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	322,800			
	2	Check <input 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				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10 _____				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2) . . .		0		
	8	Net short-term capital gain				
	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	322,800	0			
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule).				
	b	Accounting fees (attach schedule).	2,326	0		1,163
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion . . .				
	20	Occupancy				
	21	Travel, conferences, and meetings.				
	22	Printing and publications				
	23	Other expenses (attach schedule).	27,191	0		26,875
	24	Total operating and administrative expenses. Add lines 13 through 23	29,517	0		28,038
	25	Contributions, gifts, grants paid	265,269			265,269
	26	Total expenses and disbursements. Add lines 24 and 25	294,786	0		293,307
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	28,014			
	b	Net investment income (if negative, enter -0-)		0		
	c	Adjusted net income (if negative, enter -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	420,559	456,580	456,580
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 4,272			
		Less allowance for doubtful accounts ▶	12,279	4,272	4,272
	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 ▶			
	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)			
	c	Investments—corporate bonds (attach schedule)			
	Liabilities	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶			
12		Investments—mortgage loans			
13		Investments—other (attach schedule)			
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)	432,838	460,852	460,852
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	0		
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	432,838	460,852	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	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)	432,838	460,852	
	31	Total liabilities and net assets/fund balances(see instructions)	432,838	460,852	

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	432,838	
2	Enter amount from Part I, line 27a	2	28,014	
3	Other increases not included in line 2 (itemize) ▶	3	0	
4	Add lines 1, 2, and 3	4	460,852	
5	Decreases not included in line 2 (itemize) ▶	5	0	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	460,852	

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		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))
2014	191,383	354,473	0.539909
2013	70,932	169,946	0.417380
2012	35,500	22,938	1.547650
2011	63,133	18,318	3.446501
2010	111,640	81,719	1.366145

2	Total of line 1, column (d).	2	7.317585
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	1.463517
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	431,991
5	Multiply line 4 by line 3.	5	632,226
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7	Add lines 5 and 6.	7	632,226
8	Enter qualifying distributions from Part XII, line 4.	8	293,307

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶	11	

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 any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	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? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IL</u>			
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? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NONE	13	Yes	
14	The books are in care of ► LEOPARDO COMPANIES INC Telephone no ► (847) 783-3500 Located at ► 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES IL ZIP+4 ► 60192			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►	16	Yes	No

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.			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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b	Yes	
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 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	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).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

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 type="checkbox"/> Yes <input checked="" 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. ▶			
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?		6b	No
<i>If "Yes" to 6b, file Form 8870</i>			
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	Expense account, (e) other allowances
See Additional Data Table				
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	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

Part VIII

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
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	0

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	0
b	Average of monthly cash balances.	1b	438,570
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	438,570
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	438,570
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	6,579
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	431,991
6	Minimum investment return. Enter 5% of line 5.	6	21,600

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	21,600
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	21,600
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	21,600
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	21,600

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	293,307
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		
a	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	293,307
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	293,307

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				21,600
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	107,554			
b From 2011.	62,217			
c From 2012.	34,353			
d From 2013.	62,435			
e From 2014.	173,659			
f Total of lines 3a through e.	440,218			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 293,307				
a Applied to 2014, 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			
d Applied to 2015 distributable amount.				21,600
e Remaining amount distributed out of corpus	271,707			
5 Excess distributions carryover applied to 2015 (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	711,925			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
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 2010 not applied on line 5 or line 7 (see instructions). . .	107,554			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	604,371			
10 Analysis of line 9				
a Excess from 2011. . . .	62,217			
b Excess from 2012. . . .	34,353			
c Excess from 2013. . . .	62,435			
d Excess from 2014. . . .	173,659			
e Excess from 2015. . . .	271,707			

Part XIV

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b

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1

Contributed more than 2% of the total contributions received by the foundation
or have contributed more than \$5,000) (See section 507(d)(2))

10% or more of the stock of a corporation (or an equally large portion of the stock of a partnership) in which the foundation has a 10% or greater interest

2

Contributions to preselected charitable organizations and does not accept or make gifts, grants, etc. (see instructions) to individuals or organizations under

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

mitted and information and materials they should include

as by geographical areas, charitable fields, kinds of institutions, or other

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 Paid during the year See Additional Data Table				
Total			▶ 3a	265,269
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

[illegible]

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

a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.		1a(1)	No
(2) Other assets.		1a(2)	No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.		1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)	No
(3) Rental of facilities, equipment, or other assets.		1b(3)	No
(4) Reimbursement arrangements.		1b(4)	No
(5) Loans or loan guarantees.		1b(5)	No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	***** _____ Signature of officer or trustee	2016-11-11 _____ Date	***** _____ Title

May the IRS discuss this return with the preparer shown below?
 (see instr.) ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name GREGORY S ADAMS	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00095597
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 1301 W 22ND ST STE 1100 OAK BROOK, IL 60523			Phone no (630) 573-8600	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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	Expense account, (e) other allowances
JAMES A LEOPARDO	CHIEF EXECUTIVE OFFICER 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
RICHARD S MATTIODA	PRESIDENT 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
JOHN D WARD JR	CHIEF FINANCIAL OFFICER 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
MICHAEL T LEOPARDO	VICE PRESIDENT & SECRETARY 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
JOBETH LEOPARDO	TREASURER 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
RICK J DUPRAW	DIRECTOR 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				
DAVID A STONE	DIRECTOR 0 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES,IL 60192				

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>				
ACE TECH HIGH SCHOOL 5410 S STATE ST CHICAGO,IL 60609		PC	GENERAL OPERATING SUPPORT	7,998
ALZHEIMER'S ASSOCIATION - GREATER IL CHAPTER 8430 W BRYN MAWR SUITE 800 CHICAGO,IL 60631		PC	GENERAL OPERATING SUPPORT	2,999
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE CHICAGO,IL 60601		PC	GENERAL OPERATING SUPPORT	4,400
AMERICAN RED CROSS OF GREATER CHICAGO 2200 W HARRISON ST CHICAGO,IL 60612		PC	GENERAL OPERATING SUPPORT	2,400
ANN & ROBER LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE CHICAGO,IL 60611		PC	GENERAL OPERATING SUPPORT	2,500
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO,IL 60654		PC	GENERAL OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS 5560 W LAKE STREET CHICAGO,IL 60661		PC	GENERAL OPERATING SUPPORT	1,499
CHICAGO YOUTH PROGRAMS 5350 S PRAIRIE AVE CHICAGO,IL 60615		PC	GENERAL OPERATING SUPPORT	2,799
CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO,IL 60606		PC	GENERAL OPERATING SUPPORT	6,260
COALITION FOR UNITED COMMUNITY ACTION 2925 S WABASH AVE 102 CHICAGO,IL 60616		PC	GENERAL OPERATING SUPPORT	100
COMPANIES THAT CARE 954 W WASHINGTON BLVD 430 CHICAGO,IL 60607		PC	GENERAL OPERATING SUPPORT	3,499
COVENANT VILLAGE OF NORTHBROOK 2625 TECHNY ROAD NORTHBROOK,IL 60062		PC	GENERAL OPERATING SUPPORT	1,150
DIFFA CHICAGO 222 W MERCHANDISE MART PLAZA 939 CHICAGO,IL 60654		PC	GENERAL OPERATING SUPPORT	6,499
DUPAGE MEDICAL GROUP CHARITABLE FUND 1100 WEST 31ST STREET SUITE 300 DOWNERS GROVE,IL 60515		PC	GENERAL OPERATING SUPPORT	8,880
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI,OH 452770053		PC	GENERAL OPERATING SUPPORT	3,500
Total ▶ 3a				265,269

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 Paid during the year				
GIRF 70 E LAKE STREET CHICAGO,IL 60601		PC	GENERAL OPERATING SUPPORT	1,000
GIRLS IN THE GAME 1501 W RANDOLPH ST CHICAGO,IL 60607		PC	GENERAL OPERATING SUPPORT	2,999
GREATER CHICAGO FOOD DEPOSITORY 4100 WANN LURIE PLACE CHICAGO,IL 60632		PC	GENERAL OPERATING SUPPORT	10,580
ILLINOIS YOUTH BASKETBALL 5200 PRAIRIE STONE PARKWAY HOFFMAN ESTATES,IL 60192		PC	GENERAL OPERATING SUPPORT	5,000
JEWISH UNITED FUND 30 S WELLS ST CHICAGO,IL 60606		PC	GENERAL OPERATING SUPPORT	4,999
JUNIOR ACHIEVEMENT OF CHICAGO 651 W WASHINGTON BLVD 404 CHICAGO,IL 60661		PC	GENERAL OPERATING SUPPORT	799
LAF 120 S LA SALLE ST 900 CHICAGO,IL 60603		PC	GENERAL OPERATING SUPPORT	500
NCH FOUNDATION S 350 7TH ST N NAPLES,FL 34102		PC	GENERAL OPERATING SUPPORT	6,900
REVIVE CENTER FOR HOUSING AND HEALING 1668 W OGDEN AVE CHICAGO,IL 60612		PC	GENERAL OPERATING SUPPORT	1,499
RUSH-COPELY FOUNDATION 2000 OGDEN AVENUE AURORA,IL 60504		PC	GENERAL OPERATING SUPPORT	19,049
THE CHICAGO LIGHTHOUSE 1850 W ROOSEVELT ROAD CHICAGO,IL 60608		PC	GENERAL OPERATING SUPPORT	1,800
THE JOHN BUCK COMPANY FOUNDATION ONE NORTH WACKER DRIVE SUITE 400 CHICAGO,IL 60606		PC	GENERAL OPERATING SUPPORT	1,200
THE TRAILBLAZER CHARITABLE FOUNDATION PO BOX 3694 JACKSON,WY 83001		PC	GENERAL OPERATING SUPPORT	1,500
TURNING POINTE AUTISM FOUNDATION PO BOX 9203 NAPERVILLE,IL 60567		PC	GENERAL OPERATING SUPPORT	8,199
UNITED WAY 333 S WABASH AVENUE 30TH FLOOR CHICAGO,IL 60604		PC	GENERAL OPERATING SUPPORT	500
Total ▶ 3a				265,269

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>				
UNIVERSITY OF CHICAGO MEDICINE COMER CHILDREN'S HOSPITAL 5721 S MARYLAND AVENUE CHICAGO,IL 60637		PC	GENERAL OPERATING SUPPORT	1,700
UNIVERSITY OF ILLINOIS 108 HENRY ADMINISTRATIVE BLDG URBANA,IL 61801		PC	GENERAL OPERATING SUPPORT	1,500
USO OF ILLINOIS 530 FARRAGUT AVENUE GREAT LAKES,IL 60088		PC	GENERAL OPERATING SUPPORT	10,000
WINDSOR PARK 124 WINDSOR PARK DRIVE CAROL STREAM,IL 60188		PC	GENERAL OPERATING SUPPORT	999
REBUILDING TOGETHER 1899 L STREET NW SUITE 1000 WASHINGTON,DC 20036		PC	GENERAL OPERATING SUPPORT	2,500
FRIENDS OF WEST CHICAGO PARKS FOUNDATION 201 W NATIONAL STREET WEST CHICAGO,IL 60185		PC	GENERAL OPERATING SUPPORT	1,000
EDUCARE OF WEST DUPAGE 851 PEARL RD WEST CHICAGO,IL 60185		PC	GENERAL OPERATING SUPPORT	949
THE TRUST FOR PUBLIC LAND 2610 UNIVERSITY AVE W 300 ST PAUL,MN 55114		PC	GENERAL OPERATING SUPPORT	1,000
SIMON WIESENTHAL CENTER 1399 ROXBURY DR LOS ANGELES,CA 90035		PC	GENERAL OPERATING SUPPORT	1,000
ENVIRONMENTAL LAW & POLICY CENTER 35 E WACKER DR SUITE 1600 CHICAGO,IL 60601		PC	GENERAL OPERATING SUPPORT	500
CINECARES FOUNDATION 2621 W 15TH PLACE CHICAGO,IL 60608		PC	GENERAL OPERATING SUPPORT	2,499
CHILDREN'S DYSLEXIA CENTER 33 MARRETT ROAD LEXINGTON,MA 02421		PC	GENERAL OPERATING SUPPORT	500
CABELA'S CAMPFIRE PROJECT 1 CABELA DR SIDNEY,NE 69160		PC	GENERAL OPERATING SUPPORT	1,000
BARRINGTON AREA COMMUNITY FOUNDATION 185 EAST DUNDEE ROAD SUITE 300 BARRINGTON,IL 60010		PC	GENERAL OPERATING SUPPORT	1,200
CHILDREN'S HOME & AID 125 SOUTH WACKER DRIVE 14TH FLOOR CHICAGO,IL 60606		PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				265,269

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 Paid during the year				
BOYS AND GIRLS CLUB OF ELGIN 355 DUNDEE AVENUE ELGIN,IL 60120		PC	GENERAL OPERATING SUPPORT	500
ARCHI-TREASURES 3339 W DIVISION ST CHICAGO,IL 60651		PC	GENERAL OPERATING SUPPORT	499
LARABIDA CHILDREN'S HOSPITAL 6501 S PROMONTORY DR CHICAGO,IL 60649		PC	GENERAL OPERATING SUPPORT	760
AURORA CRIME STOPPERS 1200 E INDIAN TRAIL AURORA,IL 60505		PC	GENERAL OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS,MN 55435		PC	GENERAL OPERATING SUPPORT	24,999
MISERICORDIA 6300 NORTH RIDGE CHICAGO,IL 60660		PC	GENERAL OPERATING SUPPORT	8,800
COVENANT RETIREMENT COMMUNITIES 5700 OLD ORCHARD ROAD SKOKIE,IL 60077		PC	GENERAL OPERATING SUPPORT	999
RHA OF METROPOLITAN CHICAGO 1440 W WASHINGTON BLVD CHICAGO,IL 60607		PC	GENERAL OPERATING SUPPORT	500
DANCING WITH CHICAGO CELEBRITIES THE HYATT REGENCY WACKER DR CHICAGO,IL 60601		PC	GENERAL OPERATING SUPPORT	250
FIRST UNITED CHURCH OF DOWNERS GROVE 1047 CURTISS ST DOWNERS GROVE,IL 60515		PC	GENERAL OPERATING SUPPORT	200
THE GREATER NORTH MICHIGAN AVE ASSOC 625 N MICHIGAN AVE SUITE 401 CHICAGO,IL 60611		PC	GENERAL OPERATING SUPPORT	4,499
BIG SHOULDERS FOUNDATION 212 W VAN BUREN ST 900 CHICAGO,IL 60607		PC	GENERAL OPERATING SUPPORT	4,622
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST 700 CHICAGO,IL 60604		PC	GENERAL OPERATING SUPPORT	4,999
LYNN SAGE CANCER RESEARCH FOUNDATION 251 EAST HURON STREET CHICAGO,IL 60611		PC	GENERAL OPERATING SUPPORT	5,000
FIRE NUGGETS 50810 GROUSE RIDGE RD NORTH BEND,WA 98045		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				265,269

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>				
UNITED STATES HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON,DC 20024		PC	GENERAL OPERATING SUPPORT	5,000
MAGIC FOUNDATION 4200 CANTERA DR 106 WARRENVILLE,IL 60555		PC	GENERAL OPERATING SUPPORT	500
CHICAGO LOOP ALLIANCE 27 E MONROE ST 900 A CHICAGO,IL 60603		PC	GENERAL OPERATING SUPPORT	300
LIV FOR A CURE FOUNDATION PO BOX 506 LIBERTYVILLE,IL 60048		PC	GENERAL OPERATING SUPPORT	3,999
CLEARBROOK 1835 WEST CENTRAL ROAD ARLINGTON HEIGHTS,IL 60005		PC	GENERAL OPERATING SUPPORT	499
LEUKEMIA & LYMPHOMA SOCIETY 1711 BROADWAY ST NE MINNEAPOLIS,MN 55413		PC	GENERAL OPERATING SUPPORT	36,490
Total ▶ 3a				265,269

TY 2015 Accounting Fees Schedule**Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,326	0		1,163

TY 2015 Other Expenses Schedule**Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	201	0		100
SPECIAL EVENT - LLS	26,560	0		26,560
FILINGS FEES	430	0		215

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

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

OMB No 1545-0047

2015

Name of the organization	Employer identification number
LEOPARDO CHARITABLE FOUNDATION	20-1437384

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization LEOPARDO CHARITABLE FOUNDATION	Employer identification number 20-1437384
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Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization LEOPARDO CHARITABLE FOUNDATION	Employer identification number 20-1437384
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization LEOPARDO CHARITABLE FOUNDATION	Employer identification number 20-1437384
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 20-1437384
Name: LEOPARDO CHARITABLE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BELCORE ELECTRIC CONSTRUCTION		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1600 MAIN STREET	\$ 5,000	
	MELROSE PARK, IL 60160		
2	HOGAN PLUMBING INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	30 W 265 YOUNGAL RD	\$ 7,500	
	WARRENVILLE, IL 60555		
3	MODERNFOLD DOORS OF CHICAGO INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	240 S WESTGATE DRIVE	\$ 5,000	
	CAROL STREAM, IL 60188		
4	R & I ORNAMENTAL IRON INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	96 CENTER DR	\$ 15,000	
	GILBERTS, IL 60136		
5	REX ELECTRIC INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	8600 WEST BRYN MAWR	\$ 20,000	
	CHICAGO, IL 60631		
6	TITAN ELECTRIC CONTRACTING LLC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	401 EAST NORTH AVENUE	\$ 20,000	
	VILLA PARK, IL 60181		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WESTSIDE MECHANICAL INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	2007 CORPORATE LN	\$ 10,000	
	NAPERVILLE, IL 60563		
8	CIRCUIT ENTERPRISES		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	112 BUCKINGHAM CT	\$ 20,000	
	ELK GROVE VILLAGE, IL 60007		
9	FE MORAN FIRE PROTECTION		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	3001 RESEARCH RD SUITE A	\$ 20,000	
	CHAMPAIGN, IL 61822		
10	STATE MECHANICAL SERVICES		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1701 QUINCY AVE	\$ 10,000	
	NAPERVILLE, IL 60540		
11	FLOORING RESOURCES CORP		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	600 W PRATT AVE	\$ 10,000	
	ELK GROVE VILLAGE, IL 60007		
12	ANNING JOHNSON CO		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1959 ANSON DRIVE	\$ 10,000	
	MELROSE PARK, IL 60160		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PERFORMANCE CONTRACTING INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	11145 THOMPSON AVE	\$ 10,000	
	LENEXA, KS66219		
14	GARDNER BUILDERS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	730 2ND AVE S 1233	\$ 25,000	
	MINNEAPOLIS, MN55402		
15	KB ADVANCED TECHNOLOGIES		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	5200 NEWPORT DRIVE	\$ 15,000	
	ROLLING MEADOWS, IL60008		
16	DENKE AND ROCHE BUILDERS		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	104 GATEWAY ROAD	\$ 5,000	
	BENSENVILLE, IL60106		
17	ADJUSTABLE FORMS INC		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1 E PROGRESS ROAD	\$ 15,000	
	LOMBARD, IL60148		
18	TRITON PLUMBING		Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1824 W PERSHING ROAD	\$ 5,000	
	CHICAGO, IL60609		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	NORTHERN GLASS INC		Person <input checked="" type="checkbox"/>
	800 LEE ST	\$ 15,000	Payroll <input type="checkbox"/>
	ELK GROVE VILLAGE, IL60007		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)
20	GRAND KAHN ELECTRIC		Person <input checked="" type="checkbox"/>
	2455 W GRAND AVE	\$ 5,000	Payroll <input type="checkbox"/>
	CHICAGO, IL60612		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contribution)