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

#### **Return of Private Foundation**

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

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

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

OMB No 1545-0052 2015 Open to Public Inspection

For calendar year 2015 or tax year beginning 2015, and ending 20 A Employer identification number Name of foundation 26-1632941 The Leone Family Foundation Inc Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/surte 2890 Autumn Woods Drive 952-448-3074 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here Chaska MN 55318 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% Address change Name change test, check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Accounting method Cash Accrual I Fair market value of all assets at end of If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) year (from Part II, col (c), line 16) (Part I, column (d) must be on cash basis) 96,216. ▶ \$ Analysis of Revenue and Expenses (d) Disbursements Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), for charitable expenses per income income and (d) may not necessarily equal the purposes books amounts in column (a) (see instructions), (cash basis only) Contributions, gifts, grants, etc., received 1 (attach schedule) If the foundation is **not** required to attach Schedule B 2 Check ▶ 3 Interest on savings and temporary cash investments 655. 655. 655 Dividends and interest from securities Net rental income b or (loss) · Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for Capital gain net income (from Part IV, line 2) 346. Net short-term capital gain Income modifications 10a Gross sales less returns and allowance b Less Cost of Gross profit or (loss) (attach Schedule) Ō MÁY 2 0 20 16, 65 8 1,310. 1,656. Other income (attach schedule) 11 318 2,311. 2,311. 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 OGDEN Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 9,045. 9,045. 9,045. b Accounting fees (attach schedule) С 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 165. 165. 165. 23 Other expenses (attach schedule) 24 Total operating and administrative 9,210. 9,210 9,210 expenses Add lines 13 through 23  $3,\overline{031}$ . 3,031. Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25 12,241 9,210. 3,031. 9,210 Subtract line 26 from line 12 Excess of revenue over expenses (9,930.) and disbursements Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

22	irt II	Attached schedules and amounts in the description column should be for		e Beginning of year		End			of year		
UPG	are to	end-of-year amounts only (See instructions )	(a)	Book \		(b)	Book		(c) Fa	ır Market V	
	1	Cash - non-interest-bearing		9,	508.			452.		452	2.
	2	Savings and temporary cash investments .									
	3	Accounts receivable ▶									
		Less allowance for doubtful accts ▶			_						
	4	Pledges receivable ▶						性對美國	Maria.		er this is
	'	Less allowance for doubtful accts ▶		- 1.00 M (1.00 M)	Maria di Romania di Propinsi d		<i>a</i>		Marine Date 14100g	Carlo Marila Crist, M.T. St. N.	particular and
	5	Grants receivable									
	-	Receivables due from officers, directors, trustees, and other			<del>.</del>	-	~				
	6	disqualified persons (attach schedule) (see instructions)	}								
	_		ELPOTE SEL					10.70			EE 257
	7	Other notes and loans receivable (attach schedule)									
		Less allowance for				en en	No. Palenti		100 E 100 E	An are the second second	1
Ø	<u> </u>	doubtful accounts							,		
Assets	8	Inventories for sale or use									
įš	9	Prepaid expenses and deferred charges							<del></del>		
	1	Investments - U S and state govt obligations (attach schedule)		07	7.4.0		0.0	004	ļ,	TE	
	1	Investments - corporate stock (attach schedule) .		9/,	740.		96,824. 95,7			95,764	<u> </u>
	С	Investments - corporate bonds (attach schedule)	PARTER		orgo and a summer		m by hiller of the party or m		Estimate Mark than		-
	11	Investments - land, buildings, and	MARK.								3
		equipment basis Less accumulated depreciation									
		(attach schedule)						<del></del>			
	12	Investments - mortgage loans									
	13	Investments - other (attach schedule)									
	14	Land, buildings, and equipment basis									
		Less accumulated depreciation									
		(attach schedule)									
	15	Other assets (describe )	ļ								
	16	Total assets (to be completed by all filers - see the									
		instructions Also, see page 1, item l) .	] ]	L07,	248.		<u>97,</u>	276.	2	96,216	· .
	17	Accounts payable and accrued expenses .									ATT.
	18	Grants payable									
es	19 20	Deferred revenue Loans from officers, directors, trustees, and other					·				
Liabilities	20	disqualified persons									
abi	21	Mortgages and other notes payable (attach schedule)									
Ĩ	22	Other liabilities (describe ►)					_				
	23	Total liabilities (add lines 17 through 22)	<u> </u>				_				
es	İ	Foundations that follow SFAS 117, check here									
Š		and complete lines 24 through 26 and lines 30 and 31.								ALM BUTCH TOPSET	
ala	24	Unrestricted									
ä	25	Temporarily restricted									
P	26	Permanently restricted									
교		Foundations that do not follow SFAS 117, ck. here ► X									
ō		and complete lines 27 through 31.									
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	]]	100,	000.	1	00,	000.			
Se	28	Paid-in or capital surplus, or land, bldg, and equipment fund					-,-	- · · ·			
Ą	29	Retained earnings, accumulated income, endowment, or other funds	L		248.			724.)			
et	30	Total net assets or fund balances (see instructions)		L07,	248.		97,	276.			
Z	31	Total liabilities and net assets/fund balances (see	_								
		instructions)		L07,	248.		97,	276.			
	ırt III	*						1			
1		net assets or fund balances at beginning of year - Part II, column	(a), line	30 (mu	ust agree v	with					
		of-year figure reported on prior year's return)	٠					1		$\frac{07,248}{6000000000000000000000000000000000000$	
		amount from Part I, line 27a	٠					2		(9,930	<u>' - )</u>
		r increases not included in line 2 (itemize)	<u>.                                    </u>					3			
		ines 1, 2, and 3			•		-	4		97,318	·
		eases not included in line 2 (itemize)	Da at 11		(L) 1 53			_ 5	<del></del>	77 210	
6	Fotal	net assets or fund balances at end of year (line 4 minus line 5) - F	-art II, c	olumn (	(D), line 30	<u> </u>		6		7,318	· • _

Part V Capital Gains	and Losses for I	ax on Investme	nt income					
(a) List and describe t 2-story brick wareho	he kınd(s) of property s use, or common stock,	1	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)		(d) Date sold (mo , day, yr )		
1a Blackrock Glo	bal Allocat:	ion		P	04/08/	2008	04/13/2015	
b								
<u>c</u>	<u></u>							
<u>d</u>								
<u>e</u>		<del></del>	<del></del>					
(e) Gross sales price	(f) Depreciation a (or allowab		(g) Cost or ot plus expens	e of sale	1	(h) Gain or (loss) (e) plus (f) minus (g)		
a 10,600.				10,254.			346.	
b				<del></del>	ļ		<del></del>	
С								
d								
е			<u> </u>	40104100				
Complete only for assets sho					4	•	(h) gain minus	
(I) F M V as of 12/31/69	(j) Adjusted bas of 12/31/		(k) Excess of col (ı) over col (j), ıf any		col (k), but not less than -0-) or Losses (from col (h))			
а							346.	
b							——————————————————————————————————————	
С				-,,				
d			·					
е								
2 Capital gain net income or (r	et capital loss)	If gain, also ente If (loss), enter -(			2		346.	
3 Net short-term capital gain o	L r (loss) as defined in se	-		•.				
If gain, also enter in Part I, li	• •		,	コ				
If (loss), enter -0- in Part I, Iii		oti dotiono)		<b>&gt;</b>	3			
	Jnder Section 494	10(e) for Reduc	ed Tax on	Net Investm	<u> </u>	16		
(For optional use by domestic pri								
			` '		,			
If section 4940(d)(2) applies, lear	ve this part blank							
Was the foundation liable for the	section 4942 tax on the	e distributable amou	nt of any vear	ın the base per	od?		Yes X No	
If "Yes," the foundation does not								
Enter the appropriate amount	<del> </del>			re making any e	ntries	•	<del></del>	
(a)		(b)		(c)			(d)	
Base period years Calendar year (or tax year be	Adjusted qualif	ying distributions		et value of table-use assets	; (c	Distri ol (b) dr	ibution ratio vided by col (c))	
2014	<del>' "</del>	6,653.		106,59			.062413	
2013		4,685.		57,28			.081790	
2012		4,780.		61,64	4.	0	.077542	
2011		20,832.		74,48	4.	0	.279684	
2010		25,193.		90,58	7.	0	.278108	
	· · · · · · · · · · · · · · · · · · ·					-		
2 Total of line 1, column (d)			•		2	0	.779537	
3 Average distribution ratio for	the 5-year base period	- divide the total on	line 2 by 5, or	r by the number				
of years the foundation has l					3	0	.155907	
4 Enter the net value of nonch	aritable-use assets for 2	2015 from Part X, lin	e 5		4		100,728.	
5 Multiply line 4 by line 3			•	•	. 5		15,704.	
6 Enter 1% of net investment i	ncome (1% of Part I, Iir	ie 27b) .			6		<del>-</del>	
							<b>.</b>	
7 Add lines 5 and 6 .			•		7		15,704.	
8 Enter qualifying distributions					. 8		3,031.	
If line 8 is equal to or greater	than line 7, check the	box in Part VI, line 1	b, and comple	ete that part usir	ig a 1% tax ra	ate See	the Part VI	
instructions								

MN

complete Part XIV

names and addresses

X

Χ

Form	1990-PF(2015) The Leone Family Foundation Inc	26-	-1632	941	Pa	age 5
Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity				Yes	No
	within the meaning of section 512(b)(13)?					
	If "Yes," attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement (see instructions)		•	12	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption app	licatio	n?	13		X
	Website address ▶					
14	The books are in care of ▶James Leone Telephon	e no		2-44	8-3	074
	Located at ▶ 2890 Autumn Woo Chaska MN ZIP+	4 ▶	553	18		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•			<b>•</b>
	and enter the amount of tax-exempt interest received or accrued during the year	- 1	5			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authori	ty			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of th	е				
	foreign country >					
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
	a disqualified person? .		X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)? .	Yes	X 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 )	Yes	X 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)?			1b		
	Organizations relying on a current notice regarding disaster assistance check here	•				
С	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			him		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d		(TE)			
	and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No			
	If "Yes," list the years ▶ 20, 20, 20					
þ	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 the instructions)			2b	CONTRACTOR	reducerora
С	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					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	.,	ডি -⊹			
	enterprise at any time during the year?	Yes	X 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)			44.0	41.7	
	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 2015)	_		3b		37
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo			4a	232223	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	its ch	arıtable		基础	
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		•	4b		X

Form 990-PF (2015) The Leone Famil	y Foundatio	n Inc	26-163	32941 Page <b>(</b>								
Part VII-B Statements Regarding Acti	vities for Which F	orm 4720 May Be R	Required (continue)	d)								
5a During the year did the foundation pay or incur			•									
(1) Carry on propaganda, or otherwise attemp	et to influence legislation	n (section 4945(e))?	Yes X	vo literatura								
(2) Influence the outcome of any specific publ	•	• • • • • • • • • • • • • • • • • • • •										
on, directly or indirectly, any voter registrat	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X	vo Primaria								
(3) Provide a grant to an individual for travel,		urnoses?		Vo Paris								
	(4) Provide a grant to an organization other than a charitable, etc., organization described											
in section 4945(d)(4)(A)? (see instructions)		gamzaton desembed	☐ Yes X N	vo la								
(5) Provide for any purpose other than religiou		literany or										
, ,		-	☐ Yes X N									
educational purposes, or for the prevention of cruelty to children or animals?  yes X 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 no		5b										
•	• •	•	IS). ► □									
•	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											
• • • •	□ vos □ N											
tax because it maintained expenditure responsibility for the grant?												
,	If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay											
premiums on a personal benefit contract?	y lulius, directly of illuli	rectly, to pay	☐ Yes X N									
•	· · · · · · · · · · · · · · · · · · ·	ly on a narcanal hanafit o	L	6b X								
b Did the foundation, during the year, pay premit	ums, directly of manect	iy, on a personal benefit c	Ontract?									
If "Yes" to 6b, file Form 8870	ation a nadiu to a probib	autod tav aboltor transactio	n? Yes X N									
7a At any time during the tax year, was the foundation recover any process				7b								
b If "Yes," did the foundation receive any procee  Part VIII Information About Officers												
and Contractors	, Directors, Truste	Jes, i ouridation ma	ilagers, riigiliy i al	u Linpioyees,								
List all officers, directors, trustees, foundation	n managers and their	r compansation (see inst	tructions)	<del></del>								
List an officers, directors, dustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account								
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred comp	other allowances								
James Leone	President		and deferred comp									
2890 Autumn Woods Dr	1100100110	0										
Lisa J Leone	Director											
2890 Autumn Woods Dr	DITCCCCI	0										
Andrew J Leone	Director	<u> </u>		- <del></del>								
2890 Autumn Woods Dr	DITCOCCI	0										
Jennifer A Leone	Director		<del> </del>									
2890 Autumn Woods Dr		0	•									
	s (other than those in		structions)	1								
2 Compensation of five highest-paid employee If none, enter "NONE."	s (outer man mose m	cidded on this 1 - See III	au uodonaj.									
	(h) Title, and ever-	-	(d) Contributions to									
(a) Name and address of each employee paid	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expense accoun								
more than \$50,000	more than \$50,000 nours per week (c) Compensation plans at											

more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				
				-
		<u></u>		
Total number of other employees paid over \$50,000	) .		. •	
Total Manager of China and Control of Contro	***	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>

Form 990-PF (2015)	The	Leone	Family	y F	oundation	n Inc

26-1632941

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(a) Name and address of each person paid more than \$50,000	instructions). If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	
NONE			
otal number of others receiving over \$50,000 for professional services	<u> </u>	<del></del>	
		<del></del>	
	Slude relevant statistical info such	1	
	mber of others receiving over \$50,000 for professional services		
	ened, research papers produced, etc		
Part IX-B Summary of Program-Related Investments (see in	structions)		
Part IX-B Summary of Program-Related Investments (see ins		Amount	
Describe the two largest program-related investments made by the foundation of		Amount	
Describe the two largest program-related investments made by the foundation of		Amount	
Describe the two largest program-related investments made by the foundation of		Amount	
Describe the two largest program-related investments made by the foundation of NONE		Amount	
Describe the two largest program-related investments made by the foundation on NONE		Amount	
Describe the two largest program-related investments made by the foundation of		Amount	
Describe the two largest program-related investments made by the foundation on NONE		Amount	
Describe the two largest program-related investments made by the foundation of NONE		Amount	
Describe the two largest program-related investments made by the foundation of NONE		Amount	
Describe the two largest program-related investments made by the foundation of NONE  All other program-related investments. See instructions		Amount	

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	oses	
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	3,031.
b Program-related investments-total from Part IX-B	1ь	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable		
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
<b>b</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, a	and Part XIII, line 4	3,031.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment income	
Enter 1% of Part I, line 27b (see instructions)	. 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	3,031.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w	hen calculating whether the founda	ation

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2015)

Li	Undistributed income (see	nstructions)		-	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7	是一种,这种位别是"加克"的。	<b>建</b> 交替的生活的可能	DE REPRESENTATION OF	5,036.
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only	立,"你们可以			
b	Total for prior years 20, 20, 20	And the state of the same		ALE STEELS THE	
3	Excess distributions carryover, if any, to 2015				
а	From 2010 . 664.				
b	From 2011 2,358.				
С	From 2012 . 1,698.				
d	From 2013 . 1,922.				
е	From 2014 1,407.				
f	Total of lines 3a through e .	8,049.			
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶\$3,031.				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior				
	years (Election required - see instructions)	The particular of the control of the	Light of Carlot and the control of t		
С	Treated as distributions out of corpus				
	(Election required - see instructions) .				
d	Applied to 2015 distributable amount				3,031.
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015	2,005.		はは神経神経神経の	2,005.
	(If an amount appears in column (d), the				
	same amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, & 4e Subtract line 5	6,044.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions .				
е	Undistributed income for 2014 Subtract				
	line 4a from line 2a Taxable amount -				
	see instructions	English And Control of the Control	The state of the s		THE REAL PROPERTY OF THE PARTY OF THE
T	Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount				
	must be distributed in 2016				
7	Amounts treated as distributions out of				A CONTRACTOR OF THE PARTY TO SECOND
′	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)				
8	Excess distributions carryover from 2010		SECTION STATE		
٠	not applied on line 5 or line 7 (see				
	instructions)				
9	Excess distributions carryover to 2016.			MARKET LAGIN	主 对 这 4 多 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
,	Subtract lines 7 and 8 from line 6a	6,044.			
10	Analysis of line 9				
	Excess from 2011 1,017.				
b	Excess from 2012 1,698.				
c	Excess from 2013 1,922.		<b>高温度</b>		
d	Excess from 2014 1, 407.				
e	Excess from 2015		1000円では、1000円	<b>以重要的</b> 的基	
_			<del></del>		Form <b>990-PF</b> (2015)

P	art XIV Private Operating Found	ations (see ins	structions and Pa	art VII-A, questio	n 9)	<del></del>
_	If the foundation has received a ruling or de	<del></del>			T	<del></del>
	foundation, and the ruling is effective for 20			. ▶	į	
b	Check box to indicate whether the foundati	•	•	cribed in section	4942(j)	(3) or 4942(J)(5)
	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		, , , , , , , , , , , , , , , , , , ,
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed				<del></del>	<u> </u>
b	85% of line 2a					
С	Qualifying distributions from Part XII,					<u> </u>
	line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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 .					
а	"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					
С	"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) ·		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	(2) Support from general public and 5					
	or more exempt organizations as					
	provided in section 4942(j)(3)(B)(iii)					ļ
	(3) Largest amount of support					
	from an exempt organization			<u> </u>		<u></u>
Ю	(4) Gross investment income art XV Supplementary Informat	ion (Complete	thic part only if	the foundation	had \$5 000 ar n	nore in
Ш	assets at any time during			the loundation	11au \$5,000 01 11	nore in
1	Information Regarding Foundation Man	<u> </u>	· motrautionor,			
	List any managers of the foundation who h		re than 2% of the tot	al contributions recei	ived by the foundation	n hefore the close
a	of any tax year (but only if they have contri				ived by the loundatio	in before the dose
	, , , , , , , , , , , , , , , , , , , ,		. , ,	, ,		
	List any managers of the foundation who o	wn 10% or more of	the stock of a corpor	ation (or an equally	large portion of the o	wnership of a
	partnership or other entity) of which the fou			` ',	J . F	<b>-</b>
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	grams:		***-
	Check here ▶ ☐ if the foundation only				and does not accep	t unsolicited
	requests for funds If the foundation makes	gifts, grants, etc. (s	see instructions) to ir	idividuals or organiza	ations under other co	inditions,
	complete items 2a, b, c, and d					_
а	The name, address, and telephone number	r or e-mail address	of the person to who	m applications shoul	ld be addressed	-
	mes Leone 612-860-019				318	
b	The form in which applications should be s	ubmitted and inform	nation and materials	they should include		
_	-,,,,,,,,,,					
С	Any submission deadlines					
<del></del>	Annual selection of the delice of the selection of the se	ich on hu ann and	ical arosa, shartable	fields bands of cont	hutiana as ath f - 1	
đ	Any restrictions or limitations on awards, s	ucii as by geograph	icai areas, chantable	i nolus, kinus ot instit	dutions, or other facto	115

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient or substantial contributor Name and address (home or business) a Paid during the year Ridgeview Foundation 490 S Mapls St public general support 55387 MN WACONIA 3,031. 3,031. ▶ 3a b Approved for future payment

. ▶ 3b

		Analysis of Income-Producir mounts unless otherwise indicated	1 <del></del>	es ted business income	Exclude	d by section 512, 513, or 514	(e)
-inte	i gioss ai	nounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 a	•	n service revenue	code		code		(Occ manuchons)
b							747
C					·		
d							
e f			-				
a a	Fees an	d contracts from government agencies					
2	Member	ship dues and assessments					
3	Interest o	n savings and temporary cash investments					
4		ds and interest from securities .	52300	655.	14	(655.)	655.
5		al income or (loss) from real estate					
		anced property .			<del> </del>		
Б 6		t-financed property . al income or (loss) from personal property					
7		vestment income	52300	346.	14	(346.)	346.
8		oss) from sales of assets other than inventory				(010.7	
9	•	me or (loss) from special events					<del></del>
10		rofit or (loss) from sales of inventory					
11	Other re	venue a <u>Cap Gain Dist</u>	52300	1,310.	14	(1,310.)	1,310.
b					ļ		
С							
d					<u> </u>		
e 42		Add columns (b) (d) and (o)		2,311.		(2,311.)	2 211
12 13		Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	14. 14. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	2,311.	145-25-4	. 13	2,311. 2,311.
		et in line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	ns)	• •	•		
	t XVI-E			nplishment of Exe	mpt Pu	ırposes	
Lir	e No.	Explain below how each activity for wh				· ·	•
	▼	accomplishment of the foundation's ex					ee instructions)
<del>}</del>		It is the Foundations	only	activity - n	ot u	nrelated	
/ L 1 a		Same Same			<del></del>	· · · · · · · · · · · · · · · · · · ·	
ГТ	<b>.</b>	balle					
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4 4 . .

### Form 990-PF (2015) The Leone Family Foundation Inc 26-1632941 Pag Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

Did the organization directly or indirectly engage in any of the following with any other organization described in section													Yes	No
	501(c)	of the	e Code (other than	n section 501(c)(	3) organizatio	ons) or in sec	tion 527	, relating	g to political o	rganizations?				
а	Transf	ers fro	om the reporting f	oundation to a no	oncharitable e	exempt orgai	nization	of						
	(1)	Cash										1a(1)		Χ
	(2)	Other	assets									1a(2)		X
b	Other	transa	actions											
			of assets to a nor	ncharitable exem	pt organization	on .			_			1b(1)		X
			ases of assets fro							_		1b(2)		X
	٠,		I of facilities, equi			,						1b(3)		X
			oursement arrange						•	-		1b(4)		X
			or loan guarante				•			•		1b(5)		X
			mance of services		or fundraisin	a colicitation			•			1b(6)		X
_	٠,		acilities, equipmen	•		-		• •	•	•	•	1c		$\frac{X}{X}$
		-		=				umn (h) (	chauld always	show the fau				
a			r to any of the abo			=			-					
	•		r assets, or service		-						alue in a	ny transa	iction	
	or sna	ring a	rrangement, show	/ in column (a) th	e value of the	e goods, othe	er asset	s, or serv	rices received					
	— <del>-</del> —	(1-)		17-111				(4)5						
a) (	ine no	(a)	Amount involved	(c) Name of no	ncharitable e	xempt organ	ization	(a)Desc	of transfers,	transactions,	and sha	ring arra	ngeme	ents
					<u> </u>						<del></del>			
				<del> </del>										
								  -						
										** ***				
												<u> </u>		
				_								·		
					·····				····					
					-	•								
a:	Is the	e four	dation directly or	indirectly affiliate	ed with, or rel	ated to, one	or more	tax-exer	npt organizati	ons described	ın I			
			1(c) of the Code (									Ye	s X	No
b			omplete the follow	•	. , , , ,									
			Name of organiza	=	(b)	Type of org	anızatı	on		(c) Description of relationship				
					<del>                                     </del>		<del></del>			·				
		_	· · ·											
									1					
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_		Unde	r penalties of perjury, I	declare that I have exa	amined this return	, including accor	npanying s	chedules a	nd statements, an	d to the best of my	/ knowledge	and		
			, it is true correct, and c											
S	ign		O	ρ						ı	<del></del>			
Н	ere		Mann	Silen	_	15	13-1	/	Presi	dent	-	tS discuss t		
		<u> </u>	analys of officer or t	tructoo			131	<u></u>		dent	(see instru	eparer show		- I
		- 51	gnature of officer or t		0	Date		12	Title		<del></del>		Yes	No
a	id		Print/Type preparer		Preparer's	signature	$\cap A$	94 Da	5-13-1	Check	ا لسسا	TIN	004	_
ore	pare	r	Thomas G		1 / O'h	7/4	<del>, U</del>	//	J 151	Tool on pic	<del></del>	0123		
	e Onl		Firm's name	▶Sims Co		<u> </u>	<u>,                                     </u>	1.4.0			75-2			
_		•	Firm's address		imsen .			<b>14</b> 0		Phone no 9	52-4	74-86	530	
				MINNETC	NKA MN	55345	-							
											_			

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## INVESTMENT ACCESS ACCOUNT STATEMENT 2015 ANNUAL STATEMENT

Account number 309-69441 Page 4 of 8

### ASSET DETAIL

The Estmated Annualized Income ("EAI") for certain secunites could include a return of principal or capital gains, in which case EAI depicted on this account statement would be overstated. EAI is only an estimate of income may be higher or lower. In the event the investment matures, is sold or called, the full EAI may not be realized.

## CASH AND MONEY MARKET

				IZED ESTIMATED	2.27	1,205 43 \$523 15	1.27		ZED ESTIMATED	3.74 \$626.96	.74 \$626.96	
				UNREALIZED	-\$682.27	-\$1,20	-\$682.27		UNREALIZED	\$583.74	\$583.74	
PREVIOUS YEAR-END STATEMENT MARKET VALUE	\$9,508 42			NET COST	\$8,000.00	00 05	\$8,000.00		NET COST •	\$8,014.86	\$8,014.86	00.081,01
				PURCHASE DATE	04/22/15	Reinvest			PURCHASE DATE	09/07/11		
CURRENT MARKET VALUE	\$452.37	\$452.37		MARKET VALUE	\$7,317.73	Q	\$7,317.73		MARKET VALUE/ ACCRUED INTEREST	\$8,598.60	\$8,598.60	70,750,00
MARKET	\$1.000			MARKET PRICE	\$31,340	-\$1,214.96			MARKET	\$25.290		
QUANTITY	452.370			QUANTITY	233.495 21 <i>6.</i> 802	16.693 greinvested dividends			QUANTILY	340.000	340,000	
SYMBOL/CUSIP	TPMXX			SYMBOL/CUSIP	FHCCX	alized gain/loss includin			SYMBOL/CUSIP	CBLPRD		
DESCRIPTION	PRIME MONEY MARKET FUND RBC INVESTOR CLASS	TOTAL CASH AND MONEY MARKET	US EQUITIES	DESCRIPTION	HEALTH CARE FUND CL C	16.693  Net cost of reinvested dividends \$532.69 Unrealized gain/loss including reinvested dividends	TOTAL US EQUITIES	TAXABLE FIXED INCOME	DESCRIPTION	CEL & ASSOCIATES PRITS INC. DEP SHS REP 1/10TH OF 7.375% SER D CUM REDEEMABLE PFD STK CALLABLE 01/31/16 AT 25.00 MOODY N/R S&P BB	TOTAL TAXABLE FIXED INCOME	IWLO STOCK

<sup>•</sup> The Unrealzed Gan/Loss may not reflect your nivestments' total return. Specifically, the net cost does not include dividend and capital gams distributions which have been reinvestedAdditionally, the information that appears in these columns may be based on information provided by you or at your direction. RBC has not verified such data. Please see "About Your Statement" on page 2 for further information.

Your Financial Advisor has elected to display Asset Detail with the following options asset purchases (tax lots) listed individually, reinvested dividends and capital gains distributions consolidated, and the cost of



A dMsion of RBC Capital Markets, LLC, Member NYSE/FINRA/SIPC

RBC Wealth Management

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# INVESTMENT ACCESS ACCOUNT STATEMENT 2015 ANNUAL STATEMENT

Account number 309-69441 Page 5 of 8

MIXED ASSETS

ESTIMATED	\$30.77	\$30.77
UNREALIZED GAIN/LOSS : ANN	\$5,291.97 -\$205.68 \$103.49 \$5,394.15	\$5,291.97
NET COST •	\$3,805.81 \$1,805.81 \$2,000 00 \$0 00	\$3,805.81
PURCHASE DATE	06/18/08 07/30/09 Reinvest	
MARKET VALUE	\$5,097.78	\$9,097.78
MARKET PRICE	\$16.260	
QUANTITY	559.519 98.409 129 366 331.744	
SYMBOL/CUSIP	MCLOX Unrealized gain/loss includin	
DESCRIPTION	BIACKROCK GLOBAL ALLOCATION  FD INC CL C  Net cost of reinvested dividends \$5,720.09 Unrealized gain/loss including r	TOTAL MIXED ASSETS