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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 instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

B Telephone number (see instructions)
(847) 783-3000

City or town, state or province, country, and ZIP or foreign postal code
HOFFMAN ESTATES, IL 60192

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 506,655

J Accounting method ☐ Cash ☐ Accrual ☑ Other (specify) MODIFIED CASH BASIS
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	346,000			
	2	Check ▶ ☐ 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	346,000	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)	18,840	0		9,420
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	4,915	0		2,457
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	23,755	0		11,877
	25	Contributions, gifts, grants paid	276,442			276,442
	26	**Total expenses and disbursements.** Add lines 24 and 25	300,197	0		288,319
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	45,803			
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	456,580	493,649	493,649
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 13,006			
	Less allowance for doubtful accounts ▶	4,272	13,006	13,006
	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)			
	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)	460,852	506,655	506,655
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	460,852	506,655	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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)	460,852	506,655	
	31 **Total liabilities and net assets/fund balances** (see instructions)	460,852	506,655	

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	460,852
2	Enter amount from Part I, line 27a	2	45,803
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	506,655
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	506,655

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
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))
2015	293,307	431,991	0 678966
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

2	**Total** of line 1, column (d)	2	6 630406
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 326081
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	467,988
5	Multiply line 4 by line 3	5	620,590
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	620,590
8	Enter qualifying distributions from Part XII, line 4	8	288,319

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ 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	2016 estimated tax payments and 2015 overpayment credited to 2016 — 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 ☐ 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 2017 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
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? *If "Yes," attach a detailed description of the activities*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T*	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? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	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?	13	Yes	

Website address ▶ NONE

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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, 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?		Yes	No
		16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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 ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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 ☐ 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 ☑ 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		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ 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? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2016 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		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 2016?	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))?	☐ Yes	☑ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☑ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes	☑ 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?	☐ Yes	☑ 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?	☐ Yes	☐ No		
	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?	☐ Yes	☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**6b**	**No**
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☑ 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	475,115
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	475,115
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	475,115
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,127
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	467,988
6	**Minimum investment return.** Enter 5% of line 5	6	23,399

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	23,399
2a	Tax on investment income for 2016 from Part VI, line 5	2a		
b	Income tax for 2016 (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	23,399
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	23,399
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	23,399

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	288,319
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	288,319
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	288,319

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				23,399
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 62,217				
b From 2012. 34,353				
c From 2013. 62,435				
d From 2014. 173,659				
e From 2015. 271,707				
f **Total** of lines 3a through e.	604,371			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 288,319				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				23,399
e Remaining amount distributed out of corpus	264,920			
5 Excess distributions carryover applied to 2016	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	869,291			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions) . . .	62,217			
9 **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a	807,074			
10 Analysis of line 9				
a Excess from 2012. . . . 34,353				
b Excess from 2013. . . . 62,435				
c Excess from 2014. . . . 173,659				
d Excess from 2015. . . . 271,707				
e Excess from 2016. . . . 264,920				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

JAMES A LEOPARDO

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JAMES LEOPARDO
5200 PRAIRIE STONE PARKWAY
HOFFMAN ESTATES, IL 60192
(847) 783-3500

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

NO PRESCRIBED FORM REQUIRED

c Any submission deadlines

NONE

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

NONE

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				276,442
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		0	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	0

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
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

(a) Line No	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

******	2017-08-15	******
Signature of officer or trustee	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	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
GREGORY S ADAMS		2017-08-10		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 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	CHIEF EXECUTIVE OFFICER 0 00	0	0	0
RICHARD S MATTIODA 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	PRESIDENT 0 00	0	0	0
JOHN D WARD JR 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	CHIEF FINANCIAL OFFICER 0 00	0	0	0
MICHAEL T LEOPARDO 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	VICE PRESIDENT & SECRETARY 0 00	0	0	0
JOBETH LEOPARDO 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	TREASURER 0 00	0	0	0
RICK J DUPRAW 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	DIRECTOR 0 00	0	0	0
DAVID A STONE 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	DIRECTOR 0 00	0	0	0
GARY LEOPARDO 5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192	DIRECTOR 0 00	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ACE TECH HIGH SCHOOL 5410 S STATE ST CHICAGO, IL 60609		PC	GENERAL OPERATING SUPPORT	4,100
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE CHICAGO, IL 60601		PC	GENERAL OPERATING SUPPORT	2,100
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS, MN 55435		PC	GENERAL OPERATING SUPPORT	25,000
AMERICAN RED CROSS OF GREATER CHICAGO 2200 W HARRISON ST CHICAGO, IL 60612		PC	GENERAL OPERATING SUPPORT	3,000
ANN & ROBER LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE CHICAGO, IL 60611		PC	GENERAL OPERATING SUPPORT	1,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	6,091
BARRINGTON AREA COMMUNITY FOUNDATION 185 EAST DUNDEE ROAD SUITE 300 BARRINGTON, IL 60010		PC	GENERAL OPERATING SUPPORT	881
BEACON THERAPEUTIC 1912 W 103RD ST CHICAGO, IL 60643		PC	GENERAL OPERATING SUPPORT	2,855
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST 700 CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	2,500
CHICAGO YOUTH PROGRAMS 5350 S PRAIRIE AVE CHICAGO, IL 60615		PC	GENERAL OPERATING SUPPORT	3,700
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CHILDREN'S DYSLEXIA CENTER 33 MARRETT ROAD LEXINGTON, MA 02421		PC	GENERAL OPERATING SUPPORT	500
CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	19,000
COMPANIES THAT CARE 954 W WASHINGTON BLVD 430 CHICAGO, IL 60607		PC	GENERAL OPERATING SUPPORT	2,500
COVENANT RETIREMENT COMMUNITIES 5700 OLD ORCHARD ROAD SKOKIE, IL 60077		PC	GENERAL OPERATING SUPPORT	1,000
COVENANT VILLAGE OF NORTHBROOK 2625 TECHNY ROAD NORTHBROOK, IL 60062		PC	GENERAL OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
DIFFA CHICAGO 222 W MERCHANDISE MART PLAZA 939 CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	2,746
DUPAGE MEDICAL GROUP CHARITABLE FUND 1100 WEST 31ST STREET SUITE 300 DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	21,200
EL VALOR 1850 W 21ST STREET CHICAGO, IL 60608		PC	GENERAL OPERATING SUPPORT	2,500
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 452770053		PC	GENERAL OPERATING SUPPORT	3,500
GIRF 70 E LAKE STREET CHICAGO, IL 60601		PC	GENERAL OPERATING SUPPORT	750
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
GIRLS IN THE GAME 1501 W RANDOLPH ST CHICAGO, IL 60607		PC	GENERAL OPERATING SUPPORT	1,100
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632		PC	GENERAL OPERATING SUPPORT	4,290
JUNIOR ACHIEVEMENT OF CHICAGO 651 W WASHINGTON BLVD 404 CHICAGO, IL 60661		PC	GENERAL OPERATING SUPPORT	800
LAF 120 S LA SALLE ST 900 CHICAGO, IL 60603		PC	GENERAL OPERATING SUPPORT	500
MISERICORDIA 6300 NORTH RIDGE CHICAGO, IL 60660		PC	GENERAL OPERATING SUPPORT	12,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NCH FOUNDATION S 350 7TH ST N NAPLES, FL 34102		PC	GENERAL OPERATING SUPPORT	12,600
RUSH-COPELY FOUNDATION 2000 OGDEN AVENUE AURORA, IL 60504		PC	GENERAL OPERATING SUPPORT	25,000
THE COALITION FOR UNITED COMMUNITY ACTION ORTC INC 2100 SOUTH INDIANA AVENUE STE 225 CHICAGO, IL 60616		PC	GENERAL OPERATING SUPPORT	100
THE JOHN BUCK COMPANY FOUNDATION ONE NORTH WACKER DRIVE SUITE 400 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	4,550
TURNING POINTE AUTISM FOUNDATION PO BOX 9203 NAPERVILLE, IL 60567		PC	GENERAL OPERATING SUPPORT	5,175
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
UNIVERSITY OF CHICAGO MEDICINE COMER CHILDREN'S HOSPITAL 5721 S MARYLAND AVENUE CHICAGO, IL 60637		PC	GENERAL OPERATING SUPPORT	3,700
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	1,000
ADVOCATE CONDELL MEDICAL CENTER 801 S MILWAUKEE AVE LIBERTYVILLE, IL 60048		PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ADVOCATE GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVE DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	4,184
BLUE CHIP ACADEMY 10052 CLOW CREEK ROAD PLAINFIELD, IL 60585		PC	GENERAL OPERATING SUPPORT	1,000
BOX IT FOUNDATION 5401 FARGO AVE SKOKIE, IL 60077		PC	GENERAL OPERATING SUPPORT	3,500
CBRE CARES 400 S HOPE STREET 25TH FLOOR LOS ANGELES, CA 90071		PC	GENERAL OPERATING SUPPORT	8,500
CHICAGO LIGHTHOUSE FOUNDATION 1850 W ROOSEVELT ROAD CHICAGO, IL 60608		PC	GENERAL OPERATING SUPPORT	3,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CHICAGO PARKS FOUNDATION 541 N FAIRBANKS CT CHICAGO, IL 60611		PC	GENERAL OPERATING SUPPORT	22,500
CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE ST CHICAGO, IL 60640		PC	GENERAL OPERATING SUPPORT	2,000
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON, IL 60201		PC	GENERAL OPERATING SUPPORT	2,500
DOWNERS GROVE FIRST METHODIST CHURCH 1032 MAPLE AVE DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	400
DREAM AND BELIEVE 364 NORTH MAIN STREET SUITE 10D MANAHAWKIN, NJ 08050		PC	GENERAL OPERATING SUPPORT	750
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
EDWARD FOUNDATION 801 S WASHINGTON STREET NAPERVILLE, IL 60540		PC	GENERAL OPERATING SUPPORT	1,100
ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126		PC	GENERAL OPERATING SUPPORT	3,000
FEDERATION OF WOMEN CONTRACTORS 100 E WASHINGTON ST SPRINGFIELD, IL 62701		PC	GENERAL OPERATING SUPPORT	1,990
FRANK LLOYD WRIGHT TRUST 209 S LASALLE ST CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	2,500
GALLOPING OUT 7301 W 25TH ST 321 NORTH RIVERSIDE, IL 60546		PC	GENERAL OPERATING SUPPORT	150
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
GBWM WOMAN LEADERS IN RE INITIATIVE 485 HALF DAY ROAD SUITE 350 BUFFALO GROVE, IL 60089		PC	GENERAL OPERATING SUPPORT	5,000
GOLD COAST NEIGHBOR ASSOCIATION 540 N DEARBORN ST CHICAGO, IL 60610		PC	GENERAL OPERATING SUPPORT	1,000
HUNT FOR A CURE 2687 44TH STREET SE KENTWOOD, MI 49512		PC	GENERAL OPERATING SUPPORT	1,650
IFCA FOUNDATION PO BOX 7 SKOKIE, IL 60076		PC	GENERAL OPERATING SUPPORT	500
LITTLE KIDS ROCK 271 GROVE AVE BUILDING E-2 VERONA, NJ 07044		PC	GENERAL OPERATING SUPPORT	2,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
MIDWEST BBQ FOR THE BRAVE INC 771 LESLIE LANE FRANKFORT, IL 60423		PC	GENERAL OPERATING SUPPORT	500
NATIONAL NAVY SEAL MUSEUM 3300 N HWY A1A FORT PIERCE, FL 34949		PC	GENERAL OPERATING SUPPORT	1,000
NMU FOUNDATION 1401 PRESQUE ISLE AVE MARQUETTE, MI 49855		PC	GENERAL OPERATING SUPPORT	600
OPEN HEART MAGIC 53 W JACKSON BLVD 835 CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	3,000
PERFECTION GROUP FOUNDATION 2649 COMMERCE BLVD CINCINNATI, OH 45241		PC	GENERAL OPERATING SUPPORT	1,000
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
RONALD MCDONALD HOUSE 818 FULTON ST SE MINNEAPOLIS, MN 55414		PC	GENERAL OPERATING SUPPORT	4,000
ROOSEVELT UNIVERSITY 430 S MICHIGAN AVE CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	3,720
SIDE BY SIDE FOR CHRIST 2420 HIGH MEADOW ROAD NAPERVILLE, IL 60564		PC	GENERAL OPERATING SUPPORT	2,000
THE CHALLENGE LEARNING CENTER 2300 173RD STREET HAMMOND, IN 46323		PC	GENERAL OPERATING SUPPORT	1,000
THETA MU LAMBDA CHARITABLE FOUNDATION PO BOX 95 OLYMPIA FIELDS, IL 60461		PC	GENERAL OPERATING SUPPORT	260
Total . . . . . ▶ 3a				276,442

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
UIC ATHLETICS 1200 W HARRISON ST CHICAGO, IL 60607		PC	GENERAL OPERATING SUPPORT	2,150
Total . . . . . ▶ 3a				276,442

TY 2016 Accounting Fees Schedule

Name: LEOPARDO CHARITABLE FOUNDATION

EIN: 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	18,840	0		9,420

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491234001197

TY 2016 Taxes Schedule

Name: LEOPARDO CHARITABLE FOUNDATION

EIN: 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	4,891	0		2,445
LICENSES AND PERMITS	24	0		12

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491234001197

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

2016

Name of the organization
LEOPARDO CHARITABLE FOUNDATION

Employer identification number
20-1437384

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, 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	Employer identification number
LEOPARDO CHARITABLE FOUNDATION	20-1437384

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 ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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	ADMIRAL HEATING & VENTILATING INC 450 LITT DRIVE HILLSIDE, IL60162	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	THE HILL GROUP 11045 GAGE AVE FRANKLIN PARK, IL60131	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	LEOPARDO COMPANIES INC 5200 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL60192	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	MARON ELECTRIC COMPANY 5401 W FARGO AVE SKOKIE, IL60077	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	NESKO ELECTRIC COMPANY 3111 S 26TH AVE BROADVIEW, IL60155	$ 35,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	REX ELECTRIC INC 8600 WEST BRYN MAWR CHICAGO, IL60631	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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	TITAN ELECTRIC CONTRACTING LLC 401 EAST NORTH AVENUE VILLA PARK, IL60181	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	WESTSIDE MECHANICAL INC 2007 CORPORATE LN NAPERVILLE, IL60563	$ 45,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
9	AIRTITE 343 CAROL LN ELMHURST, IL60126	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
10	FE MORAN FIRE PROTECTION 3001 RESEARCH RD SUITE A CHAMPAIGN, IL61822	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
11	STATE MECHANICAL SERVICES 1701 QUINCY AVE NAPERVILLE, IL60540	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
12	FLOORING RESOURCES CORP 600 W PRATT AVE ELK GROVE VILLAGE, IL60007	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
13	PERFORMANCE CONTRACTING INC 11145 THOMPSON AVE LENEXA, KS66219	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
14	KB ADVANCED TECHNOLOGIES 5200 NEWPORT DRIVE ROLLING MEADOWS, IL60008	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
15	ADJUSTABLE FORMS INC 1 E PROGRESS ROAD LOMBARD, IL60148	$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
16	TRITON PLUMBING 1824 W PERSHING ROAD CHICAGO, IL60609	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
17	ELSTON WINDOW & WALL 2525 N ELSTON AVE CHICAGO, IL60647	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
18	CT MECHANICAL 1070 N GARFIELD ST LOMBARD, IL60148	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
19	BENETT & BROSSEAU ROOFING 535 ANDERSON DR ROMEOVILLE, IL60446	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
20	ARCHITECTURAL GLASS WORKS 18535 W CREEK DR TINLEY PARK, IL60477	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
21	HERNER GEISSLER WOODWORKING 400 N HERMITAGE AVE CHICAGO, IL60622	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
22	G&L ASSOCIATES 2340 DES PLAINES RIVER RD 203 DES PLAINES, IL60018	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)