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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**  
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 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2016**  
**Open to Public Inspection**

**For calendar year 2016, or tax year beginning 03-01-2016, and ending 02-28-2017**

Name of foundation LEOPOLD SCHEPP FOUNDATION		<b>A Employer identification number</b> 13-5562353	
Number and street (or P O box number if mail is not delivered to street address) 950 THIRD AVENUE 31ST FLOOR	Room/suite	<b>B Telephone number (see instructions)</b> (212) 692-0191	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 10,972,708		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	215,326			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	250,001	250,001	250,001	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	145,166			
	<b>b</b> Gross sales price for all assets on line 6a	1,732,644			
	<b>7</b> Capital gain net income (from Part IV, line 2)		145,166		
	<b>8</b> Net short-term capital gain			145,166	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	610,493	395,167	395,167		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	176,379	35,276	0	141,103
	<b>14</b> Other employee salaries and wages	114,119	0	0	114,119
	<b>15</b> Pension plans, employee benefits	71,588	8,693	0	62,895
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	16,450	3,990	0	15,960
	<b>c</b> Other professional fees (attach schedule)	81,719	81,719	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	23,416	2,213	0	16,015
	<b>19</b> Depreciation (attach schedule) and depletion	1,796	0	1,796	
	<b>20</b> Occupancy	117,595	5,880	0	111,715
	<b>21</b> Travel, conferences, and meetings	3,143	1,109	0	2,034
	<b>22</b> Printing and publications	7,126	0	0	7,126
	<b>23</b> Other expenses (attach schedule)	46,185	609	0	45,576
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	659,516	139,489	1,796	516,543
	<b>25</b> Contributions, gifts, grants paid	173,000			173,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	832,516	139,489	1,796	689,543	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-222,023				
<b>b Net investment income</b> (if negative, enter -0-)		255,678			
<b>c Adjusted net income</b> (if negative, enter -0-)			393,371		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	187,704	87,591	87,591
	<b>2</b> Savings and temporary cash investments . . . . .	1,001,691	142,568	142,568
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	6,160		
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	118,981	75,882	75,882
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	8,710,666	10,664,646	10,664,646
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 81,995 Less accumulated depreciation (attach schedule) ▶ _____ 79,974	3,817	2,021	2,021
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	10,029,019	10,972,708	10,972,708	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	41,698	16,000	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	6,532	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	41,698	22,532	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	9,987,321	10,950,176	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	9,987,321	10,950,176		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	10,029,019	10,972,708		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> 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) . . . . .	<b>1</b>	9,987,321
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-222,023
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	1,184,878
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	10,950,176
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	10,950,176

**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)
<b>1 a</b> SALE OF VARIOUS INVESTMENTS	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 1,732,644		1,587,478	145,166
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			145,166
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	145,166
<b>3</b> 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	145,166

**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?  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

Yes  No

**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	626,705	9,603,380	0.065259
2014	716,707	10,490,960	0.068317
2013	802,115	10,074,273	0.079620
2012	776,706	10,048,232	0.077298
2011	833,367	10,551,608	0.078980

<b>2</b> Total of line 1, column (d)	2	0.369474
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.073895
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	10,504,132
<b>5</b> Multiply line 4 by line 3	5	776,203
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	2,557
<b>7</b> Add lines 5 and 6	7	778,760
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	689,543

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

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

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 10, and amount overpaid is 21,676.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 for political purposes?', and 'Did the foundation file Form 1120-POL?'. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, annual returns, and books in care.

Located at 950 THIRD AVENUE 31ST FLOOR NEW YORK NY ZIP+4 10022

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**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)?  Yes  No

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  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?  Yes  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?  Yes  No

**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
KATHLEEN SMITH 950 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10022	EXEC SECTRY 40 00	84,496	19,849	0

**Total** number of other employees paid over \$50,000.  Yes  No 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
FIDUCIARY INVESTMENT ADVISORS LLC 100 NORTHFIELD DRIVE WINDSOR, CT 06095	INVESTMENT FEES	51,206
<b>Total</b> 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
<b>1</b> PROVIDING FINANCIAL ASSISTANCE TO DESERVING INDIVIDUALS SEEKING UNDERGRADUATE AND GRADUATE EDUCATION	575,116
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ▶ 0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	10,510,922
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	52,821
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	100,350
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	10,664,093
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	10,664,093
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	159,961
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	10,504,132
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	525,207

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	689,543
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	689,543
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	689,543

**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
<b>1</b> Distributable amount for 2016 from Part XI, line 7				0
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	835,600			
<b>b</b> From 2012. . . . .	778,534			
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .	195,886			
<b>e</b> From 2015. . . . .	173,223			
<b>f</b> Total of lines 3a through e. . . . .	1,983,243			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				0
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,983,243			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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	
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .			0	
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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		
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	835,600			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .	1,147,643			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	778,534			
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .	195,886			
<b>d</b> Excess from 2015. . . . .	173,223			
<b>e</b> Excess from 2016. . . . .				

**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. . . . . 2015-10-20

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year				(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .	393,371	480,169	273,465	503,714	1,650,719
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	334,365	408,144	232,445	428,157	1,403,111
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	689,543	626,705	716,707	806,585	2,839,540
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	0	0	0	0	0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	350,138	320,113	349,699	335,809	1,355,759
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .	215,326	212,977	287,818	229,271	945,392
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .	215,326	212,977	287,818	229,271	945,392
<b>(3)</b> Largest amount of support from an exempt organization	0	0	0	0	0
<b>(4)</b> Gross investment income	360,167	1,473,495	275,416	228,225	2,337,303

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

SUZANNECLAIR GUARD  
551 5TH AVENUE  
NEW YORK, NY 10176  
(212) 692-0191

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

EACH APPLICANT MUST SUBMIT A LETTER OF INQUIRY WHICH ADDRESSES THE 9 QUESTIONS PROVIDED ON THE WEBSITE

**c** Any submission deadlines

APPLICATION PROCESS CLOSSES WHEN A SUFFICIENT NUMBER OF APPLICATIONS HAVE BEEN RECEIVED FOR REVIEW

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

CRITERIA PERMANENT RESIDENT OR US CITIZEN, COMPLETED ONE YEAR OF COLLEGE, MINIMUM GPA OF 3.0, UNDERGRADUATES CANNOT BE OVER 30 YEARS OF AGE WHEN THE SCHOLARSHIP IS FIRST RECEIVED, GRADUATE STUDENTS CANNOT BE OVER 40 YEARS OF AGE WHEN SCHOLARSHIP IS FIRST RECEIVED, NO AGE LIMIT FOR POST-DOCTORAL STUDIES, SCHOLARSHIPS ARE NOT AWARDED FOR A SECOND DEGREE AT THE SAME LEVEL OF DEGREE ALREADY ACHIEVED, APPLICANTS MUST HAVE FINANCIAL NEED, APPLICANTS MUST BE ENROLLED FULL TIME IN AN ACCREDITED DEGREE GRANTING INSTITUTION

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				173,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





<b>Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
BARBARA MCLENDON 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	PRESIDENT 1 50	0	0	0
KATHRYN CASHMAN 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	VICE PRESIDENT 1 25	0	0	0
FRANK C POLI 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TREASURER 1 25	0	0	0
LINDA MCKEAN 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	SECRETARY 1 25	0	0	0
SUSAN BRENNER 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
JAMES TURINO 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
ROBERT REDER 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
EMILY CRAWFORD 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
DIANA P HERRMANN 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
MICHELE A PAIGE 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
ELIZABETH STONE POTTER 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
BRUNO A QUINSON 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
BANNING REPPLIER 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
NANCY GROSSMAN 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	TRUSTEE 1 00	0	0	0
SUZANNECLAIR GUARD 950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	EXECUTIVE DIRECTOR 40 00	176,379	35,242	0

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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
WILLIAM BARRETT  950 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	VICE PRESIDENT 1 25	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MR PATRICK ALTEMOSE 2303 BIRCH COURT WARRINGTON, PA 18976	NONE	N/A	SCHOLARSHIP	7,000
MS ONYCHA BANTON 808 HOPKINSON AVENUE BROOKLYN, NY 11212	NONE	N/A	SCHOLARSHIP	7,000
MS CLAIRE ELIZABETH BATES 200 EAST POPLAR AVENUE CARRBORO, NC 27510	NONE	N/A	SCHOLARSHIP	8,500
MR MORGAN BOBROW-WILLIAMS 3237 RAMSGATE ROAD AUGUSTA, GA 30909	NONE	N/A	SCHOLARSHIP	8,500
MS MADISON A BROERS 336 N JOSEPH AVENUE EAST WENATCHEE, WA 98802	NONE	N/A	SCHOLARSHIP	7,500
<b>Total</b> . . . . . <b>3a</b>				173,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MR NATHAN LEWIS BRUSCHI 2 COMPUTER DRIVE WEST ALBANY, NY 12205	NONE	N/A	SCHOLARSHIP	8,000
MS ANGELA BUJAJ 25 HIGHLAND AVENUE EASTCHESTER, NY 10709	NONE	N/A	SCHOLARSHIP	7,500
MS OLIVIA CASTOR 25 RIDGE AVENUE SPRING VALLEY, NY 10977	NONE	N/A	SCHOLARSHIP	5,000
MR FRANK COPELI 2525 EAST 22ND STREET BROOKLYN, NY 11235	NONE	N/A	SCHOLARSHIP	9,000
MR JOSEPH COPELI 10250 62ND ROAD FOREST HILLS, NY 11375	NONE	N/A	SCHOLARSHIP	4,500
<b>Total . . . . .</b> ▶ <b>3a</b>				173,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MS KRISTEN CROSS 415 FELCH STREET ANN ARBOR, MI 48103	NONE	N/A	SCHOLARSHIP	8,500
MS LATOYA L DEQUAIR-THOMAS 5401 RHODES AVENUE NEW ORLEANS, LA 70131	NONE	N/A	SCHOLARSHIP	8,500
MS OGHOGHO O IGODAN 3003 VAN NESS STREET NW WASHINGTON, DC 20008	NONE	N/A	SCHOLARSHIP	8,500
MS TASMIHA KHAN 10201 MULBERRY LANE BRIDGEVIEW, IL 60455	NONE	N/A	SCHOLARSHIP	4,250
MR SAMUEL LARSON 2710 S LAFAYETTE STREET DENVER, CO 80210	NONE	N/A	SCHOLARSHIP	4,500
<b>Total . . . . . ▶</b> <b>3a</b>				173,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MR JERRY LEE 170 BROOKLINE AVENUE BOSTON, MA 02215	NONE	N/A	SCHOLARSHIP	8,500
MS ALLYZA LUSTIG 53 HASTINGS AVENUE CROTON ON HUDSON, NY 10520	NONE	N/A	SCHOLARSHIP	8,500
MR BRIAN MORGAN 68 BARTON CORNER ROAD HOPKINTON, NH 03229	NONE	N/A	SCHOLARSHIP	6,000
MS SEEMA RAMBARAN 57-35 134TH STREET FLUSHING, NY 11355	NONE	N/A	SCHOLARSHIP	8,500
MS SYEDA RASOOL 602 EAST 2ND STREET BROOKLYN, NY 11218	NONE	N/A	SCHOLARSHIP	8,000
<b>Total . . . . . ▶</b> <b>3a</b>				173,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MR SAMUEL ROECK 1359 GREENE AVENUE BROOKLYN, NY 11237	NONE	N/A	SCHOLARSHIP	4,250
MS MORIAH ROETH 3220 TIPTON ROAD MUSCATINE, IA 52761	NONE	N/A	SCHOLARSHIP	1,500
MS ANNA EMILIA SARFATY 124 LINN STREET ITHACA, NY 14850	NONE	N/A	SCHOLARSHIP	7,500
MS SHELBY THURGOOD 288 SOUTH 810 EAST SALEM, UT 84653	NONE	N/A	SCHOLARSHIP	5,000
MS MAYA WILLIAMS 26900 WEST 12 MILE ROAD SOUTHFIELD, MI 48034	NONE	N/A	SCHOLARSHIP	8,500
<b>Total . . . . . ▶</b> <b>3a</b>				173,000

**TY 2016 Accounting Fees Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	16,450	3,990	0	15,960

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2016 Depreciation Schedule

**Name:** LEOPOLD SCHEPP FOUNDATION

**EIN:** 13-5562353

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE AND EQUIPMENT		43,291	42,195	SL	10 000000000000	730	0	730	
OFFICE EQUIPMENT		38,704	35,983	SL	5 000000000000	1,066	0	1,066	

**TY 2016 Distribution from Corpus Election**

**Name:** LEOPOLD SCHEPP FOUNDATION

**EIN:** 13-5562353

**Election:** PURSUANT TO IRC SECTION 4942(H)(2) AND REG. SECTION 53.4942(A)(2), TAXPAYER ELECTS TO TREAT \$835,600 OF CURRENT QUALIFYING DISTRIBUTIONS AS COMING FROM CORPUS.

**TY 2016 General Explanation Attachment****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	AMENDED RETURN	FROM 990-PF, ITEM G	THE 2016 990PF FOR LEOPOLD SCHEPP FOUNDATION HAS BEEN AMENDED TO CORRECTLY REFLECT THE IRS APPROVED CHANGE IN CLASSIFICATION FROM A PRIVATE FOUNDATION TO A PRIVATE OPERATING FOUNDATION ACCORDINGLY, PART VII-A, LINE 9 HAS BEEN ANSWERED YES, AND PART IX-A AND PART XIV HAVE BEEN COMPLETED

**TY 2016 Investments - Other Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
BOND FUNDS	FMV	2,118,819	2,118,819
EQUITY FUNDS	FMV	7,473,093	7,473,093
ALTERNATIVE INVESTMENTS	FMV	1,072,734	1,072,734

**TY 2016 Land, Etc.  
Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
FURNITURE AND EQUIPMENT	43,291	42,925	366	
OFFICE EQUIPMENT	38,704	37,049	1,655	

**TY 2016 Other Expenses Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TELEPHONE	4,474	224	0	4,250
INSURANCE	2,793	0	0	2,793
PROFESSIONAL SERVICES	33,250	0	0	33,250
MISCELLANEOUS	5,668	385	0	5,283

**TY 2016 Other Increases Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Description</b>	<b>Amount</b>
UNREALIZED GAIN ON INVESTMENTS	1,184,878

**TY 2016 Other Liabilities Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DEFERRED RENT	0	6,532

**TY 2016 Other Professional Fees Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT FEES	81,719	81,719	0	0

**TY 2016 Substantial Contributors  
Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Name****Address**

ESTATE OF BEATRICE POCKRASS

51 HASKELL DRIVE  
BRATENTAHL, OH 44108

**TY 2016 Taxes Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	18,228	2,213	0	16,015
EXCISE TAXES	5,188	0	0	0

**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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**

**Name of the organization**  
LEOPOLD SCHEPP FOUNDATION

**Employer identification number**  
13-5562353

**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

Form 990-PF

- 527 political organization
- 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<sup>1</sup> 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)

<b>Name of organization</b> LEOPOLD SCHEPP FOUNDATION	<b>Employer identification number</b> 13-5562353
----------------------------------------------------------	-----------------------------------------------------

<b>Part I Contributors</b> (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 <hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

<b>Name of organization</b> LEOPOLD SCHEPP FOUNDATION	<b>Employer identification number</b> 13-5562353
----------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property**

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
(see instructions) Use duplicate copies of Part II if additional space is needed			
2	CORPORATE STOCKS	\$ 10 425	2016-11-10
5	CORPORATE STOCK	\$ 10 277	2016-06-15
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

<b>Name of organization</b> LEOPOLD SCHEPP FOUNDATION	<b>Employer identification number</b> 13-5562353
----------------------------------------------------------	-----------------------------------------------------

**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:** 13-5562353**Name:** LEOPOLD SCHEPP 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
<u>1</u>	BARNIER WILLIAM <hr/> 2545 BENNETT RIDGE ROAD <hr/> SANTA ROSA, CA95404	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>2</u>	QUINSON BRUNO <hr/> 1115 FIFTH AVENUE <hr/> NEW YORK, NY10128	\$ 10,425	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>3</u>	SCHAEFER GWENDOLYN <hr/> 77 SUTHERLAND DRIVE <hr/> WATERVLIET, NY12189	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>4</u>	GRAHAM IAN H <hr/> 720 PARK AVENUE <hr/> NEW YORK, NY10021	\$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>5</u>	MCKEAN LINDA <hr/> 70 WEST RIVER ROAD <hr/> RUMSON, NJ07760	\$ 10,277	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>6</u>	WRAY MARY ANN <hr/> 2811 MORDA COURT <hr/> VIENNA, VA22180	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (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
<u>7</u>	LAVIN MAUREEN <hr/> 6 GRANITE ROAD <hr/> WOODLAND PARK, NJ07424	<hr/> \$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>8</u>	GROSSMAN NANCY <hr/> 160 WEST 66 STREET <hr/> NEW YORK, NY10023	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>9</u>	CORNWELL PATRICIA <hr/> 71 COMMERCIAL STREET <hr/> BOSTON, MA02109	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>10</u>	HENDERSON PERRY MD <hr/> 5888 SCHUMANN DRIVE <hr/> MADISON, WI53711	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>11</u>	BOLENDER ROBERT MD <hr/> 8616 NE 23 PLACE <hr/> CLYDE HILL, WA98004	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>12</u>	BARNES STEPHANIE ANN MD <hr/> 701 LONG ROAD <hr/> WAITSFIELD, VT05673	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )