

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation LEOPARDO CHARITABLE FOUNDATION		A Employer identification number 20-1437384	
Number and street (or P.O. box number if mail is not delivered to street address) 5200 PRAIRIE STONE PARKWAY		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HOFFMAN ESTATES, IL 60192		B Telephone number (see instructions) (847) 783-3000	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 589,285	J Accounting method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH BASI</u> (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)	431,033			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> 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 _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	431,033	0		
	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) . . . . .	27,600	0		27,600
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	14	0		0
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .				
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	27,614	0		27,600
	25 Contributions, gifts, grants paid . . . . .	320,789			320,789
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	348,403	0		348,389
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	82,630			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .	493,649	589,285	589,285		
	2	Savings and temporary cash investments . . . . .					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	506,655	589,285	589,285			
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .	506,655	589,285			
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.</b>						
	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	<b>Total net assets or fund balances</b> (see instructions) . . . . .	506,655	589,285			
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	506,655	589,285			

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	506,655
2	Enter amount from Part I, line 27a . . . . .	2	82,630
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	589,285
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	589,285

**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>1a</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>			
<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>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	<b>2</b>	
<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 <span style="float: right;">{ }</span>	<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	288,319	467,988	0.616082
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
<b>2</b> Total of line 1, column (d)			<b>2</b> 3.799987
<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			<b>3</b> 0.759997
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>4</b> 533,345
<b>5</b> Multiply line 4 by line 3			<b>5</b> 405,341
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 405,341
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 348,389

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IL</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>NONE</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>LEOPARDO COMPANIES INC</b> Telephone no <b>(847) 783-3500</b>			

Located at **5200 PRAIRIE STONE PKWY HOFFMAN ESTATES IL** ZIP+4 **60192**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

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

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

**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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . **0****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

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

**Total** number of others receiving over \$50,000 for professional services. . . . . **0****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b>	
<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>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	541,467
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	541,467
<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>	541,467
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	8,122
<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>	533,345
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	26,667

**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>	26,667
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	26,667
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	26,667
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<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>	26,667

**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>	348,389
<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>	348,389
<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>	348,389

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				26,667
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	34,353			
<b>b</b> From 2013. . . . .	62,435			
<b>c</b> From 2014. . . . .	173,659			
<b>d</b> From 2015. . . . .	271,707			
<b>e</b> From 2016. . . . .	264,920			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	807,074			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 348,389				
<b>a</b> Applied to 2016, 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 2017 distributable amount. . . . .				26,667
<b>e</b> Remaining amount distributed out of corpus	321,722			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,128,796			
<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 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				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 2012 not applied on line 5 or line 7 (see instructions). . . .	34,353			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,094,443			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	62,435			
<b>b</b> Excess from 2014. . . . .	173,659			
<b>c</b> Excess from 2015. . . . .	271,707			
<b>d</b> Excess from 2016. . . . .	264,920			
<b>e</b> Excess from 2017. . . . .	321,722			

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> 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	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2017	<b>(b)</b> 2016	<b>(c)</b> 2015	<b>(d)</b> 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<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 . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<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) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> 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.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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	
<b>a</b> 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>b</b> The form in which applications should be submitted and information and materials they should include NO PRESCRIBED FORM REQUIRED	
<b>c</b> Any submission deadlines NONE	
<b>d</b> 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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	320,789
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

## Enter gross amounts unless otherwise indicated

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**Form **990-PF** (2017)

## Part XVII

		Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>		<b>No</b>
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1b(5)	No
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<b>1b(6)</b>		<b>No</b>
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1c		No
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value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

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

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

(see instr )? ☒ Yes ☐ No

Print/Type preparer's name  RACHAEL O'LEARY	Preparer's Signature	Date  2018-11-13	Check if self-employed <input type="checkbox"/>	PTIN  P01586654
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
Firm's address ▶ 1301 W 22ND ST STE 1100  OAK BROOK, IL 60523				Phone no (630) 573-8600

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES A LEOPARDO	CHIEF EXECUTIVE OFFICER 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
RICHARD S MATTIODA	PRESIDENT 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
JOHN D WARD JR	CHIEF FINANCIAL OFFICER 1 00	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
MICHAEL T LEOPARDO	VICE PRESIDENT & SECRETARY 0 75	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
JOBETH LEOPARDO	TREASURER 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
RICK J DUPRAW	DIRECTOR 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
DAVID A STONE	DIRECTOR 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				
GARY LEOPARDO	DIRECTOR 0 50	0	0	0
5200 PRAIRIE STONE PKWY HOFFMAN ESTATES, IL 60192				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ACE HARDWARE FOUNDATION 2200 KENSINGTON CT OAK BROOK, IL 60523		PC	GENERAL OPERATING SUPPORT	2,100
ACE TECH HIGH SCHOOL 5410 S STATE ST CHICAGO, IL 60609		PC	GENERAL OPERATING SUPPORT	7,000
ADLER UNIVERSITY 17 N DEARBORN STREET CHICAGO, IL 60602		PC	GENERAL OPERATING SUPPORT	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY 600 DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	8,246
ALZHEIMER'S ASSOCIATION - GREATER IL CHAPTER 8430 W BRYN MAWR SUITE 800 CHICAGO, IL 60631		PC	GENERAL OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE CHICAGO, IL 60601		PC	GENERAL OPERATING SUPPORT	2,100
<b>Total . . . . . ▶</b> <b>3a</b>				320,789



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS, MN 55435		PC	GENERAL OPERATING SUPPORT	25,250
AMERICAN RED CROSS OF GREATER CHICAGO 2200 W HARRISON ST CHICAGO, IL 60612		PC	GENERAL OPERATING SUPPORT	2,240
BEVERLY FARM6301 HUMBER RD GODFREY, IL 62035		PC	GENERAL OPERATING SUPPORT	500
Total . . . . . ▶ 3a				320,789

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>				
BIG SHOULDERS FOUNDATION 212 W VAN BUREN ST 900 CHICAGO, IL 60607		PC	GENERAL OPERATING SUPPORT	2,818
BREAKTHROUGH URBAN MINISTRIES PO BOX 47200 CHICAGO, IL 60647		PC	GENERAL OPERATING SUPPORT	500
CATHOLIC CHARITIES 702 S HIGH POINT RD STE 201 MADISON, WI 53719		PC	GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
CBRE CARES 400 S HOPE STREET 25TH FLOOR LOS ANGELES, CA 90071		PC	GENERAL OPERATING SUPPORT	4,125
CENTEGRA HEALTH SYSTEMS FOUNDATION 385 MILLENIUM DR CRYSTAL LAKE, IL 60012		PC	GENERAL OPERATING SUPPORT	2,375
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVENUE CHICAGO, IL 60608		PC	GENERAL OPERATING SUPPORT	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				320,789

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>				
CHICAGO LIGHTHOUSE FOUNDATION 1850 W ROOSEVELT ROAD CHICAGO, IL 60608		PC	GENERAL OPERATING SUPPORT	2,000
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST 700 CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	2,500
CHICAGO SPORTS SUMMIT FOUNDATION ONE WESTBROOK CORPORATE CENTER WESTCHESTER, IL 60154			GENERAL OPERATING SUPPORT	7,500
<b>Total . . . . .</b> ► <b>3a</b>				320,789

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>				
CHICAGO THEATRE GROUP DBA GOODMAN THEATRE 170 N DEARBORN ST CHICAGO, IL 60601		PC	GENERAL OPERATING SUPPORT	1,500
CHICAGO YOUTH PROGRAMS 5350 S PRAIRIE AVE CHICAGO, IL 60615		PC	GENERAL OPERATING SUPPORT	4,200
CHILDREN'S DYSLEXIA CENTER 33 MARRETT ROAD LEXINGTON, MA 02421		PC	GENERAL OPERATING SUPPORT	500
<b>Total . . . . .</b> ► <b>3a</b>				320,789

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>				
CHILDREN'S HOME & AID 125 SOUTH WACKER DRIVE 14TH FLOOR CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	500
CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	17,825
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON, IL 60201		PC	GENERAL OPERATING SUPPORT	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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> Paid during the year				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 65802		PC	GENERAL OPERATING SUPPORT	2,500
DAN GIBBONS FOUNDATION PO BOX 1182 ELMHURST, IL 60126		PC	GENERAL OPERATING SUPPORT	200
DIFFA CHICAGO 222 W MERCHANDISE MART PLAZA 939 CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	500
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
DOWNERS GROVE FIRST UNITED METHODIST CHURCH 1032 MAPLE AVE DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	400
DUPAGE MEDICAL GROUP CHARITABLE FUND 1100 WEST 31ST STREET SUITE 300 DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	26,800
EDWARD FOUNDATION 801 S WASHINGTON STREET NAPERVILLE, IL 60540		PC	GENERAL OPERATING SUPPORT	1,900
<b>Total . . . . .</b> ▶ <b>3a</b>				320,789



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>				
ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126		PC	GENERAL OPERATING SUPPORT	1,750
EMORY UNIVERSITY 1762 CLIFTON RD SUITE 1400 MAIL STOP 0970-001-9AA ATLANTA, GA 30322		PC	GENERAL OPERATING SUPPORT	1,000
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR 3RD FLOOR CHICAGO, IL 60622		PC	GENERAL OPERATING SUPPORT	900
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
FEED MY STARVING CHILDREN 1072 NATIONAL PARKWAY SCHAUMBURG, IL 60173		PC	GENERAL OPERATING SUPPORT	4,220
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 452770053		PC	GENERAL OPERATING SUPPORT	2,700
FOREST PRESERVE FOUNDATION 69 W WASHINGTON SUITE 2040 CHICAGO, IL 60602		PC	GENERAL OPERATING SUPPORT	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
FRANK LLOYD WRIGHT TRUST 209 S LASALLE ST CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	2,250
FRIENDS OF SAINT DOMINIC'S 500 WESTERN HWY BLAUVELT, NY 10913		PC	GENERAL OPERATING SUPPORT	500
GBWM WOMAN LEADERS IN RE INITIATIVE 485 HALF DAY ROAD SUITE 350 BUFFALO GROVE, IL 60089		PC	GENERAL OPERATING SUPPORT	4,625
<b>Total . . . . .</b> ► <b>3a</b>				320,789

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>				
GIORDANO DANCE 1509 S MICHIGAN AVE FLR 2 CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	500
GOLD COAST NEIGHBOR ASSOCIATION 540 N DEARBORN ST CHICAGO, IL 60610		PC	GENERAL OPERATING SUPPORT	2,500
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632		PC	GENERAL OPERATING SUPPORT	11,916
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
HAROLD E EISENBERG FOUNDATION 540 W FRONTAGE ROAD STE 2210 NORTHFIELD, IL 60093		PC	GENERAL OPERATING SUPPORT	2,250
HORIZONS FOR YOUTH703 W MONROE CHICAGO, IL 60661		PC	SCHM38657 - 11/05/18 08 46AM WORKSHEET PRIVATE FOUNDATION	500
ILLINOIS STATE UNIVERSITY 100 N UNIVERSITY ST NORMAL, IL 61761		PC	GENERAL OPERATING SUPPORT	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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> Paid during the year				
ILLINOIS YOUTH BASKETBALL 5200 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192		PC	GENERAL OPERATING SUPPORT	2,160
JUNIOR ACHIEVEMENT OF CHICAGO 651 W WASHINGTON BLVD 404 CHICAGO, IL 60661		PC	GENERAL OPERATING SUPPORT	394
LAWRENCE HALL 4833 N FRANCISCO AVE CHICAGO, IL 60625		PC	GENERAL OPERATING SUPPORT	820
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
LOEYS-DIETZ SYNDROME FOUNDATION CO STRONG CITY BALTIMORE 3503 NORTH CHARLES ST BALTIMORE, MD 21218		PC	GENERAL OPERATING SUPPORT	10,000
MELANOMA RESEARCH FOUNDATION 1411 K STREET NW SUITE 800 WASHINGTON, DC 20005		PC	GENERAL OPERATING SUPPORT	500
MENTAL HEALTH AMERICA OF ILLINOIS 1103 WESTGATE SUITE 302 CHICAGO, IL 60301		PC	GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
MISERICORDIA6300 NORTH RIDGE CHICAGO, IL 60660		PC	GENERAL OPERATING SUPPORT	14,640
NCH FOUNDATIONS 350 7TH ST N NAPLES, FL 34102		PC	GENERAL OPERATING SUPPORT	12,600
OAK CREST RESIDENCE ASSOCIATION 204 S STATE ST ELGIN, IL 60123		PC	GENERAL OPERATING SUPPORT	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				320,789



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>				
ONE FOR THE KIDS 1903 RONZHEIMER AVE ST CHARLES, IL 60174		PC	GENERAL OPERATING SUPPORT	500
ROOSEVELT UNIVERSITY 430 S MICHIGAN AVE CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	3,240
RUSH UNIVERSITY MEDICAL CENTER (SAME NETWORK) 1653 W CONGRESS PARKWAY SUITE 401 KIDSTONE CHICAGO, IL 60612		PC	GENERAL OPERATING SUPPORT	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
RUSH-COPELY FOUNDATION 2000 OGDEN AVENUE AURORA, IL 60504		PC	GENERAL OPERATING SUPPORT	8,500
SAMARITAN NETWORK 4012 JUNE BERRY RD NAPERVILLE, IL 60564		PC	GENERAL OPERATING SUPPORT	2,500
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607		PC	GENERAL OPERATING SUPPORT	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
ST RITA HIGH SCHOOL 7740 S WESTERN AVE CHICAGO, IL 60620		PC	GENERAL OPERATING SUPPORT	1,000
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306		PC	GENERAL OPERATING SUPPORT	430
THE JOHN BUCK COMPANY FOUNDATION ONE NORTH WACKER DRIVE SUITE 400 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	4,550
<b>Total . . . . .</b> ▶ <b>3a</b>				320,789

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>				
THE LEUKEMIA & LYMPHOMA SOCIETY 651 W WASHINGTON BLVD CHICAGO, IL 60661		PC	GENERAL OPERATING SUPPORT	1,000
TURNING POINTE AUTISM FOUNDATION PO BOX 9203 NAPERVILLE, IL 60567		PC	GENERAL OPERATING SUPPORT	800
UNITED LEUKODYSTROPHY FOUNDATION 224 N SECOND ST SUITE 2 DEKALB, IL 60115		PC	GENERAL OPERATING SUPPORT	150
<b>Total . . . . . ▶</b> <b>3a</b>				320,789

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>				
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	9,840
<b>Total . . . . .</b> <b>3a</b>				320,789

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>				
WESTERN ILLINOIS UNIVERSITY FOUNDATION 1 UNIVERSITY CIRCLE MACOMB, IL 61455		PC	GENERAL OPERATING SUPPORT	50,000
WINDSOR PARK 124 WINDSOR PARK DRIVE CAROL STREAM, IL 60188		PC	GENERAL OPERATING SUPPORT	775
<b>Total . . . . .</b> ▶ <b>3a</b>				320,789

**TY 2017 Accounting Fees Schedule****Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	27,600	0		27,600

**TY 2017 Taxes Schedule****Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	14	0		0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> LEOPARDO CHARITABLE FOUNDATION	<b>Employer identification number</b> 20-1437384

Organization type (check one)

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

20-1437384

<b>Part II</b>			
<b>Noncash Property</b> (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
 	   	\$  	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
 	   	\$  	 

<b>Name of organization</b> LEOPARDO CHARITABLE FOUNDATION	<b>Employer identification number</b> 20-1437384
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(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
<u>1</u>	BELCORE ELECTRIC CONSTRUCTION	\$ 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 )
	1600 MAIN STREET		
	MELROSE PARK, IL60160		
<u>2</u>	CONCRETE BY WAGNER	\$ 20,000	<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 )
	13808 HIGH RD		
	LOCKPORT, IL60441		
<u>3</u>	GLASS SOLUTIONS INC	\$ 20,000	<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 )
	650 WEST GRAND AVE 314		
	ELMHURST, IL60126		
<u>4</u>	HOGAN PLUMBING INC	\$ 25,000	<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 )
	30 W 265 YOUNGAL RD		
	WARRENVILLE, IL60555		
<u>5</u>	LEOPARDO COMPANIES INC	\$ 56,033	<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 )
	5200 PRAIRIE STONE PARKWAY		
	HOFFMAN ESTATES, IL60192		
<u>6</u>	MARON ELECTRIC COMPANY	\$ 15,000	<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 )
	5401 W FARGO AVE		
	SKOKIE, IL60077		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	NESKO ELECTRIC COMPANY	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/>
	3111 S 26TH AVE		<b>Payroll</b> <input type="checkbox"/>
	BROADVIEW, IL60155		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>8</u>	OMEGA ELECTRIC CO INC	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/>
	450 BENNETT ROAD		<b>Payroll</b> <input type="checkbox"/>
	ELK GROVE VILLAGE, IL60007		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>9</u>	REX ELECTRIC INC	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	8600 WEST BRYN MAWR		<b>Payroll</b> <input type="checkbox"/>
	CHICAGO, IL60631		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>10</u>	TITAN ELECTRIC CONTRACTING LLC	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	401 EAST NORTH AVENUE		<b>Payroll</b> <input type="checkbox"/>
	VILLA PARK, IL60181		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>11</u>	WESTSIDE MECHANICAL INC	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	2007 CORPORATE LN		<b>Payroll</b> <input type="checkbox"/>
	NAPERVILLE, IL60563		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
<u>12</u>	AIRTITE	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/>
	343 CAROL LN		<b>Payroll</b> <input type="checkbox"/>
	ELMHURST, IL60126		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	STATE MECHANICAL SERVICES	\$ 20,000	<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 )
	1701 QUINCY AVE		
	NAPERVILLE, IL60540		
<u>14</u>	PERFORMANCE CONTRACTING INC	\$ 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 )
	11145 THOMPSON AVE		
	LENEXA, KS66219		
<u>15</u>	NORTHERN GLASS INC	\$ 15,000	<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 )
	800 LEE ST		
	ELK GROVE VILLAGE, IL60007		
<u>16</u>	GRAND KAHN ELECTRIC	\$ 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 )
	2455 W GRAND AVE		
	CHICAGO, IL60612		
<u>17</u>	AIR DESIGN	\$ 20,000	<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 )
	22517 TELEGRAPH RD		
	SOUTHFIELD, MI48033		
<u>18</u>	BERGER EXCAVATING CONTRACTORS INC	\$ 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 )
	1205 GARLAND RD		
	WAUCONDA, IL60084		

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	BYUS STEEL	\$ 15,000	<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 )
	1750 HUBBARD AVE		
	BATAVIA, IL60510		
<u>20</u>	ENVIRONMENT MECHANICAL SERVICES	\$ 15,000	<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 )
	2500 S 27TH AVE		
	BROADVIEW, IL60155		
<u>21</u>	GLASS CONCEPTS LLC	\$ 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 )
	3130 S KOLIN AVE		
	CHICAGO, IL60623		
<u>22</u>	ILLINI PRECAST	\$ 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 )
	2255 ENTERPRISE DR STE 5501		
	WESTCHESTER, IL60154		
<u>23</u>	MARTIN PETERSON	\$ 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 )
	9800 55TH ST		
	KENOSHA, WI53144		
<u>24</u>	MID STATES GLASS	\$ 30,000	<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 )
	210 HIGHWAY 80 E		
	CLINTON, MS39056		



**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>25</u>	OLSSON ROOFING	<u>\$ 15,000</u>	<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 )
	740 SOUTH LAKE ST PO BOX 1450		
	AURORA, IL60506		
<u>26</u>	RICHARDS AND WEYER CONSTRUCTION	<u>\$ 10,000</u>	<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 )
	8443 W 44TH PLACE		
	LYONS, IL60534		
<u>27</u>	SPANCRETE	<u>\$ 10,000</u>	<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 )
	N16 W23415 STONERIDGE DR		
	WAUKESHA, WI53188		
<u>28</u>	VORTEX ENTERPRISES	<u>\$ 5,000</u>	<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 )
	10440 PIONEER BLVD SUITE 1		
	SANTA FE SPRINGS, CA90670		