

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

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 03-01-2017, and ending 02-28-2018

Name of foundation LEOPOLD SCHEPP FOUNDATION		A Employer identification number 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 Telephone number (see instructions) (212) 692-0191
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10022		C If exemption application is pending, check here <input type="checkbox"/>
G 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 type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 11,724,907	J 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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(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)	277,621			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	298	298	298	
	4 Dividends and interest from securities	314,999	314,999	314,999	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	853,200			
	b Gross sales price for all assets on line 6a	3,676,063			
	7 Capital gain net income (from Part IV, line 2)		853,200		
	8 Net short-term capital gain			853,200	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	1,380	1,380	1,380		
12 Total. Add lines 1 through 11	1,447,498	1,169,877	1,169,877		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	199,563	39,913	0	159,650
	14 Other employee salaries and wages	174,853	0	0	174,853
	15 Pension plans, employee benefits	84,903	9,051	0	75,852
	16a Legal fees (attach schedule)	5,711	0	0	5,711
	b Accounting fees (attach schedule)	16,000	3,200	0	12,800
	c Other professional fees (attach schedule)	53,077	53,077	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	35,353	2,570	0	21,542
	19 Depreciation (attach schedule) and depletion	1,321	0	1,321	
	20 Occupancy	166,476	8,324	0	158,152
	21 Travel, conferences, and meetings	6,014	1,027	0	4,987
	22 Printing and publications	15,086	0	0	15,086
	23 Other expenses (attach schedule)	30,246	1,112	0	31,680
	24 Total operating and administrative expenses. Add lines 13 through 23	788,603	118,274	1,321	660,313
	25 Contributions, gifts, grants paid	206,500			206,500
26 Total expenses and disbursements. Add lines 24 and 25	995,103	118,274	1,321	866,813	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	452,395				
b Net investment income (if negative, enter -0-)		1,051,603			
c Adjusted net income (if negative, enter -0-)			1,168,556		

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	87,591	161,807	161,807
	2 Savings and temporary cash investments	142,568	39,211	39,211
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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	75,882	55,049	55,049
	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)	10,664,646	11,465,594	11,465,594
	14 Land, buildings, and equipment basis ▶ _____ 21,503 Less accumulated depreciation (attach schedule) ▶ 18,257	2,021	3,246	3,246
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	10,972,708	11,724,907	11,724,907	
Liabilities	17 Accounts payable and accrued expenses	16,000	21,294	
	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 ▶ _____)	6,532	155,632	
	23 Total liabilities (add lines 17 through 22)	22,532	176,926	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	10,950,176	11,547,981	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	10,950,176	11,547,981		
31 Total liabilities and net assets/fund balances (see instructions) .	10,972,708	11,724,907		

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	10,950,176
2 Enter amount from Part I, line 27a	2	452,395
3 Other increases not included in line 2 (itemize) ▶ _____	3	145,410
4 Add lines 1, 2, and 3	4	11,547,981
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	11,547,981

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)
1 a US EQUITY	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,676,063		2,822,863	853,200
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			853,200
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	853,200
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	853,200

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	689,543	10,504,132	0.065645
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

2 Total of line 1, column (d)	2	0.356139
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.071228
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	11,179,179
5 Multiply line 4 by line 3	5	796,271
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	10,516
7 Add lines 5 and 6	7	806,787
8 Enter qualifying distributions from Part XII, line 4	8	866,813

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 calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Subtotal 6a-6d shows 5,200 and 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political influence, political expenditures, and state reporting requirements.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). 11 No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW SCHEPPFOUNDATION ORG 13 Yes
14 The books are in care of SUZANNECLAIR GUARD Telephone no (212) 692-0191

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 15

16 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 16 Yes No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). 1a Yes No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. 1b No
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? 1c No
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years 20, 20, 20, 20 2a Yes No
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions) 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 3a Yes No
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). 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a No
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b No

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, 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	(e) Expense account, other allowances
KATHLEEN SMITH 950 THIRD AVENUE 31ST FLOOR NEW YORK, NY 10022	EXEC SECTRY 40 00	89,069	20,296	0
LESLIE WARREN LIN 950 THIRD AVENUE 31ST FLOOR NEW YORK, NE 10022	DIR OF DEVELOPMENT 40 00	81,121	15,437	0

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
FIDUCIARY INVESTMENT ADVISORS LLC 100 NORTHFIELD DRIVE WINDSOR, CT 06095	INVESTMENT FEES	53,077

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

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 PROVIDING FINANCIAL ASSISTANCE TO DESERVING INDIVIDUALS SEEKING UNDERGRADUATE AND GRADUATE EDUCATION	705,264
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	11,234,142
b	Average of monthly cash balances.	1b	47,179
c	Fair market value of all other assets (see instructions).	1c	68,099
d	Total (add lines 1a, b, and c).	1d	11,349,420
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	11,349,420
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	170,241
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	11,179,179
6	Minimum investment return. Enter 5% of line 5.	6	558,959

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	866,813
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	866,813
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	10,516
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	856,297

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
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	778,534			
b From 2013.				
c From 2014.	195,886			
d From 2015.	173,223			
e From 2016.				
f Total of lines 3a through e.	1,147,643			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,147,643			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	778,534			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	369,109			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.	195,886			
c Excess from 2015.	173,223			
d Excess from 2016.				
e Excess from 2017.				

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 2017, 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 <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a	558,959	393,371	480,169	273,465	1,705,964
c Qualifying distributions from Part XII, line 4 for each year listed	475,115	334,365	408,144	232,445	1,450,069
d Amounts included in line 2c not used directly for active conduct of exempt activities	866,813	689,543	626,705	716,707	2,899,768
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	372,639	350,138	320,113	349,699	1,392,589
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	277,621	215,326	212,977	287,818	993,742
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).	277,621	215,326	212,977	287,818	993,742
(3) Largest amount of support from an exempt organization	0	0	0	0	0
(4) Gross investment income	1,169,877	395,167	1,473,495	275,416	3,313,955

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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				206,500
b <i>Approved for future payment</i>				
Total ▶ 3b				0


Form 990FP 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
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	199,563	37,542	0

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
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)				
a <i>Paid during the year</i>				
MR PATRICK ALTEMOSE 2303 BIRCH COURT WARRINGTON, PA 18976	NONE	N/A	SCHOLARSHIP	7,000
MS KATRINA BALLARD 2950 VAN NESS STREET NW WASHINGTON, DC 20008	NONE	N/A	SCHOLARSHIP	7,500
MS LE SHORN BENJAMIN 1200 S WASHINGTON ST-ROBINSON HALL 117 MT PLEASANT, MI 48858	NONE	N/A	SCHOLARSHIP	7,000
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
Total 				206,500
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MR NATHAN LEWIS BRUSCHI 5 COWPERTHWAITTE STREET CAMBRIDGE, MA 02138	NONE	N/A	SCHOLARSHIP	8,000
MR ALEXANDER BUJAJ 25 HIGHLAND AVENUE EASTCHESTER, NY 10709	NONE	N/A	SCHOLARSHIP	8,000
MR FRANK COPELI102-50 62ND ROAD FOREST HILLS, NY 11235	NONE	N/A	SCHOLARSHIP	9,000
MR JOSEPH COPELI102-50 62ND ROAD FOREST HILLS, NY 11375	NONE	N/A	SCHOLARSHIP	9,000
MR JOSE LUIS CORTEZ 350 VASSAR AVENUE BERKELEY, CA 94708	NONE	N/A	SCHOLARSHIP	9,000
Total 3a				206,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS KRISTEN CROSS 415 FELCH STREET ANN ARBOR, MI 48103	NONE	N/A	SCHOLARSHIP	8,500
MS CORINNE A DEBELLIS 2400 LAUREL DRIVE CINNAMINSON, NJ 08077	NONE	N/A	SCHOLARSHIP	5,000
MS LATOYA L DEQUAIR-THOMAS 5401 RHODES AVENUE NEW ORLEANS, LA 70131	NONE	N/A	SCHOLARSHIP	8,500
MS DORA DURU 11438 BIRCH STREET LYNWOOD, CA 90262	NONE	N/A	SCHOLARSHIP	8,500
MS OGHOGHO O IGODAN 3003 VAN NESS STREET NW WASHINGTON, DC 20008	NONE	N/A	SCHOLARSHIP	8,500
Total ▶ 3a				206,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS LUCY KESSLER 326 NORTH 10TH STREET CARBONDALE, CO 81623	NONE	N/A	SCHOLARSHIP	8,500
MR JERRY LEE400 ALEXAN DRIVE DURHAM, NC 27707	NONE	N/A	SCHOLARSHIP	8,500
MS SHAHRZAD MAKAREMI 151 W 121ST STREET NEW YORK, NY 10027	NONE	N/A	SCHOLARSHIP	8,500
MS VANESSA MENDEZPO BOX 1272 COLUSA, CA 95932	NONE	N/A	SCHOLARSHIP	8,500
MS PENELOPE MILLER 2026 HANOVER STREET SILVER SPRING, MD 20910	NONE	N/A	SCHOLARSHIP	4,500
Total 3a				206,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS ISABELL MOORE 909 PORTLAND STREET GREENSBORO, NC 27403	NONE	N/A	SCHOLARSHIP	6,000
MS SEEMA RAMBARAN 57-35 134TH STREET FLUSHING, NY 11355	NONE	N/A	SCHOLARSHIP	8,500
MS MORIAH ROETH3220 TIPTON ROAD MUSCATINE, IA 52761	NONE	N/A	SCHOLARSHIP	2,000
MS DEBORAH ROSE 17 LAFAYETTE STREET WEST ORANGE, NJ 07052	NONE	N/A	SCHOLARSHIP	9,000
MR JOHN SZIGETY 284 FRANKLIN TURNPIKE RIDGEWOOD, NJ 07450	NONE	N/A	SCHOLARSHIP	8,500
Total ▶ 3a				206,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MS SHELBY THURGOOD 1109 SOUTH 1460 EAST PROVO, UT 84606	NONE	N/A	SCHOLARSHIP	6,000
MS MAYA WILLIAMS 26900 WEST 12 MILE ROAD SOUTHFIELD, MI 48034	NONE	N/A	SCHOLARSHIP	8,500
Total 3a				206,500

TY 2017 Accounting Fees Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	16,000	3,200	0	12,800

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

TY 2017 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		12,759	9,847	SL	10 000000000000	577	0	577	
OFFICE EQUIPMENT		8,744	7,089	SL	5 000000000000	744	0	744	

TY 2017 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 2017 Investments - Other Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BOND FUNDS	FMV	2,232,345	2,232,345
EQUITY FUNDS	FMV	8,105,281	8,105,281
ALTERNATIVE INVESTMENTS	FMV	1,127,968	1,127,968

**TY 2017 Land, Etc.
Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE AND EQUIPMENT	12,759	10,424	2,335	2,335
OFFICE EQUIPMENT	8,744	7,833	911	911

TY 2017 Legal Fees Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	5,711	0	0	5,711

TY 2017 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	4,485	224	0	4,261
INSURANCE	4,048	0	0	4,048
PROFESSIONAL SERVICES	6,498	0	0	6,498
MISCELLANEOUS	15,215	888	0	16,873

TY 2017 Other Income Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
AIG SETTLEMENT	1,328	1,328	1,328
MISCALLNOUS	52	52	52

TY 2017 Other Increases Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	145,410

TY 2017 Other Liabilities Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED RENT	6,532	155,632

TY 2017 Other Professional Fees Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	53,077	53,077	0	0

**TY 2017 Substantial Contributors
Schedule****Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353**Name****Address**

ESTATE OF BEATRICE POCKRASS

51 HASKELL DRIVE
BRATENTAHL, OH 44108

TY 2017 Taxes Schedule**Name:** LEOPOLD SCHEPP FOUNDATION**EIN:** 13-5562353

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	24,112	2,570	0	21,542
EXCISE TAXES	11,241	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

OMB No 1545-0047
2017

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
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose 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)

Name of organization
LEOPOLD SCHEPP FOUNDATION

Employer identification number
13-5562353

Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

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

Name of organization LEOPOLD SCHEPP FOUNDATION	Employer identification number 13-5562353
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	CORPORATE STOCK	\$ 10,217	2017-06-21
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization LEOPOLD SCHEPP FOUNDATION	Employer identification number 13-5562353
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

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

(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
1	HAMILTON DINA <hr/> PO BOX 352 <hr/> ESSEX, MA01929	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	STONE KATHLEEN <hr/> 1516 LAWTON DR <hr/> EL PASO, TX79902	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	GRAHAM IAN <hr/> 720 PARK AVENUE <hr/> NEW YORK, NY10021	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	LEWALLEN DEAN <hr/> 21 MAPLE STR <hr/> BROOKLYN, NY11225	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	MCKEAN LINDA <hr/> 70 WEST RIVER ROAD <hr/> RUMSON, NJ07760	\$ 10,217	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
6	HENDERSON PERRY MD <hr/> 5888 SCHUMANN DRIVE <hr/> MADISON, WI53711	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <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>	BARNES STEPHANIE <hr/> 701 LONG ROAD <hr/> WAITSFIELD, VT05673	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	GROSSMAN NANCY & STANLEY <hr/> 160 WEST 66TH STR <hr/> NEW YORK, NY10023	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	POLI FRANK <hr/> 404 PINE CREEK AVENUE <hr/> FAIRFIELD, CT06824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	BOLENDER ROBERT MD <hr/> 8616 NE 23 PLACE <hr/> CLYDE HILL, WA98004	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	CASHMAN KATHRYN <hr/> 812 PARK AVENYE <hr/> NEW YORK, NY10021	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	CHEN VIVIAN MD <hr/> 2 HILLWOOD ROAD <hr/> EAST BRUNSWICK, NJ08816	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <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>13</u>	ANONYMOUS <hr/> 950 THIRD AVENUE <hr/> NEW YORK, NY 10022	<hr/> \$ 50,000	<p style="text-align: right;">Person <input checked="" type="checkbox"/></p> <p style="text-align: right;">Payroll <input type="checkbox"/></p> <p style="text-align: right;">Noncash <input type="checkbox"/></p> <p style="text-align: center;">(Complete Part II for noncash contribution)</p>
<u>14</u>	ALLIANCE BERNSTEIN <hr/> PO BOX 3542 <hr/> PRINCETON, NJ 08543	<hr/> \$ 5,000	<p style="text-align: right;">Person <input checked="" type="checkbox"/></p> <p style="text-align: right;">Payroll <input type="checkbox"/></p> <p style="text-align: right;">Noncash <input type="checkbox"/></p> <p style="text-align: center;">(Complete Part II for noncash contribution)</p>