

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491318040539	
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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.			OMB No 1545-0052 2018 Open to Public Inspection
For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018					
Name of foundation LEOPARDO CHARITABLE FOUNDATION				A Employer identification number 20-1437384	
Number and street (or P.O. box number if mail is not delivered to street address) 5200 PRAIRIE STONE PARKWAY			Room/suite		
B Telephone number (see instructions) (847) 783-3000					
City or town, state or province, country, and ZIP or foreign postal code HOFFMAN ESTATES, IL 60192				C If exemption application is pending, check here ▶ <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) ▶ \$ 535,974		J Accounting method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual MODIFIED CASH <input checked="" type="checkbox"/> Other (specify) <u>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 ▶ <input type="checkbox"/>	
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)	305,630		
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
	3	Interest on savings and temporary cash investments			
	4	Dividends and interest from securities			
	5a	Gross rents			
	b	Net rental income or (loss) _____			
	6a	Net gain or (loss) from sale of assets not on line 10			
	b	Gross sales price for all assets on line 6a _____			
	7	Capital gain net income (from Part IV, line 2)		0	
	8	Net short-term capital gain			
	9	Income modifications			
	10a	Gross sales less returns and allowances _____			
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	305,630	0		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0
	14	Other employee salaries and wages			
	15	Pension plans, employee benefits			
	16a	Legal fees (attach schedule)			
	b	Accounting fees (attach schedule)	1,820	0	1,820
	c	Other professional fees (attach schedule)			
	17	Interest			
	18	Taxes (attach schedule) (see instructions)	145	0	145
	19	Depreciation (attach schedule) and depletion			
	20	Occupancy			
	21	Travel, conferences, and meetings			
	22	Printing and publications			
	23	Other expenses (attach schedule)	197	0	197
	24	Total operating and administrative expenses. Add lines 13 through 23	2,162	0	2,162
	25	Contributions, gifts, grants paid	356,779		356,779
	26	Total expenses and disbursements. Add lines 24 and 25	358,941	0	358,941
	27	Subtract line 26 from line 12			
	a	Excess of revenue over expenses and disbursements	-53,311		
	b	Net investment income (if negative, enter -0-)		0	
	c	Adjusted net income (if negative, enter -0-)			
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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	589,285	535,974	535,974
	2	Savings and temporary cash investments			
	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			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	589,285	535,974	535,974	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	589,285	535,974	
	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)	589,285	535,974	
31	Total liabilities and net assets/fund balances (see instructions) .	589,285	535,974		

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	589,285
2	Enter amount from Part I, line 27a	2	-53,311
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	535,974
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	535,974

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	348,389	533,345	0 653215
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

2 Total of line 1, column (d)	2	2 905552
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 581110
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	614,629
5 Multiply line 4 by line 3	5	357,167
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	357,167
8 Enter qualifying distributions from Part XII, line 4	8	358,941

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 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>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IL</u>		
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> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ NONE	13	Yes	
14	The books are in care of ▶ LEOPARDO COMPANIES INC Telephone no ▶ (847) 783-3500			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2018, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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 type="checkbox"/> Yes <input checked="" 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? (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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/>	1b		
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 2018? <input type="checkbox"/>	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 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 2018). <input type="checkbox"/>	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 2018?	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		Yes	No
(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 type="checkbox"/> Yes <input checked="" 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.	<input type="checkbox"/>		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

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

1	Expenses

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	623,989
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	623,989
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	623,989
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	9,360
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	614,629
6	Minimum investment return. Enter 5% of line 5.	6	30,731

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	30,731
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	30,731
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	30,731
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	30,731

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	358,941
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	358,941
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	358,941

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				30,731
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	62,435			
b From 2014.	173,659			
c From 2015.	271,707			
d From 2016.	264,920			
e From 2017.	321,722			
f Total of lines 3a through e.	1,094,443			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 358,941				
a Applied to 2017, 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 2018 distributable amount.				30,731
e Remaining amount distributed out of corpus	328,210			
5 Excess distributions carryover applied to 2018 (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	1,422,653			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7 (see instructions).	62,435			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,360,218			
10 Analysis of line 9				
a Excess from 2014.	173,659			
b Excess from 2015.	271,707			
c Excess from 2016.	264,920			
d Excess from 2017.	321,722			
e Excess from 2018.	328,210			

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 2018, enter the date of the ruling. ▶

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

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) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation 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))
See Additional Data Table

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
JAMES LEOPARDO
5200 PRAIRIE STONE PARKWAY
HOFFMAN ESTATES, IL 60192
(847) 783-3500

b The form in which applications should be submitted and information and materials they should include
NO PRESCRIBED FORM REQUIRED

c Any submission deadlines
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
NONE

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

Recipient	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> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

[illegible]

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash.
- (2) Other assets.
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ***** 2019-11-11 ***** </div>		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Signature of officer or trustee Date Title </div>
	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RACHAEL O'LEARY		2019-11-08		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 1a - 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).

JAMES A LEOPARDO
JOBETH LEOPARDO

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				
ACE HARDWARE FOUNDATION 2200 KENSINGTON CT OAK BROOK, IL 60523		PC	GENERAL OPERATING SUPPORT	2,350
ACE TECH HIGH SCHOOL 5410 S STATE ST CHICAGO, IL 60609		PC	GENERAL OPERATING SUPPORT	2,000
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY 600 DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	14,038
Total ▶ 3a				356,779

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>				
ALZHEIMER'S ASSOCIATION - GREATER IL CHAPTER 8430 W BRYN MAWR SUITE 800 CHICAGO, IL 60631		PC	GENERAL OPERATING SUPPORT	2,350
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE CHICAGO, IL 60601		PC	GENERAL OPERATING SUPPORT	5,250
AMERICAN FRIENDS SERVICE COMMITTEE 637 S DEARBORN 3 CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				356,779

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>				
AMERICAN HEART ASSOCIATION 4701 W 77TH ST MINNEAPOLIS, MN 55435		PC	GENERAL OPERATING SUPPORT	25,000
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006		PC	GENERAL OPERATING SUPPORT	1,000
ANN & ROBER LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE CHICAGO, IL 60611		PC	GENERAL OPERATING SUPPORT	5,000
Total ▶ 3a				356,779

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>				
BEVERLY FARM6301 HUMBER RD GODFREY, IL 62035		PC	GENERAL OPERATING SUPPORT	500
BIG SHOULDERS FOUNDATION 212 W VAN BUREN ST 900 CHICAGO, IL 60607		PC	GENERAL OPERATING SUPPORT	3,221
BLACK CONTRACTORS UNITED 12000 S MARSHFIELD AVENUE CALUMET PARK, IL 60827		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				356,779

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>				
BOX IT FOUNDATION5401 FARGO AVE SKOKIE, IL 60077		PC	GENERAL OPERATING SUPPORT	3,650
BY THE HAND CLUB FOR KIDS 1000 N SEDGWICK STREET CHICAGO, IL 60610		PC	GENERAL OPERATING SUPPORT	1,000
CASA ITALIA INC3800 DIVISION ST STONE PARK, IL 60165		PC	GENERAL OPERATING SUPPORT	500
Total ▶ 3a				356,779

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>				
CATHOLIC CHARITIES 702 S HIGH POINT RD STE 201 MADISON, WI 53719		PC	GENERAL OPERATING SUPPORT	888
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	100
Total ▶ 3a				356,779

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				
CHICAGO HOPE ACADEMY 2189 W BOWLER STREET CHICAGO, IL 60612		PC	GENERAL OPERATING SUPPORT	500
CHICAGO LIGHTHOUSE FOUNDATION 1850 W ROOSEVELT ROAD CHICAGO, IL 60608		PC	GENERAL OPERATING SUPPORT	3,500
CHICAGO SPORTS SUMMIT FOUNDATION ONE WESTBROOK CORPORATE CENTER WESTCHESTER, IL 60154		PC	GENERAL OPERATING SUPPORT	7,000
Total ▶ 3a				356,779

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>				
CHICAGO YOUTH PROGRAMS 5350 S PRAIRIE AVE CHICAGO, IL 60615		PC	GENERAL OPERATING SUPPORT	4,525
CHILDREN'S DYSLEXIA CENTER 33 MARRETT ROAD LEXINGTON, MA 02421		PC	GENERAL OPERATING SUPPORT	500
CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	17,310
Total ► 3a				356,779

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>				
COALITION FOR UNITED COMMUNITY ACTION 2925 S WABASH AVE 102 CHICAGO, IL 60616		PC	GENERAL OPERATING SUPPORT	100
CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON, IL 60201		PC	GENERAL OPERATING SUPPORT	2,500
CORPORATE CLIMATE ALLIANCE 700 COMMERCE DRIVE SUITE 350 OAK BROOK, IL 60523		PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				356,779

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>				
COVENANT VILLAGE OF NORTHBROOK 2625 TECHNY ROAD NORTHBROOK, IL 60062		PC	GENERAL OPERATING SUPPORT	1,360
CRADLES TO CRAYONS 4141 W GEORGE STREET CHICAGO, IL 60641		PC	GENERAL OPERATING SUPPORT	4,142
DOWNERS GROVE FIRST UNITED METHODIST CHURCH 1032 MAPLE AVE DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	400
Total ▶ 3a				356,779

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>				
DUPAGE HABITAT FOR HUMANITY 1600 ROOSEVELT ROAD WHEATON, IL 60187		PC	GENERAL OPERATING SUPPORT	1,478
DUPAGE MEDICAL GROUP CHARITABLE FUND 1100 WEST 31ST STREET SUITE 300 DOWNERS GROVE, IL 60515		PC	GENERAL OPERATING SUPPORT	41,300
EDWARD FOUNDATION 801 S WASHINGTON STREET NAPERVILLE, IL 60540		PC	GENERAL OPERATING SUPPORT	1,900
Total ▶ 3a				356,779

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>				
ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126		PC	GENERAL OPERATING SUPPORT	2,150
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR 3RD FLOOR CHICAGO, IL 60622		PC	GENERAL OPERATING SUPPORT	4,400
FEED MY STARVING CHILDREN 1072 NATIONAL PARKWAY SCHAUMBURG, IL 60173		PC	GENERAL OPERATING SUPPORT	100
Total ▶ 3a				356,779

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>				
FOREST PRESERVE FOUNDATION 69 W WASHINGTON SUITE 2040 CHICAGO, IL 60602		PC	GENERAL OPERATING SUPPORT	2,000
FRANCISCAN COMMUNITIES 11500 THERESA DRIVE LEMONT, IL 60439		PC	GENERAL OPERATING SUPPORT	1,115
FRANK LLOYD WRIGHT TRUST 209 S LASALLE ST CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				356,779

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>				
FRIENDS OF THE WILL COUNTY CHILDREN'S ADVOCACY CENTER 304 N SCOTT STREET JOLIET, IL 60432		PC	GENERAL OPERATING SUPPORT	10,000
FRIENDS OF WEST CHICAGO PARKS FOUNDATION 201 W NATIONAL STREET WEST CHICAGO, IL 60185		PC	GENERAL OPERATING SUPPORT	1,000
GATEWAY FOR CANCER RESEARCH 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				356,779

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>				
GILDA'S CLUB CHICAGO 537 N WELLS STREET CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	500
GOLD COAST NEIGHBOR ASSOCIATION 540 N DEARBORN ST CHICAGO, IL 60610		PC	GENERAL OPERATING SUPPORT	3,500
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632		PC	GENERAL OPERATING SUPPORT	4,960
Total ► 3a				356,779

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>				
GREATER HORIZONS 1055 BROADWAY SUITE 130 KANSAS CITY, MO 64105		PC	GENERAL OPERATING SUPPORT	11,380
HARPER COLLEGE EDUCATIONAL FOUNDATION 1200 W ALGONQUIN ROAD PALATINE, IL 60067		PC	GENERAL OPERATING SUPPORT	800
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022		PC	GENERAL OPERATING SUPPORT	5,000
Total ▶ 3a				356,779

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>				
HIGHLAND SOCCER CLUBPO BOX 1864 HIGHLAND PARK, IN 46322		PC	GENERAL OPERATING SUPPORT	1,000
ILLINOIS GREEN ALLIANCE 222 W MERCHANDISE MART PLAZA 1502 CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	3,690
ILLINOIS STATE UNIVERSITY 100 N UNIVERSITY ST NORMAL, IL 61761		PC	GENERAL OPERATING SUPPORT	12,850
Total ► 3a				356,779

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>				
ILLINOIS YOUTH BASKETBALL 5200 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192		PC	GENERAL OPERATING SUPPORT	1,100
INTERCULTURAL MONTESSORI LANGUAGE SCHOOL 301 S RIDGELAND AVENUE OAK PARK, IL 60302		PC	GENERAL OPERATING SUPPORT	2,500
JDRF ILLINOIS CHAPTER 1 N LASALLE STREET SUITE 1200 CHICAGO, IL 60602		PC	GENERAL OPERATING SUPPORT	5,800
Total ▶ 3a				356,779

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>				
JOLIET AREA COMMUNITY HOSPICE 250 WATER STONE CIRCLE JOLIET, IL 60431		PC	GENERAL OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF CHICAGO 651 W WASHINGTON BLVD 404 CHICAGO, IL 60661		PC	GENERAL OPERATING SUPPORT	362
LEUKEMIA & LYMPHOMA SOCIETY 1711 BROADWAY ST NE MINNEAPOLIS, MN 55413		PC	GENERAL OPERATING SUPPORT	5,065
Total ▶ 3a				356,779

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>				
LITTLE COMPANY OF MARY HOSPITAL FOUNDATION 2800 W 95TH STREET EVERGREEN PARK, IL 60805		PC	GENERAL OPERATING SUPPORT	4,100
MCHENRY BASKETBALL ASSOCIATION - N60 RED DIVISION 3420 N RICHMOND ROAD JOHNSBURG, IL 60051		PC	GENERAL OPERATING SUPPORT	3,000
METAVIVOR1783 FOREST DRIVE 184 ANNAPOLIS, MD 21401		PC	GENERAL OPERATING SUPPORT	1,510
Total ▶ 3a				356,779

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>				
MICHAEL S DELARCO FOUNDATION 405 LANGLEY COURT SCHAUMBURG, IL 60193		PC	GENERAL OPERATING SUPPORT	500
MIDWEST BBQ FOR THE BRAVE INC 771 LESLIE LANE FRANKFORT, IL 60423		PC	GENERAL OPERATING SUPPORT	430
MISERICORDIA6300 NORTH RIDGE CHICAGO, IL 60660		PC	GENERAL OPERATING SUPPORT	17,650
Total ▶ 3a				356,779

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>				
MISSION 318PO BOX 1071 WHEATON, IL 60187		PC	GENERAL OPERATING SUPPORT	300
MISSY'S VETERANS OF VALOR 6200 BARNARD MILL ROAD RINGWOOD, IL 60072		PC	GENERAL OPERATING SUPPORT	2,000
NCH FOUNDATIONS 350 7TH ST N NAPLES, FL 34102		PC	GENERAL OPERATING SUPPORT	16,600
Total ▶ 3a				356,779

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>				
NORTHWESTERN MEMORIAL FOUNDATION 241 E HURON STREET CHICAGO, IL 60611		PC	GENERAL OPERATING SUPPORT	1,390
OPEN HEART MAGIC 53 W JACKSON BLVD 835 CHICAGO, IL 60604		PC	GENERAL OPERATING SUPPORT	2,500
PKD FOUNDATION 8330 WARD PARKWAY SUITE 510 KANSAS CITY, MO 64114		PC	GENERAL OPERATING SUPPORT	3,000
Total ▶ 3a				356,779


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>				
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN ROAD HIGHLAND PARK, IL 60035		PC	GENERAL OPERATING SUPPORT	5,000
REBUILDING TOGETHER 1899 L STREET NW SUITE 1000 WASHINGTON, DC 20036		PC	GENERAL OPERATING SUPPORT	2,040
ROOSEVELT UNIVERSITY 430 S MICHIGAN AVE CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	3,760
Total ► 3a				356,779

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>				
RUSH-COPELY FOUNDATION 2000 OGDEN AVENUE AURORA, IL 60504		PC	GENERAL OPERATING SUPPORT	6,380
SIDE BY SIDE FOR CHRIST 2420 HIGH MEADOW ROAD NAPERVILLE, IL 60564		PC	GENERAL OPERATING SUPPORT	2,500
SIMPLY FROM THE HEART 213 W INSTITUTE PLACE SUITE 308 CHICAGO, IL 60610		PC	GENERAL OPERATING SUPPORT	1,000
Total ► 3a				356,779

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>				
SPECIAL OLYMPICS2 E 8TH STREET CHICAGO, IL 60605		PC	GENERAL OPERATING SUPPORT	900
ST MARY CATHOLIC SCHOOL 901 N CENTER AVENUE PLANO, IL 60545		PC	GENERAL OPERATING SUPPORT	10,000
ST VINCENT DE PAUL SOCIETY 58 PROGRESS PARKWAY MARYLAND HEIGHTS, MO 63043		PC	GENERAL OPERATING SUPPORT	200
Total ▶ 3a				356,779

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>				
THE JOHN BUCK COMPANY FOUNDATION ONE NORTH WACKER DRIVE SUITE 400 CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	650
THE NATURE FOUNDATION OF WILL COUNTY 17540 W LARAWAY ROAD JOLIET, IL 60433		PC	GENERAL OPERATING SUPPORT	250
UNIVERSITY OF CHICAGO MEDICINE COMER CHILDREN'S HOSPITAL 5721 S MARYLAND AVENUE CHICAGO, IL 60637		PC	GENERAL OPERATING SUPPORT	3,700
Total ▶ 3a				356,779

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>				
UPS FOR DOWNS1070 S ROSELLE ROAD SCHAUMBURG, IL 60193		PC	GENERAL OPERATING SUPPORT	1,000
USO OF ILLINOIS 530 FARRAGUT AVENUE GREAT LAKES, IL 60088		PC	GENERAL OPERATING SUPPORT	14,840
WORLD VISION 5001 W HARRISON STREET CHICAGO, IL 60644		PC	GENERAL OPERATING SUPPORT	200
Total ▶ 3a				356,779

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>				
YOUTH & OPPORTUNITY UNITED 1911 CHURCH STREET EVANSTON, IL 60201		PC	GENERAL OPERATING SUPPORT	2,220
Total  3a				356,779

TY 2018 Accounting Fees Schedule**Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,820	0		1,820

TY 2018 Other Expenses Schedule**Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGE	197	0		197

TY 2018 Taxes Schedule**Name:** LEOPARDO CHARITABLE FOUNDATION**EIN:** 20-1437384

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	145	0		145

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047
		2018
Name of the organization LEOPARDO CHARITABLE FOUNDATION		Employer identification number 20-1437384

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 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 LEOPARDO CHARITABLE FOUNDATION	Employer identification number 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	\$	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)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

20-1437384

Part II	Noncash Property
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(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
		\$	

Name of organization LEOPARDO CHARITABLE FOUNDATION	Employer identification number 20-1437384
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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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	

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>	ADMIRAL HEATING & VENTILATING INC	\$ 20,000	Person <input checked="" type="checkbox"/>
	450 LITT DRIVE		Payroll <input type="checkbox"/>
	HILLSIDE, IL 60162		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>2</u>	CONCRETE BY WAGNER	\$ 10,000	Person <input checked="" type="checkbox"/>
	13808 HIGH RD		Payroll <input type="checkbox"/>
	LOCKPORT, IL 60441		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>3</u>	GLASS SOLUTIONS INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	650 WEST GRAND AVE 314		Payroll <input type="checkbox"/>
	ELMHURST, IL 60126		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>4</u>	THE HILL GROUP	\$ 16,000	Person <input checked="" type="checkbox"/>
	11045 GAGE AVE		Payroll <input type="checkbox"/>
	FRANKLIN PARK, IL 60131		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>5</u>	HOGAN PLUMBING INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	30 W 265 YOUNGAL RD		Payroll <input type="checkbox"/>
	WARRENVILLE, IL 60555		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>6</u>	LEOPARDO COMPANIES INC	\$ 24,800	Person <input checked="" type="checkbox"/>
	5200 PRAIRIE STONE PARKWAY		Payroll <input type="checkbox"/>
	HOFFMAN ESTATES, IL 60192		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	NESKO ELECTRIC COMPANY	\$ 5,000	Person <input checked="" type="checkbox"/>
	3111 S 26TH AVE		Payroll <input type="checkbox"/>
	BROADVIEW, IL 60155		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>8</u>	OMEGA ELECTRIC CO INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	450 BENNETT ROAD		Payroll <input type="checkbox"/>
	ELK GROVE VILLAGE, IL 60007		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>9</u>	TITAN ELECTRIC CONTRACTING LLC	\$ 20,000	Person <input checked="" type="checkbox"/>
	401 EAST NORTH AVENUE		Payroll <input type="checkbox"/>
	VILLA PARK, IL 60181		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>10</u>	COMPETITIVE PIPING SYSTEMS	\$ 10,000	Person <input checked="" type="checkbox"/>
	141 W JACKSON BLVD		Payroll <input type="checkbox"/>
	CHICAGO, IL 60604		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>11</u>	NOVA FIRE PROTECTION	\$ 5,000	Person <input checked="" type="checkbox"/>
	2720 BROADWAY AVE E UNIT 4		Payroll <input type="checkbox"/>
	BISMARCK, ND 58501		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>12</u>	TRITON PLUMBING	\$ 5,000	Person <input checked="" type="checkbox"/>
	1824 W PERSHING ROAD		Payroll <input type="checkbox"/>
	CHICAGO, IL 60609		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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>	GRAND KAHN ELECTRIC	\$ 10,000	Person <input checked="" type="checkbox"/>
	2455 W GRAND AVE		Payroll <input type="checkbox"/>
	CHICAGO, IL 60612		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>14</u>	MID STATES GLASS	\$ 20,000	Person <input checked="" type="checkbox"/>
	210 HIGHWAY 80 E		Payroll <input type="checkbox"/>
	CLINTON, MS 39056		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>15</u>	VORTEX ENTERPRISES	\$ 10,000	Person <input checked="" type="checkbox"/>
	10440 PIONEER BLVD SUITE 1		Payroll <input type="checkbox"/>
	SANTA FE SPRINGS, CA 90670		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>16</u>	CAIN MILLWORK INC	\$ 20,000	Person <input checked="" type="checkbox"/>
	1 CAIN PARKWAY		Payroll <input type="checkbox"/>
	ROCHELLE, IL 61068		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>17</u>	CERAMI CONSTRUCTION COMPANY LTD	\$ 5,000	Person <input checked="" type="checkbox"/>
	140 WEST LAKE STREET		Payroll <input type="checkbox"/>
	NORTHLAKE, IL 60164		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>18</u>	CONTINENTAL ELECTRICAL CONSTRUCTION COMPANY	\$ 40,000	Person <input checked="" type="checkbox"/>
	815 COMMERCE DRIVE SUITE 100		Payroll <input type="checkbox"/>
	OAK BROOK, IL 60523		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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>19</u>	JSL MASONRY RESTORATION INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	10201 FRANKLIN AVENUE		Payroll <input type="checkbox"/>
	FRANKLIN PARK, IL 60131		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>20</u>	PETRIE CONSTRUCTION	\$ 10,000	Person <input checked="" type="checkbox"/>
	2801 SANDY HOOK ROAD		Payroll <input type="checkbox"/>
	FOREST HILL, MD 21050		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>21</u>	R CARROZZA PLUMBING CO	\$ 10,000	Person <input checked="" type="checkbox"/>
	9226 W CHESTNUT AVENUE		Payroll <input type="checkbox"/>
	FRANKLIN PARK, IL 60131		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
<u>22</u>	WITZ FAMILY FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	815 COMMERCE DRIVE SUITE 100		Payroll <input type="checkbox"/>
	OAK BROOK, IL 60523		Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)