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EXTENDED TO NOVEMBER 15, 2017 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

OMB No 1545 0052

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] Se	ction 49
	I Fa		ırket val
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	. >	\$	
	Pa	rt I	Analy (The to necess
		1	Contrib
		2	Check
		3	Interest cash inv
8		4	Divider
Þ		5a	Gross
3		b	Net rent
而	Ф	6a	Net gain
O	Š	b	Gross ea
₹	ě	7	Capital o
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ಲ		10a	and after
20		b	Less Co
7		C	Gross
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			_

Information about For	m 990-PF and its separate	instructions is at www.ir	s gov/form990pf	Open to Public Inspection
For calendar year 2016 or tax year beginning JUN		, and ending	DEC 31, 2016	
Name of foundation			A Employer identification	number
YELLOW-CROWNED FOUNDATION			35-7144790	
Number and street (or PO box number if mail is not delivered to street a 7801 VIZCAYA WAY	address)	Room/suite	B Telephone number 239-594-85	 03
City or town, state or province, country, and ZIP or foreign p. NAPLES, FL 34108	ostal code		C If exemption application is pe	
G Check all that apply X Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations,	check here
Final return	Amended return	orrior public chartty		. —
Address change	Name change		2 Foreign organizations mee check here and attach con	nputation
H Check type of organization X Section 501(c)(3) ex	kempt private foundation		E If private foundation stat	
	Other taxable private found:	ation	under section 507(b)(1)(
I Fair market value of all assets at end of year J Account		Accrual	F If the foundation is in a 6	
	ther (specify)		under section 507(b)(1)(B), check here
>\$ 77,254. (Part I, colu			4-3 A-0	(d) Disbursements
(The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	212,325.		N/A	(Substituting)
2 Check I if the foundation is not required to attach Sch. B		* tin	7.	
Interest on savings and temporary cash inve≼tments				,
4 Dividends and interest from securities	5.	5.		STATEMENT 2
5a Gross rents				
Net rental income or (loss)	1 056			
68 Net gain or (loss) from sale of essets not on line 10 Gross sales price for all 161, 269.	-1,056.	*** - 2, ~	1 2 2 2	STATEMENT 1
b Gross sales price for all 161, 269. 7 Capital gain net income (from Part IV, fine 2)	411	160,166.	, ,	
8 Net short-term capital gain		100,100.		- 51
9 Income modifications	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Gross sales less returns 10 a and allowances	1 2 2 2 2			in its
D Less Cost of goods sold	- 1-1-14 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	THE THE PERSON OF THE PERSON O	The same of the sa	100
c Gross profit or (loss)		こうまではよりない かりょうまでんしゃ		HE TO STATE OF THE
11 Other income				William Control
12 Total Add lines through 11-	211,274.	160,171.		**************************************
13 Compensation of officers prectors trustees etc	0.	0.		0.
14 Other employee salaries and wages 2 0 2017 15 Pension plans, employee benefits			-	
	38 			
b Accounting fees				
b Accounting fees c Other professional fees				
17 Interest 18 Taxes 19 Depreciation and depletion		<u> </u>		
el : ' : : : ' '				
20 Occupancy 21 Travel, conferences, and meetings		_	 	-
			 	
a a a a a a a a a a a a a a a a a a a	150.	0.	 	0.
23 Other expenses STMT 3				
expenses Add lines 13 through 23	150.	0.		0.
20 Ochtholionol Sural Status bara	133,870.			133,870.
26 Total expenses and disbursements	124 222	-		400
Add lines 24 and 25	134,020.	0.		133,870.
27 Subtract line 26 from line 12	77,254.		 	
2 Excess of revenue over expenses and disbursements b Net investment income (if negative enter 0)	11,234.	160,171.	 	
C Adjusted net income (if negative enter 0)	· · · · · · · · ·	200,212.	N/A	<u></u>
623501 11 23 16 LHA For Paperwork Reduction Act Notice	e. see instructions			Form 990-PF (2016)

Form 990-PF (2016)

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.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

			7144			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - :	see ins	truc	tions	<u></u> -
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					لي
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1			3,2	03.
	of Part I, line 27b					1
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				<u>0.</u>
3	Add lines 1 and 2	3			3,2	
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			3,2	<u>03.</u>
6	Credits/Payments:					- (
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
	Exempt foreign organizations - tax withheld at source	\				}
	Tax paid with application for extension of time to file (Form 8868) 6c 25,000.					İ
d	Backup withholding erroneously withheld 6d					لـــ
7	Total credits and payments. Add lines 6a through 6d	7		2:	5,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			Ĺ, 79	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 21,797. Refunded ▶ Irt VII-A Statements Regarding Activities	11				0.
				- 1	Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	}		163	X
	any political campaign?	_	}	1a		$\frac{\Lambda}{X}$
υ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		ŀ	1b		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or	1		j	
	distributed by the foundation in connection with the activities.		ŀ	10		$\overline{\mathbf{x}}$
	Did the foundation file Form 1120-POL for this year?		-	1c		^
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$		ľ	Ì	i	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ĺ	l]	l
-	managers. > \$ 0.		1		ļ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2		<u></u>
-	If "Yes," attach a detailed description of the activities.		r	-		 -
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1	i	j	1
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ŀ	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N.	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		·	5		X
	If "Yes," attach the statement required by General Instruction T.		1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ľ	ļ		- 1
	By language in the governing instrument, or		}	- 1	}	}
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	ł			
	remain in the governing instrument?		[6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	
				Ī		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
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)			1		1
_	of each state as required by General Instruction G? If "No," attach explanation		f	8ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar	T I			
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		t	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," ettach a schedule listing their names and addresses		ŀ	10		X
	and the state of t				- PF	(2016)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016) YELLOW-CROWNED FOUNDATION			35-71447	90 <u>Page 6</u>
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	1 1 1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?	, , ,		s X No	1 1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	.?		s X No	1 1 1
(4) Provide a grant to an organization other than a charitable, etc., organization			,, <u> </u>	
	in described in section		es X No	
4945(d)(4)(A)? (see instructions)		•	S LAL NO	1 1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t		[57]	1 1 1
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	<u>-</u>	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it maintai	ined		- 1 - 1
expenditure responsibility for the grant?	I.	V/A 🔲 Ye	es 🔲 No	1 1 1
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)	-	1	1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			,	
a personal benefit contract?	han brannanna an		es X No	
•	narconal hanafit contract?			6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	DEL SOLIGI DELICITI COLLUGUL!		 -'	"
If "Yes" to 6b, file Form 8870.		, ,	□ ▼□	1 1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	_
b If 'Yes,' did the foundation receive any proceeds or have any net income attributions and the foundation receive any proceeds or have any net income attributions.			Ŋ/A	7b
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Mai	nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their	, 	1 () Companyation	(d) 0tabutana ta	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
JAMES G. FITZGERALD	CO-TRUSTEE	Į.	[
7801 VIZCAYA WAY				
NAPLES, FL 34108	1.00	0.	0.	0.
JANE M. FITZGERALD	CO-TRUSTEE			
7801 VIZCAYA WAY	1			
NAPLES, FL 34108	1.00	0.	0.	0.
	 	 		
	†	1		
	1	1		
	 	 		
	4			
	4	}		
2. Componentian of five highest said smale and father there there in	luded on the 4) If years	ander WAIGNE II		
2 Compensation of five highest-paid employees (other than those inc		enter "NUNE."	(d) Contributions to	(a) Evnance
(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	(e) Expense account, other
	devoted to position	ļ` <u>`</u>	compensation	allowances
NONE	_			
	<u> </u>	<u> </u>		<u> </u>
	1		[
	<u>L</u>	L		L
				
		 	<u> </u>	
		1	ļ	1
	 	 	 	
	1	i]	
Tatal number of other ampleyees and area 650 000				0
Total number of other employees paid over \$50,000				990-PF (2016)

Total. Add lines 1 through 3

Fo	rm 990-PF (2016) YELLOW-CROWNED FOUNDATION	35	-7144790 Page 8
F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	63,072.
b	Average of monthly cash balances	1b	63,072.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	63,072.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	L_I	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	63,072.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	946.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	62,126.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	1,625.
LF	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	111	1,625.
2a			
b		1	
C	Add lines 2a and 2b	2c	3,203.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	 	400 000
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	133,870.
þ	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	
Þ	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	133,870.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	133,870.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies fo	r the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
2 voim voi prior yourd.		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$133,870.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·		0.
e Remaining amount distributed out of corpus	133,870.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	133,870.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u>, </u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract			· 	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	133,870.			
O Analysis of line 9:				
a Excess from 2012				1
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				ļ
e Excess from 2016 133,870.			<u> </u>	<u> </u>

623581 11-23-16

Form 990-PF (2016) YELLOW –	CROWNED FOU	NDATION			L44790 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o			Į.		
foundation, and the ruling is effective fo			▶ <u> </u>		
b Check box to indicate whether the found	l <u>ation is a private operatir</u>	g foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	ł				
each year listed	<u></u>		<u> </u>	<u> </u>	<u> </u>
b 85% of line 2a					
c Qualifying distributions from Part XII,				Į.	
line 4 for each year listed					
d Amounts included in line 2c not					1
used directly for active conduct of)			1	
exempt activities	L	<u> </u>		<u> </u>	
e Qualifying distributions made directly				T	
for active conduct of exempt activities.	i	<u> </u>			
Subtract line 2d from line 2c	}	1			1
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:	ļ				
(1) Value of all assets					
(2) Value of assets qualifying				1	
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter	ļ		 	 -	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		<u> </u>	L	<u> </u>	
c "Support" alternative test - enter:					
(1) Total support other than gross	Ì			1	
investment income (interest,	1				
dividends, rents, payments on securities loans (section	į				
512(a)(5)), or royalties)					<u> </u>
(2) Support from general public		_			
and 5 or more exempt organizations as provided in	 	\		1	
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
PantXV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 5					
b List any managers of the foundation wh other entity) of which the foundation has	o own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
	s a 10% of greater filteres	SI.			
NONE					
2 Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does i	not accept unsolicited requ	uests for funds. If
	·				u u.
a The name, address, and telephone numi	per or e-mail address of t	ne person to wnom app	ilications should be address	ssea:	
b The form in which applications should b	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors:	
623601 11-23-16					Form 990-PF (2016)

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
and group arrivative arrivation of the friends	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4 Drogges and an analysis	Business	Amount	sion	Amount	function income
1 Program service revenue:	code		code	- Tunoditi	
a	ļ	<u> </u>	<u> </u>	<u> </u>	
b			l		
c					
		f	 		
			├		
e			├ ──		
f			İ	ļ <u> </u>	
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash	1		 	 	
	1	ł	ł	1	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
investments			 		
4 Dividends and interest from securities		<u> </u>	14	5.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
	}		1	 	
b Not debt-financed property			├ -		
6 Net rental income or (loss) from personal	1	1	1	{	
property		{	1	{	
7 Other investment income					
	 			 	
8 Gain or (loss) from sales of assets other	1]	1	1 056	
than inventory			18	-1,056.	
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
	l		l		
8	}	 	-		
b	<u></u>	 	└ ──		L
c			L		
			ì		
d			<u> </u>		
d e		0		-1 051	
e 12 Subtotal. Add columns (b), (d), and (e)		0.			0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.			0. -1,051.
e 12 Subtotal. Add columns (b), (d), and (e)		0.			0. -1,051.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	the Acco		empt	13	0. -1,051.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	the Acco		empt	13	0. -1,051.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to		emplishment of Exe		Purposes	-1,051.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	mplishment of Exe		Purposes	-1,051.
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Exempt Organizations Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 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 (1) Sales of assets from 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.	X X X X X X X
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (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	x x x x x
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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 (4) the value of the goods other assets or services received	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement	ts
N/A	
	
	
	
	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described	٦.,
(·) · · · · (· · · · · · · · · · · · ·	No
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	
N/A	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	his
Sign and belief, it is the correct, and complete Doctar atton of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer	er
Here 03/09/17 CO-TRUSTEE X Yes] No
Signature of officer or trustee Date Title	
Print/Type preparer's name Preparer's signature Date Check if PTIN	
Paid DEPRICK ALLEN self-employed P01233883	
<u> </u>	
Preparer Firm's name ► THE MOSAIC FINANCIAL GROUP LLC Use Only Firm's name ► THE MOSAIC FINANCIAL GROUP LLC	
Firm's address ► 330 NORTH WABASH AVENUE, SUITE 1650	
CHICAGO, IL 60611 Phone no. 312-255-5490	
Form 990-PF	

3 Grants and Contributions Paid During the				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BARRINGTON AREA UNITED WAY PO BOX 773 BARRINGTON , IL 60011	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	1,000
BARRINGTON CHILDRENS CHARITIES 145 WEST MAIN STREET, #204 BARRINGTON , IL 60010-4311	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	5,000
CATO INSTITUTE 1000 MASSACHUSETTS AVE, NW WASHINGTON, DC 20001-5403	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	10,000
CHICAGO BOTANIC GARDEN 1000 LAKE COOK RD GLENCOE, IL 60022	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	1,000
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	1,500
FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FORT MYERS , FL 33965	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	5,000
FUTURE OF FREEDOM FOUNDATION 11350 RANDOM HILLS ROAD FAIRFAX, VA 22030	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	2,000
SUADALUPE CENTER OF IMMOKALEE 505 HOPE CIRCLE IMMOKALEE, FL 34142	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	5,260
HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST CHICAGO, IL 60642	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	8,750
HOME OF THE SPARROW 1209 W SHAMROCK LN B MCHENRY, IL 60050	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	1,000
Total from continuation sheets				95,3

YELLOW-CROWNED FOUNDATION

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th		,		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amanat
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
		[
HOVDE FOUNDATION	N/A	PF	GENERAL OPERATIONS	
122 W WASHINGTON AVE #350		1	1	
MADISON, WI 53703		 		5,000.
AND THE PARTY OF T				1
IMMOKALEE FOUNDATION 3960 RADIO ROAD, SUITE 207	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
NAPLES, FL 34104		İ	İ	2,500.
IMPACT 100 CHICAGO	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
P.O. BOX 607			1	
PALATINE, IL 60078		 		1,000.
INDEPENDENT INSTITUTE	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
100 SWAN WAY OAKLAND, CA 94621		l	1	1,000,
CARDAND, CA 94021		 	,	1,000.
JUNIOR ACHIEVEMENT OF CHICAGO	N/A	PURITC CHARTTY	GENERAL OPERATIONS	
651 W WASHINGTON BLVD STE 404	87 A	TODDIC CHARTIT	FINE OF ELECTIONS	
CHICAGO, IL 60661		<u> </u>		1,000.
LYRIC OPERA OF CHICAGO	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
20 N UPPER WACKER DR		1		
CHICAGO, IL 60606		 		960.
MIDDLEDWIN COLLEGE				
MIDDLEBURY COLLEGE 14 OLD CHAPEL RD	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
MIDDLEBURY , VT 05753				5,000
		Ì		
NAPLES BOTANICAL GARDEN	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
4820 BAYSHORE DR		1		
NAPLES, FL 34112		 	 	5,000
NAPLES CHILDREN & EDUCATIONAL	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
FOUNDATION	}	1	}	
4305 EXCHANGE AVE				
NAPLES, FL 34104	+	 	 	7,900
NAPLES HISTORICAL SOCIETY	N/A	DIIRI.IC CUADIMY	GENERAL OPERATIONS	
PO BOX 201	,		OF BARTIONS	[
NAPLES, PL 34106		<u> </u>	<u> </u>	1,000
Total from continuation sheets				

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	<u> </u>
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NEIGHBORHOOD HEALTH CLINIC	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
121 GOODLETTE ROAD NAPLES, FL 34102		ļ		2,50
NEWBERRY LIBRARY	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
60 W WALTON ST CHICAGO, IL 60610		<u> </u>		5,000
PORTSMOUTH ABBEY SCHOOL	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
285 CORYS LN PORTSMOUTH , RI 02871				5,000
RANDOLPH BOURNE INSTITUTE 1017 EL CAMINO REAL, SUITE 306	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
REDWOOD CITY, CA 94063	 	 		5,000
TALL TIMBERS FOUNDATION 13093 HENRY BEADEL DR	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
TALLAHASSEE, FL 32312				2,00
UNIVERSITY OF CHICAGO, BOOTH SCHOOL OF BUSINESS	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
5807 SOUTH WOODLAWN AVE CHICAGO, IL 60637				5,00
		<u> </u>	<u> </u>	
Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

YELLOW-CROWNED FOUNDATION 35-7144790					
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					
	4947(a)(1) nonexempt chantable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from			
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 990-PF, Part I, line 2, to					
	the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	om 330°FF, Fait I, 11110 2, to			
LHA For Paperwork Redu	uction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** YELLOW-CROWNED FOUNDATION 35-7144790 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 1 JAMES G. FITZGERALD Person Payroli 7801 VIZCAYA WAY 162,325. Noncash (Complete Part II for NAPLES FL 34108 noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 JAMES G. FITZGERALD Person Payroli 7801 VIZCAYA WAY 50,000. Noncash (Complete Part II for NAPLES , FL 34108 noncash contributions.) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroli Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

YELLOW-CROWNED FOUNDATION

35-7144790

Pant,∐	Noncash Property (See instructions). Use duplicate copies of Par		-/144/90
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	2,500 SHARES OF BANK OF MONTREAL COMMON STOCK	150.205	00/10/16
(a) No.	(b)	(c) FMV (or estimate)	09/19/16 (d)
from Part I	Description of noncash property given	(See instructions)	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
53 10-18-	16	Schedule B (Form 9	90, 990-EZ, or 990-PF) (20

Name of orga	anization	Employer identification number				
YELLOW	-CROWNED FOUNDATION		35-7144790			
Part III	Exclusively religious, charitable, etc., contributor. Complete	columns (a) through (e) and the fol	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	, charitable, etc., contributions of \$1,000	or less for the year (Enter this into once)			
(a) No.						
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
<u> </u>		<u> </u>				
)	(e) Transfer of gift					
}	Transferee's name, address, ar	nd 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 g	gift			
	Transferee's name, address, ar	nd 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			
<u> </u>						
} .						
-		(e) Transfer of g	aift			
	(e) transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
1.						
) .						
) ·						
(a) No. from	(A) D	(-) 11				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
].						
 ·						
] .						
	(e) Transfer of gift					
-						
<u> </u>	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
						
						

623454 10-18-16

FORM 990-PF	GAIN OR	(LOSS) F	ROM SALE	OF ASSE	ets 	ST2	ATEMENT 1
(A) DESCRIPTION OF PROP	'ERTY			MANN ACQUI		ATE UIRED	DATE SOLI
BANK OF MONTREAL CA	NADA			DONAT	ED 01/0	02/90	09/19/16
(B) GROSS SALES PRIC	VAL	C) UE AT OF ACQ.	(D) EXPENSE SALE		(E) DEPREC.	GAIN	(F) OR LOSS
161,2		162,325.		0.	0.		-1,056
CAPITAL GAINS DIVID							-1,056
FORM 990-PF		S AND INT		OM SECUE	(B)		ATEMENT 2
SOURCE	GROSS AMOUNT	GAIN: DIVIDE		EVENUE R BOOKS	NET INVI		ADJUSTED NET INCOM
							MEI INCOME
UBS #7795	5	· .	0.	5.		5.	MEI INCOM
			0.	5 <i>.</i>		5. 5.	NET INCOME
TO PART I, LINE 4				5.		5.	ATEMENT 3
UBS #7795 TO PART I, LINE 4 FORM 990-PF DESCRIPTION			EXPENSE	5.		5. STA	
TO PART I, LINE 4 FORM 990-PF		OTHER (A) EXPENSES	EXPENSE (I NET I S MENT	5. S B) NVEST-	(C) ADJUST	5. STA	ATEMENT 3 (D) CHARITABLI

FORM 990-PF	OTHER ASSETS		STATEMENT 4
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DUE FROM BROKERS DUE FROM JGF & JMF	0.	2,380.	1. 2,380.
TO FORM 990-PF, PART II, LINE 15	0.	2,381.	2,381.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 5
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

JAMES G. FITZGERALD JANE M. FITZGERALD