Form 990-PF

## INITIAL RETURN **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 www.irs.gov/Form990PF for instructions and the latest information.

	OMB No 1545-0052
1712	2017 Open to Public Inspection

	partment of the Treasury		social security numbers or irs.gov/Form990PF for inst			Open to Public Inspection
	r calendar year 2017 or tax year begin			, and ending	-	Open to 1 ablic inspection
Na	ame of foundation				A Employer identificatio	n number
	AMY KROUSE ROSENTI					
_	FORMERLY AKR YELLO			N	82-0794561	L
	umber and street (or P O box number if mail is 3436 N JANSSEN AVI		address)	Room/suite	B Telephone number 312-345-04	120
_	ty or town, state or province, country, a		ostal code	<u></u>	C If exemption application is	
	CHICAGO, IL 6065	7				
G	Check all that apply:			ormer public charity	D 1 Foreign organization	s, check here
	Final i		Amended return		Foreign organizations m check here and attach c	eeting the 85% test,
н	Check type of organization: X S		X Name change kempt private foundation		1	
	Section 4947(a)(1) nonexempt cha		Other taxable private founda	ation 04	If private foundation standard under section 507(b)(1	
I F	air market value of all assets at end of		ng method: X Cash	Accrual	F If the foundation is in a	
	from Part II, col. (c), line 16)	_   0	ther (specify)	<del></del>	under section 507(b)(1	
			nn (d) must be on cash bası	s.)		T
P	(The total of amounts in columns (b), necessarily equal the amounts in columns (c)	(c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc.	, received	288,777.		N/A	
	2 Check 1/1 the foundation is not re	quired to attach Sch. B	ļ			CM3 (F1) (F1) (F1)
	3 cash investments		337.	$\frac{4}{337}$		STATEMENT 1 STATEMENT 2
	4 Dividends and interest from sec 5a Gross rents	urities	337.	337.		STATEMENT Z
	D Net rental income or (loss)					
. as	6a Net gain or (loss) from sale of assets r	not on line 10	-188.			
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r ⊥r ± Revenue	7 Capital gain net income (from Part IV,	line 2)	:	0.		
	8 Net Short-term capital gain					
j)	9 Income modifications Gross sales less returns and allowances					<del> </del>
	D Less Cost of goods sold					
	c Gross profit or (loss)					
ξ	11 Other income					/
<u> </u>	12 Total. Add lines 1 through 11		288,930.	341.		
	<ul><li>13 Compensation of officers, directors, to</li><li>14 Other employee salaries and wa</li></ul>		0.	0.		0.
	15 Pension plans, employee benefi	•	ļ			<del> </del>
ses	16a Lagal fees	STMT 3	4,315.	2,157.		0.
je i	b Accounting fees					
ËX	c Other professional fees					<u> </u>
Administrative Expens	17 Interest					
stra	18 Taxes 19 Depreciation and depletion					
ini.	20 Occupancy					
Adı	21 Travel, opnierences and theelin	ÆD				
and	22 Printing and publications	9				
gui	23 Other expenses	STIMT SO	15,379.	7,690.		0.
Operating	24 Total operating and administration expenses Add lines 13 through	tive	19,694.	9,847.		0.
ŏ	expenses Ado lines 13 incougr 25 Contributions, gifts, (a) (S) and		19,694.	J,047.		0.
	26 Total expenses and disbursem	ents.				<del>                                     </del>
	Add lines 24 and 25		19,694.	9,847.		0.
	27 Subtract line 26 from line 12:		0.50.00.5			
	a Excess of revenue over expenses and		269,236.			
	b Net investment income (if negative,		ļ	0.	N/A	
_	To Adjusted liet income (ii negative,	- A - 1 A - A B - A -			74 / 77	Form 000 DE (0017)

1 Cash - non-interest-beams   268,995.   2		_	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
2 Savings and temporary cash investments  3 Accounts receivable ►  1 Less; allowance for doubtful accounts ►  4 Pledges receivable ►  5 Grants receivable  5 Receivable South of the state	Р	art	Barance Sheets   column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
Accounts receivable  Less: allowance for doubtful accounts     Pledges receivable		1	Cash - non-interest-bearing			
Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ 1 Less: allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other roles to best retwelve		2	Savings and temporary cash investments		268,995.	268,995.
Pledges receivable   Less: allowance for doubtful accounts   Signate receivable		3	Accounts receivable ►			
Less allowance for foundful accounts    5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other miss admissratewith Less allowance for foundful accounts    8 Inventiones for sale or use 9 Preparal expenses and deferred charges 10 Investments - CuS, and state government obligations bit investments - Cusporate stock c Investments - corporate stock 5 STMT 5 0 . 248 . 479 . 11 Investments - corporate stock c Investments - corporate stock 11 Investments - corporate stock 12 Investments - corporate stock 13 Investments - orthory and equipment basis 14 Land, buildings, and equipment; basis 15 Other asset (describe ) 16 Total assets (to be completed by all fillers - see the instructions, Also, see gage, 1, tem 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 21 Mortgage and other notes payable 21 Mortgage and other notes payable 22 Other liabilities (describe ) 23 Total liabilities (describe ) 24 Total flabilities (describe ) 25 Total flabilities (describe ) 26 Temporary restricted 27 Temporary restricted 28 Permanently restricted 29 Permanently restricted 29 Permanently restricted 20 Permanently restricted 20 Permanently restricted 21 Temporary restricted 22 Permanently restricted 23 Total liabilities (describe ) 24 Pound-or capital surplus, or land, blidg., and equipment fund 28 Perfame dezmings, accumulated income, endowment, or other funds 30 Total net assets of fund balances 30 Total net assets of fund balances 40 Caghal stock, trust principal, or current funds 40 Caghal stock, trust principal, or current funds 50 Caghal stoc		ĺ	Less; allowance for doubtful accounts			
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Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.  Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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  31 Total liabilities and net assets/fund balances  0 . 269, 236.			·			
and complete lines 24 through 26, and lines 30 and 31.  24 Unrestricted  25 Temporarily restricted  26 Permanently restricted  Foundations that do not follow SFAS 117, check here 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  31 Total liabilities and net assets/fund balances  32 O O O O O O O O O O O O O O O O O O O		23	Total liabilities (add lines 17 through 22)	0.	0.	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here 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 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Unrestricted 55 Temporarily restricted 56 Permanently restricted 57 Occurrent funds 60 Occurrent funds 70 Occurrent fu			Foundations that follow SFAS 117, check here			
31 Total liabilities and net assets/fund balances 0. 269, 236.			and complete lines 24 through 26, and lines 30 and 31.			
31 Total liabilities and net assets/fund balances 0. 269, 236.	Š	24	Unrestricted			
31 Total liabilities and net assets/fund balances 0. 269, 236.	<u>la</u>	25	Temporarily restricted			
31 Total liabilities and net assets/fund balances 0. 269, 236.	Ba	26				
31 Total liabilities and net assets/fund balances 0. 269, 236.	Ę,		Foundations that do not follow SFAS 117, check here			
31 Total liabilities and net assets/fund balances 0. 269, 236.	Ē		and complete lines 27 through 31	_	_	
31 Total liabilities and net assets/fund balances 0. 269, 236.	ts	27				
31 Total liabilities and net assets/fund balances 0. 269, 236.	SSe		<b>-</b>		• •	
31 Total liabilities and net assets/fund balances 0. 269, 236.	ĭ,				269,236.	
	ž	30	Total net assets or fund balances	0.	269,236.	
				0	260 226	
Part III Analysis of Changes in Net Assets or Fund Balances	_	31	Total liabilities and net assets/fund balances	0.	269,236.	<u> </u>
It dit in   I many and at a consider it that the act of the individual and	P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
	_			20	· <del></del>	<u> </u>
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30			· ·	30		^
(must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  2 269, 236.		•			<del> </del>	
					<b>—</b>	403,430.
3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 4 269, 236.			` ' <del></del>			269 236
5 Decreases not included in line 2 (itemize)   5 0.					<u> </u>	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  6 269, 236.				lumn (h), line 30		
	<u>~</u> _	, 5 (4)	The cases of faire summines at the or your time a filling of - ratt II, to	(D), into 00		Form <b>990-PF</b> (2017)

82-0794561

Form 990-PF (2017)

FORMERLY AKR YELLOW UMBRELLA FOUNDATION

Part IV   Capital Gains a	and Losses for rax on ir	ivesimen	it income					_
	the kind(s) of property sold (for exa rehouse; or common stock, 200 sh		ate,	( <b>b)</b> F	low acc - Purch - Donat	quired (diase	;) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ISHARES RUSSEL	L MIDCAP GROWTH	- 67 S	HS		Ī	0	8/07/17	08/08/17
b ISHARES RUSSEL	L MIDCAP GROWTH	- 33 s	HS		Ī	0	9/05/17	09/06/17
c								
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale			(	(h) Gain or (loss (e) plus (f) minus	
a 7,232.			7,34	3.				-111.
b 3,554.			3,63	1.		-		-77.
C				$\neg \neg$		,		
d				$\neg \dashv$				
e	<del></del>							
<del></del>	g gain in column (h) and owned by	the foundation	n on 12/31/69	$\dashv$			iains (Col. (h) gair	n minus
- Complete only for associa showing	· · · · · · · · · · · · · · · · · · ·		xcess of col. (i)	$\dashv$			(), but not less that	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		r col. (j), if any				osses (from col.	
		ļ						111
<u>a</u>		ļ						- <u>111</u> .
_b								- / / •
_c								
_d								
_e				_				
2 Capital gain net income or (net ca	opital loss) If gain, also enter of If (loss), enter of	r in Part I, line	7	}	2			-188.
•			. 1	7	+			
3 Net short-term capital gain or (los		nd (6).		٦١				
If gain, also enter in Part I, line 8,	column (c).			-	,		N/A	
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder Section 4940(e) for	Poduco	Tay on Net	lpv	ostm	ent Inco		<u>.                                      </u>
<del></del>	<del></del>							NT / N
(For optional use by domestic private	toundations subject to the section	494U(a) tax o	n net investment in	icome	:.)			N/A
If section 4940(d)(2) applies, leave th	us part blank							
10 000 to 10 (0/L) applico, 10010 to	no part blank.							
Was the foundation liable for the sect	ion 4942 tax on the distributable an	nount of any y	ear in the base per	riod?				Yes No
If "Yes," the foundation doesn't qualif								
1 Enter the appropriate amount in e	each column for each year; see the i	nstructions b	efore making any e	ntries				
Base period years	(b)			(c)	-		Dietri	(d) bution ratio
Calendar year (or tax year beginnir	ng in) Adjusted qualifying dis	tributions	Net value of no	nchar	ntable-u	ise assets		vided by col. (c))
2016			-					<del></del>
2015								<del></del>
2014	<del></del>		<del>                                     </del>					
2013							<del></del>	<del></del>
2012								
			L				<u> </u>	
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5	5-year base period - divide the total i	on line 2 by 5	.0, or by the numb	er of y	ears/			
the foundation has been in exister	ice if less than 5 years						3	
							ŀ	
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X,	line 5					4	
	·							
5 Multiply line 4 by line 3							5	
							┝┷╅╾╾	<del></del>
C Fator 40/ of act in contact and account	- (40) - 4 D L L 07h)							
6 Enter 1% of net investment incom	ie (1% OI Part I, line 2/D)						6	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from	Part XII, line 4						8	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and com	plete that part usin	g a 19	% tax ra	nte		

723521 01-03-18

AMY KROUSE ROSENTHAL FOUNDATION

Form 990-PF (2017) FORMERLY AKR YELLOW UMBREI		2-0794			Page 4
Part VI Excise Tax Based on Investment Income (Section		18 - see i	nstru	ctio	าร)
1a Exempt operating foundations described in section 4940(d)(2), check here		- 1			
Date of ruling or determination letter: (attach copy of let			_		2-
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check	here and enter 1%	1			0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations	, enter 4% of Part I, line 12, col. (b). J				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	s 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 foundation	is 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 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b 0.				·
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 if Form 22.	20 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.
Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount over	erpaid <b>&gt;</b>	10			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded▶	11			
Part VII-A Statements Regarding Activities	· <del></del>				
1a During the tax year, did the foundation attempt to influence any national, state, or le	ocal legislation or did it participate or intervene in			Yes	No
any political campaign?			1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for politic	al purposes? See the instructions for the definition	n	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and					
distributed by the foundation in connection with the activities.					1
c Did the foundation file Form 1120-POL for this year?			1 1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed d	uring the year:				
(1) On the foundation. ▶ \$ 0 • (2) On foundation r					
e Enter the reimbursement (if any) paid by the foundation during the year for politica					
managers. ► \$ 0.	•				
2 Has the foundation engaged in any activities that have not previously been reported	d to the IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its go	verning instrument, articles of incorporation, or				ļ
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char			3 1	-	X
4a Did the foundation have unrelated business gross income of \$1,000 or more durin			4a		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	•	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the vear?		5		X
If "Yes," attach the statement required by General Instruction T			$\vdash$		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied either				
By language in the governing instrument, or					ŀ
By state legislation that effectively amends the governing instrument so that no r	nandatory directions that conflict with the state la	W	1 1		į
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 "Ye	es." complete Part II. col. (c), and Part XV		7	Х	
and the second second at any arms during the your in the	(0), 414 (1)		$\vdash$		
8a Enter the states to which the foundation reports or with which it is registered. See i	nstructions <b>&gt;</b>		1 1		
IL					
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? If "No," attach explanation	to the retering deficial (or designate)		8b	х	
<ul> <li>Is the foundation claiming status as a private operating foundation within the mean</li> </ul>	ung of section 4942(1)(3) or 4942(1)(5) for calend	ar	"		<del></del> ,
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "\		ai	9	-	X
Did any persons become substantial contributors during the tay year? (1874) = 1 - 18-18		MTT 6	10	v	<u>,</u> '

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Form 990-PF (2017)

FORMERLY AKR YELLOW UMBRELLA FOUNDATION

Part VII-A Statements Regarding Activities (continued)	, I	/ I	<u> </u>
44. At any time during the year, did the foundation, directly or indirectly own a controlled activity within the manning of	<del>     </del>	/es	No
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		х
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		Х
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
Website address ► HTTPS://AKRYELLOWUMBRELLA.ORG/			
14 The books are in care of ► THE FOUNDATION Telephone no. ► 312-34	5-04	120	
Located at ► 3436 N JANSSEN AVE, CHICAGO, IL ZIP+4 ► 60	657		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
and enter the amount of tax-exempt interest received or accrued during the year	N/		
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	-	Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			;
foreign country	<u> </u>	l	
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1	V1	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del></del>	Yes	No
1a During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
(-)		ĺ	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No			
a dioqualities policies	1		
(0) / 0/11/01/ 90000, 00/11/01/ 01/11/01/ 01/11/01/ 01/11/01/ 01/11/01/ 01/11/01/ 01/11/01/ 01/11/01/ 01/11/01/	1 1		;
(1) 1 2) 00111111111111111111111111111111			
(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)?			i
10) 100 0000000 01 000 000 01 000 01 000 01 000 01 000 01 000 01 000 01 000 01 000 0100 000 01 000 01 000 01 000 01 000 01 000 01 000 01 000 01 000 00			,
(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.)  Yes X No	]	i	
101111111111111111111111111111111111111	1 1		
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  N/A	1 <sub>b</sub>		
Cooling Co. 10 Tr ((a) Co. 11 a co.) cities and a co.	<del>  ""  </del>	$\dashv$	
Organizations relying on a current notice regarding disaster assistance, check here  c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			;
before the first day of the tax year beginning in 2017?	10		X
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))			i
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			;
before 2017? Yes X No			į ,
If "Yes," list the years ▶ , , , , ,			1
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	1		
statement - see instructions ) N/A	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.			
• , , , , , , , , , , , , , , , , , , ,			Ι.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
during the year? Yes X No			ĺ
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1 1		İ
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,	1. 1		_
Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
Fo	rm <b>990</b>	-PF	(2017)

Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:	·	<del>•</del>		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	` ''	ectly.			
any voter registration drive?	,		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
4945(d)(4)(A)? See instructions		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?	, , ,		es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations		1	1
section 53.4945 or in a current notice regarding disaster assistance? See instr		-	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check	here		▶□ [		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				1	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			ŀ	
a personal benefit contract?		Ye	es X No	ŀ	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь	X
If "Yes" to 6b, file Form 8870			Г		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	•	(a) Componentian	178/2	T	
(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) Ex accoun	pense t, other
(a) Harris and address	to position	`enter'-0-)'	compensation	allow	ances
				l	^
SEE STATEMENT 7		0.	0.		0.
		İ			
2 Compensation of five highest-paid employees (other than those inc	l :luded on line 1). If none.	enter "NONE."			
			(d) Contributions to	(e) Ex	pense
(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) Ex accoun allow	t, other
NONE	devoted to position		compensation	unow	
				<u> </u>	
<del></del>				<del> </del>	
	<u> </u>			<del>                                     </del>	
Total number of other employees paid over \$50,000	<del></del>		<b>•</b>	J	0
			Form	990-PF	(2017)

B Five highest-paid independent contractors for professional services. If none, en	iter "NONE."	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
<del></del>		
<del></del>	<del></del>	<del></del>
	<del> </del>	
otal number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A   Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta	itistical information such as the	T
number of organizations and other beneficiaries served, conferences convened, research papers p	roduced, etc.	Expenses
N/A		
		1
		<u>1</u>
		4
		4
		<del> </del>
		4
<del></del>		4
Part IX-B   Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
N/A	<del></del>	
		1
	<del></del>	]
All other program-related investments. See instructions.		
	·····	_
	<del></del>	7
		]
		- - -
		- - - -

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee 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	48.
b	Average of monthly cash balances	1b	178,116.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	178,164.
е	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	178,164.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,672.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	175,492.
6_	Minimum investment return. Enter 5% of line 5	6	8,775.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here   in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	8,775.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,775.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,775.
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	8,775.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	<u>0.</u>
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:	<del></del>	
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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	<del>                                     </del>	
J	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<del></del>
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

1 Deline buside amount for 2017 from Part X, line 7  Lordan busides amount for 2015 only 520 from and of 2017 a Enter amount for 2015 only 520 from 2015 broad for party years:  3 Excess distributions carryover, if any, to 2017:  a From 2012  b From 2013  From 2015  From 2015  From 2016  1 Total of these 3a through e 4 Cualifying distributions for 2017 from Part XI, line 4: 9 S O. 4  Applied to 2015 oil, but not more than line 2a bapping to 2015, but not more than line 2a bapping to 2015 distributions of corpus (Electron regime - See instructions) of Applied to 2017 distributions of corpus (Electron regime - see instructions) of Applied to 2017 distributions amount electrons on claim (ii), the seman amount of the seman amount of the seman amount of the seman control of the seman amount of the sem		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
18	Distributable amount for 2017 from Part XI	оограз	Tours prior to 2010	2010	
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Form **990-PF** (2017

AMY KROUSE ROSENTHAL FOUNDATION 82-0794561 Form 990-PF (2017) FORMERLY AKR YELLOW UMBRELLA FOUNDATION Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(5) **b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(J)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2017 (b) 2016 income from Part I or the minimum (c) 2015 (d) 2014 (e) Total investment return from Part X for each year listed **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 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 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 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).) NONE 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 NONE 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. a The name, address, and telephone number or email address of the person to whom applications should be addressed. b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:

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

82-0794561

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FORMERLY AKR YELLOW UMBRELLA FOUNDATION Form 990-PF (2017) FORMERLY AKR YELLOW
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	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year						
		· ·				
NONE						
Total			<b>▶</b> 3a	0.		
b Approved for future payment						
NONE						
NONE						
Total	<u> </u>		<b>▶</b> 3b	0.		
			F	orm <b>990-PF</b> (2017)		

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Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2017)

Enter gross amounts unless otherwise indicated.	Unrelated	Unrelated business income Excluded by sec			(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	7 illiount	code	Amount	
a	-				
<u> </u>	-		<del></del>		
d	-				
е	-	<del></del>			
f	_		$\neg$		
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash		-			_
investments			14	4.	
4 Dividends and interest from securities			14	337.	
5 Net rental income or (loss) from real estate:					<u>.</u>
a Debt-financed property					·
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-188.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(	2.	153.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	153
(See worksheet in line 13 instructions to verify calculations)	)				

Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of

lacktriangle	the foundation's exempt purposes (other than by providing funds for such purposes).

## Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 504(c)

	organization directly or main					50011 30 1(C)	l ŀ	-3	140
,	than section 501(c)(3) organi	•	•		,				
	ers from the reporting founda	tion to a noncharita	able exempt or	ganization of:				-	
(1) Ca							1a(1)		X
٠,,	her assets						1a(2)		X
	ransactions;								
(1) Sa	les of assets to a noncharitab	le exempt organiza	ition				1b(1)		<u>X</u>
( <b>2</b> ) Pu	rchases of assets from a non	charitable exempt	organization				1b(2)		X
(3) Re	ntal of facilities, equipment, o	r other assets					1b(3)		X
(4) Re	imbursement arrangements						1b(4)		X
<b>(5)</b> Lo	ans or loan guarantees						1b(5)		<u> </u>
(6) Pe	rformance of services or men	nbership or fundra	ising solicitatio	ins			1b(6)		X
c Sharing	g of facilities, equipment, mail	ing lists, other assi	ets, or paid em	ployees			1c		X
				-	ways show the fair	market value of the goods, of	ther asset	ls,	
						on or sharing arrangement, sh		•	
	(d) the value of the goods, o				•	,			
(a)Line no	(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transactions, and sl	haring arrar	naeme	nts
	· · ·		N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				<del></del> ·	<del>-</del>	-			
<del>+</del>	-	<del></del>		<del></del>					
				·		<del></del>			
$\longrightarrow$				<del></del>		<del></del>			
			·						
						<del></del>			
						<del></del>			
				•					
						•			
2a Is the fe	oundation directly or indirectly	y affiliated with, or i	related to, one	or more tax-exempt organi	zations described				
	on 501(c) (other than section			, ,			Yes	X	No
b If "Yes,"	complete the following sched	dule.					_		-
······································	(a) Name of orga			(b) Type of organization	<u> </u>	(c) Description of relationship	ıp		
	N/A			( ) // //	<u> </u>		·		
						<del>-</del> <del> </del>			—
			-						
				"		<del></del>			
<del> </del>					<del>                                     </del>				—
Une	der penalties of perjury, I declare th	nat I have examined thi	s return includin	g accompanying schedules and	statements and to the	ne hest of my knowledge			
	belief, it is true, correct, and comp					rer has any knowledge May	the IRS dis n with the p		
Here		**		1 alzalin	OBBTG	show	n below? S	See ins	str
<b>Z</b>	ignature of officer or triotes	$\leftarrow$		16/9/18	OFFIC	ER LA	Yes	L	J No ∣
	ignature of officer or trustee	<u> </u>	I Duanauaula au	Date /	Title	Chock J. J. J. DTIN			
	Print/Type preparer's nan	lie C	Preparer's si	gnature	Date	Check if PTIN			
Deid	ama a as		XII	0 -	6/ 1-	self- employed			
Paid	STACEY CONN	· .	MAC	es Con	125/18		6422		
Prepare		US LLP		′	, .	Firm's EIN ► 42-07	1432	5	
Use Onl	·								
				RD., STE 500					
	SCH	<u> IAUMBURG,</u>	IL 60	173		Phone no 847-51	7-70	70	
						For	m <b>990</b> -	PF (	2017)

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE			NUE OOKS		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
BANK OF AMERICA			4.		4.	
TOTAL TO PART I, LI	NE 3		4.		4.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SECUR	LITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R.	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
MERRILL LYNCH - DIVIDENDS MERRILL LYNCH - INTEREST	2 335		0.	2. 335.		2.
TO PART I, LINE 4	337	•	0.	337.	33	37.
FORM 990-PF		LEGAL	FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME		(D) CHARITABLE E PURPOSES
LEGAL FEES	_	4,315.		2,157.		0.
TO FM 990-PF, PG 1,	LN 16A	4,315.	-	2,157.	-	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITA	
CATERING, RENTALS, ETC.	15,379.	7,690.			0.
TO FORM 990-PF, PG 1, LN 23	15,379.	7,690.			0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	 5
DESCRIPTION		во	OK VALUE	FAIR MARKE VALUE	т
ISHARE RUSSELL MIDCAP - GROWT ISHARE RUSSELL MIDCAP - VALUE ISHARES S&P 500 INDEX FUND			59. 56. 133.		21. 89. 69.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		248.	4	79.
	SUBSTANTIA PART VII-A,	L CONTRIBUTOR	S	STATEMENT	6
NAME OF CONTRIBUTOR	ADDR	ESS			
SHEFFIELD WOLK		—— N 25TH AVENU KLIN PARK, IL			
JOE KROUSE		LAWNDALE STON, IL 6020	1		
THE 1111 FOUNDATION		E LAKES DRIVE HFIELD, IL 60			
ANN & PAUL KROUSE FAMILY FOUN		GARLAND AVEN LAND PARK, IL			
AMY ROSENTHAL REVOCABLE TRUST		N JANSSEN AV AGO, IL 60657			

FORM 990-PF	PART VIII -	LIST OF OFFICERS,	DIRECTORS	STATEMENT 7
	TRUSTEES	AND FOUNDATION MAI	NAGERS	

NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JASON B ROSENTHAL 333 W WACKER DR, STE CHICAGO, IL 60606	1700	TRUSTEE 1.00	0.	0.	0.
BRIAN ABRAHAMS 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
WENDY ABRAMS 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
DAVE EGGERS 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
ANN WOLK KROUSE 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
PAUL KROUSE 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
ERNST LENGYEL, MD PHD 333 W WACKER DR, STE CHICAGO, IL 60606		DIRECTOR 1.00	0.	0.	0.
MARIA MODUGNO 333 W WACKER DR, STE CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
MARC PLATT 333 W WACKER DR, STE : CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
AMY RENNERT 333 W WACKER DR, STE : CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.
AMY ROSENBERG 333 W WACKER DR, STE : CHICAGO, IL 60606	1700	DIRECTOR 1.00	0.	0.	0.

AMY KROUSE ROSENTHAL FOUNDATI	ON FORMERLY	·	82-0	794561
KELLY STOETZEL 333 W WACKER DR, STE 1700 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

AMY KROUSE ROSENTHAL FOUNDATION FORMERLY AKR YELLOW UMBRELLA FOUNDATION

Employer identification number

82-0794561

Organization type (check o	ne)
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	S01(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
<del>_</del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
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 test of the regulations under 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 or, 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, line 1 Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter l purpose Don't coi	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., miplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

AMY KROUSE ROSENTHAL FOUNDATION

FORMERLY AKR YELLOW UMBRELLA FOUNDATION

Employer identification number

82-0794561

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. AND MRS. SHEFFIELD WOLK  2401 N. 25TH AVENUE  FRANKLIN PARK, IL 60131	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOE KROUSE  2400 LAWNDALE  EVANSTON, IL 60201	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE 1111 FOUNDATION  THREE LAKES DRIVE  NORTHFIELD, IL 60093	\$111,111.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANN & PAUL KROUSE FAMILY FOUNDATION  1874 GARLAND AVENUE  HIGHLAND PARK, IL 60035	\$ 76,703.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ANN & PAUL KROUSE FAMILY FOUNDATION  1874 GARLAND AVENUE  HIGHLAND PARK, IL 60035	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AMY ROSENTHAL REVOCABLE TRUST  3436 N JANSSEN AVENUE  CHICAGO, IL 60657	\$7,336.	Person Payroll Noncash X (Complete Part II for noncash contributions)

Name of organization AMY KROUSE ROSENTHAL FOUNDATION FORMERLY AKR YELLOW UMBRELLA FOUNDATION Employer identification number

82-0794561

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
7	AMY ROSENTHAL REVOCABLE TRUST  3436 N JANSSEN AVENUE  CHICAGO, IL 60657	\$3,631.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Name of organization

AMY KROUSE ROSENTHAL FOUNDATION FORMERLY AKR YELLOW UMBRELLA FOUNDATION

Employer identification number

82-0794561

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional spa
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Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	92.7269 SHS RUSSELL MIDCAP GROWTH, 116.3677 SHS RUSSELL MIDCAP VALUE & 210.36 SHS ISHARES S&P	\$\$	12/18/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	67 SHS ISHARES RUSSELL MIDCAP GROWTH	\$	08/07/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	33 SHS ISHARES RUSSELL MIDCAP GROWTH	\$3,631.	09/05/17
(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
723453 11-01-	.17	\$ Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017

MY KRAI	auon JSE ROSENTHAL FOUNDATI	Employer Identification number	
ORMERLY	Y AKR YELLOW UMBRELLA	82-0794561	
	the year from any one contributor. Complete co	lumns (a) through (e) and the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 to
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	or less for the year (Enter this info once)
a) No.	Use duplicate copies of Part III if additional	space is needed	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
-			
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_			
		<del></del>	
) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
	Transferee 3 harrie, address, and	Treationally of transfer to transfer	
-			
a) No.			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
_			
}	(e) Transfer of gift		
	Tours formula and address and 710 · A		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
-	· · · · · · · · · · · · · · · · · · ·		
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) r dipose of girt	(0) 000 0. g	(a, Zeeen, planter than 3, state that
-			
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-			
<del>  -  </del>	(e) Transfer of gift		
	······································		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
_			<del></del>
ı		l	