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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

For	caler	dar year 2009, or tax year beginning NOV	<i>7</i> 1, 2009	, and e	nding	<u>OCT 31, 2010</u>	
G (Check	all that apply: Initial return	Initial return of a fo	ormer public (charity	Final return	ı
		Amended return	Address chan	ge		Name change	
He	the	Name of foundation				A Employer identification	number
	label						
	ierwi	se. THE DAVE HOKIN FOUNDA	ATION			36-6079161	
	print	Number and street (or P O box number if mail is not of	lelivered to street address)		Room/suite	B Telephone number	
	r typ		/ENUE		3707	(312) 266-	1025
	Spe	City or town state and ZIP code				C If exemption application is p	
Inst	ructi	Ons. CHICAGO, IL 60611				D 1 Foreign organizations	
H (Check	type of organization: X Section 501(c)(3) e	xempt private foundation			Foreign organizations me check here and attach co	eting the 85% test,
Г	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation		ł	
l F:			ting method: Cash	X Accr	ııal	E If private foundation sta under section 507(b)(1)	tus was terminated
		·	Other (specify)		uu.	F If the foundation is in a	
	•\$	506,959. (Part I, cold		basis)		under section 507(b)(1)	
_	art I		(a) Revenue and	1	vestment	(c) Adjusted net	(d) Disbursements
٠٠٠		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books		ome	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	30,000.			N/A	(oddi oddio olity)
	2	Check it the foundation is not required to attach Sch. B	30,000.			M/A	
_	2	Interest on savings and temporary					
200	3	cash investments			 		
_	4	Dividends and interest from securities					
ř		Gross rents					
}	١ ـ	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		_			
, en	_ b	assets on line 6a		<u> </u>			
Revenue	7	Capital gain net income (from Part IV, line 2)		· · · · · · · · · · · · · · · · · · ·	0.		
! -	8 Net short-term capital gain				·····		
3	9	Income modifications Gross sales less returns			· · · · · · · · · · · · · · · · · · ·		
,	10a	and allowances			·····		
) 1	b	Less Cost of goods sold	 	<u> </u>			
	C	Gross profit or (loss)					
	11	Other income					
	12	Total Add lines 1 through 11	30,000.		0.	ļ	
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
m	15	Pension plans, employee benefits					
ses	16a	Legal fees					
ben	Ь	Accounting fees				RECE	
Ä	C	Other professional fees				F	
Ϋ́	17	Interest				S FEB 1	1 2011 0
and Administrative Exp	18	Taxes				S FEB 1	S S
nist	19	Depreciation and depletion					一一点
<u>=</u>	20	Occupancy				OGDE	N, UI
Ρ	21	Travel, conferences, and meetings					
Ē	22	Printing and publications					
Ď.	23	Other expenses STMT 1	115.		90.		25.
atin	24	Total operating and administrative					
Operating	-	expenses. Add lines 13 through 23	115.		90.		25.
ŏ	25	Contributions, gifts, grants paid	27,485.	<u> </u>			25. 27,485.
	26	Total expenses and disbursements.	2,,103.	i			2.,,100.
		Add lines 24 and 25	27,600.		90.		27,510.
	27	Subtract line 26 from line 12:	27,000.				2,,,,,
	l	Excess of revenue over expenses and disbursements	2,400.				
	l	Net investment income (if negative, enter -0-)	2,400.		0.		
	1	Adjusted net income (if negative, enter -0-)				N/A	
	٠	riujuotou net moonie (ii negative, enter -0-)	1	<u> </u>		1 AV / 53	1

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

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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	L	309 <u>,678</u> .
2	Enter amount from Part I, line 27a	2		2,400.
3	Other increases not included in line 2 (itemize)	3	L	0.
4	Add lines 1, 2, and 3	4	L	312,078.
5	Decreases not included in line 2 (itemize) ▶	5	\mathbb{L}	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	\Box	312,078.

7 Add lines 5 and 6

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8 Enter qualifying distributions from Part XII, line 4

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.

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48,437.

27,510.

	1990-PF (2009) THE DAVE HOKIN FOUNDATION		<u>6079</u>			Page 4
Pa	art VI ₁ Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	etio	<u>1s)</u>
†a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%	_1	ł			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)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	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.					··-
а	2009 estimated tax payments and 2008 overpayment credited to 2009					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld 6d	_				
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	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 overpaid	10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax					
	art VII-A Statements Regarding Activities		<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervi	ne in			Yes	No
-	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis					
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	.,		3		Х
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	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_		5		Х
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			į		
	By language in the governing instrument, or			ŀ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	ate law				
	remain in the governing instrument?			6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	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			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation within the meaning of the foundation within the foundation within the meaning of the foundation within the foundation within the meaning of the foundation within the foundation within the foundation within the meaning within	alendar			† 	
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

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orm 990-PF (2009) THE DAVE HOKIN FOUNDATION		<u> </u>	<u>36-60791</u>	61	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be H	equirea (continu	ued)		-т
5a During the year did the foundation pay or incur any amount to:	- 4045/-\\0		s X No		
• (1) Carry on propaganda, or otherwise attempt to influence legislation (section			s LAUNO		1
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire	-	s X No		
any voter registration drive?	0		s X No	İ	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	S LALINO	i	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?			S LAJ NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or to		s X No		
the prevention of cruelty to children or animals?			S LAL NO		ŀ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	37 / 3		ŀ
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No	.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> -	6b	<u> </u>
If "Yes" to 6b, file Form 8870					
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 attribut				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.		T 7 10 2		
/-> 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) l	Expense unt, other
(a) Name and address	to position	enter -0-)	compensation	allo	wances
BERNICE HOKIN	PRESIDENT/DIR	ECTOR			
875 NORTH MICHIGAN AVENUE]				
CHICAGO, IL 60611	0.00	0.	0.		0.
DAVID M. RUBIN	SECRETARY/DIR	ECTOR		•	
222 N. LASALLE ST, STE 800]				
CHICAGO, IL 60601	0.00	0.	0.		0.
WILLIAM J. HOKIN	TREASURER/DIR	ECTOR			
ONE THORNDAL CIR, P.O. BOX 4032					
DARIEN, CT 06820	0.00	0.	0.		0.
RICHARD HOKIN	VICE PRESIDEN	T/DIRECTO	R		
ONE THORNDAL CIR, P.O. BOX 4032]				
DARIEN, CT 06820	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). 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	acco	Expense unt, other wances
NONE					
	1				
-]			<u></u>	
	7				
	1				
Total number of other employees paid over \$50,000	<u> </u>			-	

3 Five highest-paid independent contractors for professional services. If none, enter "N	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T. 1		>
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	<u> </u>	
	dunformation such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc	ed, etc.	Expenses
1 N/A		
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1 N/A		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	<u></u>	0

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	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	451,826.
b	Average of monthly cash balances	1b	451,826. 47,570.
Ç	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	499,396.
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	499,396.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,491.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	491,905.
6	Minimum investment return. Enter 5% of line 5	6	24,595.
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	24,595.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (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	24,595.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,595.
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	24,595.
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	27,510.
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:		
а	Suitability test (prior IRS approval required)	3a	
ь	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	27,510.
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	27,510.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	,			
line 7				24,595.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years.		_		
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 10,674. b From 2005 48,121.	İ			
b From 2005 48,121.				
d From 2007				
e From 2008				
f Total of lines 3a through e	58,795.		1	
4 Qualifying distributions for 2009 from	30,7331			····
Part XII, line 4: ▶ \$ 27,510.				
a Applied to 2008, 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 2009 distributable amount				24,595.
e Remaining amount distributed out of corpus	2,915.			
5 Excess distributions carryover applied to 2009 (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	61,710.			
b Prior years' undistributed income. Subtract	<u> </u>			
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 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract		-		
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of	1			
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	10 674			
not applied on line 5 or line 7	10,674.			
9 Excess distributions carryover to 2010	E1 026			
Subtract lines 7 and 8 from line 6a	51,036.			
10 Analysis of line 9: a Excess from 2005 48,121.				
b Excess from 2006	}			
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 2,915.				
				- 000 DE (222)

	E HOKIN FO				<u>6-6079161</u> Page 10
Part XIV Private Operating Fo	 · 			N/A	
1 a If the foundation has received a ruling or	determination letter that	at it is a private operating			
foundation, and the ruling is effective for	*	•	▶ ∟		
b Check box to indicate whether the foundary		ing foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					İ
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			İ		
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	I				
` '	- -				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			**		
2/3 of minimum investment return	l				
shown in Part X, line 6 for each year listed	Í				
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			. if the - formato	+: b 65 000	
Part XV Supplementary Info			y it the tounda	tion nad \$5,000	or more in assets
at any time during t		instructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation who			ntributions received t	by the foundation befor	e the close of any tax
year (but only if they have contributed m	iore man 45,000) (See	section 507(u)(z).)			
NONE					
b List any managers of the foundation who			n (or an equally large	portion of the ownersh	lip of a partnership or
other entity) of which the foundation has	s a 10% of greater litter	est.			
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation o					
the foundation makes gifts, grants, etc. (·			ons, complete items 2a,	o, c, and o.
a The name, address, and telephone numl	ber of the person to wh	om applications should t	oe addressed:		
b The form in which applications should b	e submitted and inform	nation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geograph	ical areas, charitable field	ls, kinds of institution	ns, or other factors:	
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Grants and Contributions Paid During the Ye Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	33		-	
		i		
	- ^ -			
SEE STATEMENT 3				
Total	l	1	▶ 3a	27,4
Approved for future payment				
NONE				
Total		-	▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income		by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	Allount	code	Afficult	- Iunction income	
a	_			-		
b	-					
<u> </u>						
d	- -	•			·	
e	-					
<u> </u>	-					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
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						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
c	1 1					
d	1					
e						
12 Subtotal Add columns (b), (d), and (e)		(0.	0.		
13 Total Add line 12, columns (b), (d), and (e)				13		
(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 the foundation's exempt purposes (other than by providing funds for such purposes).					

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Pa	Exempt Organizations	To and Transactions an	d Relationships With Nonc	naritable	•			
÷		allowing with any other organization	described in contion E01(a) of		Yes	No		
1	Did the organization directly or indirectly engage in any of the fo	-			163	140		
_	the Code (other than section 501(c)(3) organizations) or in sec		ations		·			
a	Transfers from the reporting foundation to a noncharitable exer	npt organization of:		4-/4)		v		
	(1) Cash			1a(1)		X		
	(2) Other assets			1a(2)				
b				4,44		v		
	(1) Sales of assets to a noncharitable exempt organization			1b(1)		X		
	(2) Purchases of assets from a noncharitable exempt organiza	tion		1b(2)		X		
	(3) Rental of facilities, equipment, or other assets			1b(3)		X		
	(4) Reimbursement arrangements			1b(4)		X		
	(5) Loans or loan guarantees			1b(5)	-	X		
	(6) Performance of services or membership or fundraising sol			1b(6) 1c		X		
	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 followin	· · ·			sets,			
	or services given by the reporting foundation. If the foundation		in any transaction or sharing arrangeme	nt, snow in				
-1.	column (d) the value of the goods, other assets, or services rec		T (4) -					
a) L		aritable exempt organization	(d) Description of transfers, transactions,	and sharing an	rangeme	nts:		
	N	/A						
		<u></u>						
								
				 .				
2a	Is the foundation directly or indirectly affiliated with, or related	to, one or more tax-exempt organiza	tions described			_		
	in section 501(c) of the Code (other than section 501(c)(3)) or	in section 527?		Yes	X	∐ No		
b	If "Yes," complete the following schedule					_		
	(a) Name of organization	(b) Type of organization	(c) Description of relati	onship				
	N/A							
_								
	Under penalties of pertury, I declare that I have examined this return, include and complete Declaration of preparer (other than taxpayer or fiduciary) is batteries.			it is true, corre	ect,			
	NAA -	<i>^</i>						
a		17FEB11	VICE PRESIDENT					
L Here	Signature of officer or trustee	Date	Title					
ב	Preparer's - P Ala	Dat	self-	eparer's identif	ying nur	nber		
5,	signature Signature	ere of	3/// employed ▶ L					
	P 2 0 0 Firm's name (or yours BLUM, SHAPIRO &		PA'S EIN ►					
	- 29 S. MAIN STREE	T, P.O. BOX 2720						
- 1	address, and ZiP code WEST HARTFORD, C	т 06127-2000	Phone no. 860	0 561-	400	0		

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization	on	Employer identification number
	THE DAVE HOKIN FOUNDATION	36-6079161
Organization type (chec		
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	1
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule		
	tion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or moi mplete Parts I and II	re (in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	<u> </u>
aggregate contr	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lind for cruelty to children or animals. Complete Parts I, II, and III	- · ·
contributions fo If this box is chi purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an ext complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year	d not aggregate to more than \$1,000 xclusively religious, charitable, etc,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schon Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
LHA For Privacy Act as	ad Panerwork Reduction Act Notice, see the Instructions	hadula R (Form 990, 990-F7, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of ofganization

Employer identification number

THE DAVE HOKIN FOUNDATION

36-6079161

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD HOKIN ONE THORNDAL CIR, P.O. BOX 4032 DARIEN, CT 06820	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page of of Part II

Name of organization

Employer identification number

THE DAVE HOKIN FOUNDATION

36-6079161

Part II	Noncash Property (see instructions)		
(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
-		 	
453 02-01-1	0		90, 990-EZ, or 990-PF) (20

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
	

FORM 990-PF	OTHER EXPENSES			STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ANNUAL FILING FEE BANK CHARGES	25. 90.	0 90		25. 0.	
TO FORM 990-PF, PG 1, LN 23	115.	90	•	25.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 2	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
CAC HOLDINGS, INC. 15 SHARES ML CORP	-		256,804. 6,505.	458,190. 0.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	 -	263,309.	458,190.	

STATEMENT 3

FORM 990-PF

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
CHAPIN SCHOOL 100 EAST END AVENUE NEW YORK, NY 10028		501(C)(3)	500.
TETON ARTS COUNCIL PO BOX 627 DRIGGS, ID 83422	NONE GENERAL FUND OF ORGANIZATION	501(C)(3)	5,000.
PARTNERS IN HEALTH PO BOX 845578 BOSTON, MA 02284	NONE HAITI RELEIF	501(C)(3)	300.
UM FOUNDATION PO BOX 7159 MISSOULA, MT 59807		501(C)(3)	1,000.
COMMUNITY FOUNDATION OF TETON VALLEY 189 N MAIN STREET SUITE 206 DRIGGS, ID 83422	NONE TIN CUP CHALLENGE	501(C)(3)	5,000.
	NONE GENERAL FUND OF ORGANIZATION	501(C)(3)	10,000.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	NONE GENERAL FUND OF ORGANIZATION	501(C)(3)	500.
WESTPORT PUBLIC LIBRARY 20 JESUP ROAD WESTPORT, CT 06880	NONE GENERAL FUND OF ORGANIZATION	501(C)(3)	1,000.

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

THE DAVE HOKIN FOUNDATION	v + e - b	3	36-6079161
CITY OF DRIGGS PO BOX 48 DRIGGS, ID 83422	NONE COMMUNITY CENTER	501(C)(3)	3,435.
THE NEW YORK PUBLIC LIBRARY FIFTH AVE & 42ND ST ROOM 73 NEW YORK, NY 10018	NONE GENERAL FUND OF ORGANIZATION	501(C)(3)	750.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		27,485.