

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

FOR	caler	idar year 2013 or tax year beginning NOV	1, 2013	, and ending	OCT 31, 2014	
Nai	me of	foundation			A Employer identification	number
_T	HE	DAVE HOKIN FOUNDATION			36-6079161	
Nur	nber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_8	75	NORTH MICHIGAN AVENUE	3707	(312) 266-	1025	
City	y or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
C	ΗI	CAGO, IL 60611			·	-
G	Check	all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	•		
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H (Check	type of organization. X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
] Se		Other taxable private founda	tion	under section 507(b)(1)	
1 Fa	air ma	rket value of all assets at end of year J Accounti	ng method Cash	X Accrual	F If the foundation is in a	
(fi	rom l	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
	-\$	653,078. (Part I, colu	mn (d) must be on cash b	asis.)	, , , ,	• •
Pa	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	30,000.		N/A	(cash basis only)
	2	Check if the foundation is not required to attach Sch. B	30,000.	······································	437 F3.	
	2	Interest on savings and temporary cash investments				}
	4	Dividends and interest from securities				
	1 '	Gross rents				<u> </u>
	1 -	-Nat rental income or (loss)				
	62			' 11 da Hamburan Hawari - Maria	1.11n.d: //://///////////////////////////////	······································
Revenue	I h	Net gain or floss) from sale of assets not on line 10 Gross sales price for all V				
Š	70			0.	' .' 	
æ	8,	Capital gain net income (from Part IV, fine) Net short-termicapital/gain				
	وا	Income modifications		*************************************		{, , , , , , , , , , , , , , , , , , ,
	10a	Gross'sales less returns		······································		
	4	Gross sales less returns and allowances L		***************************		[
		Gross profit or (loss)		······································	· -	
	11	Other income			\	
	12	Total. Add lines 1 through 11	30,000.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		~0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Ses	16a	Legal fees				
ĕ	b	Accounting fees				
Ä	c	Other professional fees				
<u>8</u>	17	Interest				
trat	18	Taxes				
nist	19	Depreciation and depletion				
. LUIJ and Administrative Expens	20	Occupancy				
LUIJ nd Adı	21	Travel, conferences, and meetings				
and	22	Printing and publications				
# <u>6</u>	23	Other expenses STMT 1	25.	0.		0.
에서 한 4 Operating	24	Total operating and administrative				_
		expenses. Add lines 13 through 23	25.	0.		0.
-	25	Contributions, gifts, grants paid	39,700.			39,700.
)	26	Total expenses and disbursements.	<u> </u>			_
) } 		Add lines 24 and 25	39,725.	0.		39,700.
,	27	Subtract line 26 from line 12:				
Ļ	Į.	Excess of revenue over expenses and disbursements	<9,725.		***************************************	
5		Net investment income (if negative, enter -0-)		0.		
2225		Adjusted net income (if negative, enter -0-)			N/A	

Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
r 05	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	155,824.	146,099.	146,099.
2	Savings and temporary cash investments			
3	Accounts receivable ►			÷
	Less allowance for doubtful accounts			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts	Ì	[•
5				
6				
•	disqualified persons			
7	Other notes and loans receivable	:		
'	Less allowance for doubtful accounts	·	j	•
2 8	· · · · · · · · · · · · · · · · · · ·			
8 9	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations			
- 1	b Investments - corporate stock STMT 2	263,309.	263,309.	506,979.
1	c Investments - corporate bonds	20,000	200,000.	
- 1	Investments - land, buildings, and equipment basis	·		.:
''		ŀ	1	₩
12	Less: accumulated depreciation Investments - mortgage loans	···		 -
- 1	- Т			
13	· · · · · · · · · · · · · · · · · · ·			·····
14				\$
4-	Less: accumulated depreciation Other accepts (deposits a			
15				
16		/10 122	400 400	652 A70
+_	instructions Also, see page 1, item 1)	419,133.	409,408.	653,078.
17				
18	· · · · ·			Tradition of the Control of the Cont
19	· " F			
20	· · · · · · · · · · · · · · · · · · ·			
19 20 21				3 3
22	Other liabilities (describe			•
			_	?
23		0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.	ŀ		* [
<u>S</u> 24	Unrestricted			3
25	Temporarily restricted			
26	· · · · · · · · · · · · · · · · · · ·			
	Foundations that do not follow SFAS 117, check here			
25 26 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30	and complete lines 27 through 31.	ł		
5 27	-	419,133.	409,408.	
28		0.	0.	
29		0.	0.	
30		419,133.	409,408.	
<u>"</u>	,	,	, , ,	• • •
31	Total liabilities and net assets/fund balances	419,133.	409,408.	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	ust agree with end-of-year figure reported on prior year's return)	· -	1	419,133.
	er amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •		<9,725.
	er increases not included in line 2 (itemize)		2 3	0.
	Llings 1 2 and 2			409,408.
	reases not included in line 2 (itemize)			409,400.
		huma (h) lina 20		409,408.
10[al net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (0), im 0 3U	<u> </u>	409,400.

Part IV Capital Gains a	nd Losses fo	r Tax on Inve	stmen	Income						
		operty sold (e g., rea n stock, 200 shs ML			(b) P	How ac - Purc - Dona	quired hase ation	(c) Date acquire (mo , day, yr)	ed (r	d) Date sold no , day, yr)
1a										
b NON	E							<u>.</u>	<u> </u>	
<u>c</u>								 .		
<u>d</u>	 				├—			 		
<u>e</u>	(f) Depreciatio	n allowed	(n) Cos	st or other basis	<u></u>		<u>.</u>	(h) Gain or (Inss)	
(e) Gross sales price	(or allowa		137	xpense of sale				(e) plus (f) mi		
<u>a</u>										
<u>b</u>			-		\dashv					
d d					\dashv					
e	<u> </u>				\dashv					
Complete only for assets showing	gain in column (h)	and owned by the fo	oundation	on 12/31/69			(1)	Gains (Col. (h)	nain minus	· ·
	(j) Adjusted	· · · · · · · · · · · · · · · · · · ·		cess of col. (I)	一			(k), but not less	than -0-)	
(i) F.M V as of 12/31/69	as of 12/3			col (j), if any				Losses (from	col. (h))	
a					1					
b										·
C										
d										
e										
Capital gain net income or (net cap		gain, also enter in P (loss), enter -0- in F			}	2				
Net short-term capital gain or (loss	, (•	1					
If gain, also enter in Part I, line 8, co		1222(3) and (0	<i>).</i>		J					
If (loss), enter -0- in Part I, line 8					1	3				
Vas the foundation liable for the section of the foundation does not qualify	y under section 494	10(e) Do not comple	ete this pa	ırt						Yes X No
Enter the appropriate amount in ea	ch column for each	year; see the instru	ctions be	fore making any e	ntries					
(a) Base period years Calendar year (or tax year beginning	ın) Adjuste	(b) d qualifying distribu		Net value of no	(c) nchar			(col (b	(d) istribution) divided b	y col. (c))
2012			125.				8,851			.11169
2011			545.				4,408			.09844
2010			275.				5,397			.12804
2009			510.				1,905			.05592
2008		15,	575.			46	1,258	•		.03376
? Total of line 1, column (d)								2		.42787
Average distribution ratio for the 5- the foundation has been in existence			ne 2 by 5,	or by the number	of yea	ars 	•	3		.08557
Enter the net value of noncharitable	-use assets for 20°		5					4	6	41,803
					••••					
Multiply line 4 by line 3		··· · · · ·	••••	•	•			5		54,922
Enter 1% of net investment income	(1% of Part I, line	27b)					···· .	6		0
' Add lines 5 and 6		••• •••	••					7		54,922
Enter qualifying distributions from								8		39,700
If line 8 is equal to or greater than li See the Part VI instructions	INE 7, CHECK THE DO	x in Paπ VI, line 1b, : 	and comp	nete that part usin	g a 19	% tax r	ate. 			200_DF (201
22521 10-10-12									Earm (ふいし ロビ ノクハイ

3

Form 99	0-PF(2013) THE DAVE HOKIN FOUNDATION	-	60791			Page 4
Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see in:	struc	ctior	15)
1a Ex	empt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
Da	te of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Do	omestic 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)					
2 Ta	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3 Ad	ld lines 1 and 2	3				0.
4 Su	ibtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	. 4				0.
5 Ta	x based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	. 5				0.
6 Cr	edits/Payments					
a 20	13 estimated tax payments and 2012 overpayment credited to 2013 6a					
b Ex	empt foreign organizations - tax withheld at source					
c Ta	x paid with application for extension of time to file (Form 8868)					
d Ba	ckup withholding erroneously withheld					
7 To	tal credits and payments Add lines 6a through 6d	7				0.
8 En	ter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				
9 Ta	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u></u>			0.
10 Ov	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10				
11 En	ter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded	▶ 11				
Part	VII-A Statements Regarding Activities					
1a Du	iring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene in			Yes	
an	y political campaign?			1a		_X_
b Did	d it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defi	nition)?		1b		X
lf t	the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials pu	blished or			- 1	
dis	stributed by the foundation in connection with the activities.				- 1	
	d the foundation file Form 1120-POL for this year?			1c		<u>X</u>
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_	ĺ]	
) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	0.			- 1	
e En	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				1	
	anagers. ► \$ 0 .				- 1	
	s the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		<u>X</u>
	"Yes," attach a detailed description of the activities.	•				
	s the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion, or			1	
-	laws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	\longrightarrow	<u>X</u>
	d the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	\longrightarrow	X
	Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year?		·	5		X
	"Yes," attach the statement required by General Instruction T.				1	
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	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		1	1	v
	main in the governing instrument?		-	6	Х	<u>X</u>
<i>1</i> DI	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pe	art XV	·	7		•••••
0- 5-				į		
_	ter the states to which the foundation reports or with which it is registered (see instructions).					
_			— I	•		
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			.	х	
	each state as required by General Instruction G? If "No," attach explanation		····· -	8b	^	
	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	i calendar			ł	Y
	ar 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	• •	}-	9 10	\dashv	X
	appearable substitution and administration of the transfer of the contract of	_				44

Form **990-PF** (2013)

orm 990-PF (2013) THE DAVE HOKIN FOUNDATI			36-60791	61 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to			(T)	
'(1) Carry on propaganda, or otherwise attempt to influence legislation (secti		• • • • • • • • • • • • • • • • • • • •	s X No	
(2) Influence the outcome of any specific public election (see section 4955).	, or to carry on, directly or indire		[]	
any voter registration drive?		· —	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or f	for		
the prevention of cruelty to children or animals?		. L Ye	es 🗶 No	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described i	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	chere			1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined		
expenditure responsibility for the grant?	N	I/AYe	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.49	945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, t				
		Уе	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a				6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	T_ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b
Part VIII Information About Officers, Directors, Trus		nagers, Highly		
Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
1 List all officers, directors, trustees, foundation managers and the	ir compensation.		<u>-</u>	
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
RICHARD HOKIN	PRESIDENT/DIR			
ONE THORNDAL CIR, P.O. BOX 4032	T			
DARIEN, CT 06820	0.00	0.	0.	0.
DAVID M. RUBIN	SECRETARY/DIR	ECTOR		
222 N. LASALLE ST, STE 800	T			
CHICAGO, IL 60601	0.00	0.	0.	0.
WILLIAM J. HOKIN	TREASURER/DIF			
ONE THORNDAL CIR, P.O. BOX 4032		Toron		
DARIEN, CT 06820	0.00	0.	0.	0.
DARIEN, CI 00020	0.00			
	-			
	\dashv			
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none.	enter "NONE."	<u> </u>	
- Company of the Comp	(b) Title, and average	,	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowalices
NONE	-			
· · · · · · · · · · · · · · · · · · ·		 		
	-			
		 		
	\dashv			
	- 	 		
	-			
		-		
	-			
	1		L	
Total number of other employees hald over \$50 000			•	0

Total. Add lines 1 through 3

Pai	Minimum Investment Return (All domestic foundations	must complete this part. Fore	ign founda	ations, see instructions.)
1 F	air market value of assets not used (or held for use) directly in carrying out charita	ble, etc , purposes.		
	verage monthly fair market value of securities		1	500,615 b 150,962
b A	verage of monthly cash balances		. 1	150,962.
c F	air market value of all other assets		. 1	c
d T	otal (add lines 1a, b, and c)		_1	d 651,577.
e F	eduction claimed for blockage or other factors reported on lines 1a and			
1	c (attach detailed explanation)	1e	0.	
2 A	equisition indebtedness applicable to line 1 assets		2	2 0.
3 8	ubtract line 2 from line 1d		3	651,577.
4 (ash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amou	nt, see instructions)	4	9,774.
5 N	let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4	5	641,803.
6 N	linimum investment return. Enter 5% of line 5			32,090.
Pa	TXI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this pa		ations and c	ertain
! N	finimum investment return from Part X, line 6		1	32,090.
?a ⊺	ax on investment income for 2013 from Part VI, line 5	2a		
	ncome tax for 2013 (This does not include the tax from Part VI)	2b	. A	
	dd lines 2a and 2b		2	
	stributable amount before adjustments. Subtract line 2c from line 1		3	32,090.
	ecoveries of amounts treated as qualifying distributions		4	0.
	dd lines 3 and 4		5	32,090.
3 [eduction from distributable amount (see instructions)		6	0.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1	7	32,090.
	Qualifying Distributions (see instructions)			
, A	mounts paid (including administrative expenses) to accomplish charitable, etc., pi	ırposes.		
a E	xpenses, contributions, gifts, etc total from Part I, column (d), line 26		18	-
b F	rogram-related investments - total from Part IX-B		11	ь 0.
? A	mounts paid to acquire assets used (or held for use) directly in carrying out chard	able, etc., purposes.	2	
} A	mounts set aside for specific charitable projects that satisfy the			
a 8	uitability test (prior IRS approval required)		38	a
b C	ash distribution test (attach the required schedule)		31	
, (ualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8,	and Part XIII, line 4	4	39,700.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net in	vestment		
İ	ncome Enter 1% of Part I, line 27b		. 5	
	djusted qualifying distributions. Subtract line 5 from line 4		6	
N	lote. The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether the fou	ndation quali	ifies for the section

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
tine 7	1			32,090.
2 Undistributed income, if any, as of the end of 2013	· · · · · · · · · · · · · · · · · · ·			·
a Enter amount for 2012 only		= = = = = = = = = = = = = = = = = = = =	0.	
b Total for prior years			,	
		0.	14 18-41/-11/- 1/	.
3 Excess distributions carryover, if any, to 2013.				
a From 2008		:		
b From 2009 572.				
c From 2010 37,797.		:		
d From 2011 27,825. e From 2012 38,182.		· }		
	104,376.	-		
f Total of lines 3a through e	104,370.	.:		
Part XII, line 4. ► \$ 39,700.		:		
a Applied to 2012, 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 2013 distributable amount		<u> </u>		32,090.
e Remaining amount distributed out of corpus	7,610.	- <u>=</u>		
5 Excess distributions carryover applied to 2013	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:		·		
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	111,986.			
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed .		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				······
4a from line 2a. Taxable amount - see instr.		·	0.	
f Undistributed income for 2013 Subtract			1	
lines 4d and 5 from line 1. This amount must				
be distributed in 2014		٠٠.		0.
7 Amounts treated as distributions out of		······································		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.	· ·		·····
9 Excess distributions carryover to 2014.			·	
Subtract lines 7 and 8 from line 6a	111,986.			
10 Analysis of line 9:		i.		
a Excess from 2009 572.				
b Excess from 2010 37,797.				
£ Excess from 2011 27,825.		·		
d Excess from 2012 38, 182.		:::::: :::::::::::::::::::::::::::::::	:	
e Excess from 2013 7,610.				5 000 DE (0040)

	E HOKIN FOU			36-60	/9161 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a if the foundation has received a ruling of		•]		
foundation, and the ruling is effective for	r 2013, enter the date of t	the ruling	. ▶ [
b Check box to indicate whether the found	lation is a private operatir	ng foundation described in		4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(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					
3 Complete 3a, b, or c for the	•				
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying			-		
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					,
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	•				
c "Support" alternative test - enter		1			
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)			н		
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	n had \$5,000 or mo	re in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation wh			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	section 507(d)(2))			
NONE					
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation has	s a 10% or greater intere	ST			
NONE					·
2 Information Regarding Contributi					
Check here ► X if the foundation o					
the foundation makes gifts, grants, etc		•			<u>d</u>
a The name, address, and telephone num	ber or e-mail address of t	the person to whom appli	cations should be addre:	ssed.	
					 -
b The form in which applications should b	e submitted and informa	tion and materials they st	ould include:		
c Any submission deadlines:					
4 A		-1		Ab - fak	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charitable fields,	KINGS OF INSTITUTIONS, OF (DEMBE TACTORS	
323601 10-10-13					Form 990-PF (2013)

323611 10-10-13 Form **990-PF** (2013)

.c. g. 000 u	mounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
_		(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exemp
-	ervice revenue	code		code	runount	
			 			 :
		-	<u> </u>			
		 				
				 		
	· · · · · · · · · · · · · · · · · · ·			 -		
<u></u>	ad contracts from a successor to a serious			 		
	nd contracts from government agencies hip dues and assessments					
	n savings and temporary cash			 		
iterest or ivestmen						
	ts			 	<u> </u>	
	•			- 		
	income or (loss) from real estate	-				
	nanced property	<u> </u>				
		-				
	income or (loss) from personal	1				
	otmost income		 			
	stment income					
	ss) from sales of assets other			j		
han inven		+		-		
	e or (loss) from special events	 		_		
iross pro Other reve	fit or (loss) from sales of inventory					
				-	•	

		1			·-··-·	
'				-		
	Add columns (b), (d), and (e)		0		0.	
		<u> </u>				
	line 12 columns (h) (d) and (e)					
otal. Add	I line 12, columns (b), (d), and (e)	•				
rotal. Add workshe	et in line 13 instructions to verify calculations)		nplishment of I	Exemp	t Purposes	
otal. Add workshe ert XVI	et in line 13 instructions to verify calculations)	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe ert XVI	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe ert XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe ert XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe ert XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe et XVI	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe et XVI	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe rt XVI	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe et XVI	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe ert XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe hrt XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe art XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe art XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
otal. Add workshe art XVI e No.	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of
Total. Add	et in line 13 instructions to verify calculations) -B Relationship of Activities 1 Explain below how each activity for which income	to the Accor	column (e) of Part XVI		<u> </u>	nplishment of

Form **990-PF** (2013)

		Exempt Organi	zations							
1	Did the or			of the followin	g with any other organizati	on described in sec	tion 501(c) of		Yes	No
					7, relating to political orgai					
а	Transfers	from the reporting founda	tion to a noncharital	ole exempt org	ganization of					
	(1) Cash							1a(1)		X
	(2) Other	assets	_					1a(2)		X
b	Other tran	sactions						,		
	(1) Sales	of assets to a noncharitat	ole exempt organizat	ion				16(1)		X
	(2) Purct	nases of assets from a non	ichantable exempt o	rganization				16(2)		X
	(3) Renta	il of facilities, equipment, o	or other assets		_			1b(3)		X
	(4) Reimi	bursement arrangements		-				16(4)		X
	(5) Loans	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or mer	mbership or fundrais	ing solicitatio	ns			1b(6)		X
C	Sharing of	f facilities, equipment, mai	ling lists, other asset	ts, or paid em	ployees			10_	<u> </u>	X
d	If the ansv	ver to any of the above is "	"Yes," complete the f	ollowing sche	dule Column (b) should al	ways show the fair	market value of the go	ods, other ass	ets,	
	or service	s given by the reporting fo	undation. If the four	idation receive	ed less than fair market val	ue in any transactio	n or sharing arrangem	ent, show in		
) the value of the goods, o								
(a) ∟ir	ne no	(b) Amount involved	(c) Name of		exempt organization	(0) Descriptio	n of transfers, transaction	s, and sharing ar	rangeme	ents
				N/A						
							<u> </u>			
						 	· · · · · · · · · · · · · · · · · · ·			
					<u> </u>	_				
									•	
							.			
			· · · · · · · · · · · · · · · · · · ·					-		
			=		or more tax-exempt organ	izations described		<u> </u>	T T	7
		501(c) of the Code (other		(3)) or in sect	ion 527?			. L Yes	LĀ	☐ No
b	it "Yes," co	omplete the following sche			(b) Type of organization	т	(a) Description of rela	ationchin		
		(a) Name of orga N/A	aiiizativii		(b) Type of Organization	<u> </u>	(c) Description of rela	ationship		
		N/A				 				
							•			
								_		
										
					ng accompanying schedules and			May the IRS	qisciise	this
Sig	ותן ות	elief, it is true, correct, and corr	plete. Declaration of pro-	eparer (other than	n taxpayer) is based on all infor	mation of which prepare	r has any knowledge.	return with the	e prepa	rer
He	re	- Dun			4.18.15	PRESI	DENT	X Yes		No
	Sign	nature of officer or trustee			Date	Title		<u> </u>		
		Print/Type preparer's na	me	Preparer's s	ignaturé	Date		PTIN		
_				1			self- employed			
Pai		MICHAEL JO			L JORDAN	03/14/15		P00963		
	parer	Firm's name BLU	M, SHAPIR	& CO	MPANY, P.C.,	, CPA'S	Firm's EIN ▶ 06	-10092	05	
US	e Only	Simila address b 00	C W. T.	CODETE	D 0 D0" (77000	-			
					P.O. BOX 2	2/2000	066)	000	
		l WE	or naktro	RD, CT	06127-2000		Phone no. 860	561-4		
								Form 99	ソーアド	(2013)

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

Name of the organization

Employer identification number

TH	IE DAVE HOKIN FOUNDATION	36-6079161
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	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	
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in melete Parts I and II.	
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gi) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edi- cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to ted, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. ely religious, charitable, etc.,
but it must answer 'No' on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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) (2013)

Name of organization

Employer identification number

THE DAVE HOKIN FOUNDATION

36-6079161

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD HOKIN ONE THORNDAL CIR, P.O. BOX 4032 DARIEN, CT 06820	\$30,000.	Person X Payroll
(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 Payroli 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 Occash Complete Part II for noncash contributions.)

Employer identification number

THE DAVE HOKIN FOUNDATION

36-6079161

Part II	Noncash Property (see instructions). Use duplicate copies of i	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		 \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 10-24-	13		990, 990-EZ, or 990-PF)

Name of organization **Employer identification number** THE DAVE HOKIN FOUNDATION 36-6079161 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once). Part III Use duplicate copies of Part III if additional space is needed. (a) No. 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 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (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 (a) No. 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

3 Grants and Contributions Paid During the Y	ear (Continuation)			
• Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
SEMESTER AT SEA PO BOX 400885 CHARLOTTESVILLE VA 22904	or šubstantial contributor	501(C)(3)	GENERAL FUND OF ORGANIZATION	250
CHILD ADVOCATES OF SW CONNECTICUTY 383 MAIN AVENUE, SUITE 409 NORWALK, CT 06851	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	250
SCSU FOUNDATION INC 501 CRESCENT STREET NEW HAVEN, CT 06515	NONE	501(C)(3)	MFA PROGRAM	750
ISLAND RESOURCES FOUNDATION 1718 P STREET NORTHWEST WASHINGTON, DC 20036	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	7,500
MUSEUM OF CONTEMPORARY ART 220 EAST CHICAGO AVENUE CHICAGO, IL 60611	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	10,000
NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10116	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	200
NORTHFIELD MOUNT HERMON SCHOOL ONE LAMPLIGHTER WAY MT. HERMON, MA 01354	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	6,000
THE PUTNEY SCHOOL 418 HOUGHTON BROOK ROAD PUTNEY, VT 05346	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	5,000
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	500
WESTPORT PUBLIC LIBRARY 20 JESUP ROAD WESTPORT, CT 06880	NONE	501(C)(3)	GENERAL FUND OF ORGANIZATION	1,500

. . . .

. . . .

FORM · 990-PF	OTHER EXPENSES			STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
ANNUAL FILING FEE	25.		0.			Ó.	
TO FORM 990-PF, PG 1, LN 23	25.		0.			0.	
FORM 990-PF CORPORATE STO					STATEMENT	2	
DESCRIPTION			вос	OK VALUE	FAIR MARKE	Т	
CAC HOLDINGS, INC. 15 SHARES ML CORP				256,804. 6,505.	506,9	79. 0.	
	I, LINE 10B			263,309.	506,9		

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

■ II you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	EFT I and check this box	•		🔼	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electroni	c filing (e-file) You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a	corporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ie Form 8	368 to request	an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	ransfers /	Associated Witl	h Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of t	this form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits	.	<u> </u>				
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A corpora	tion required to file Form 990-T and requesting an autor						
Part I only							
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques				
					Enter filer's identifying number		
Type or print				Employer identification number (EIN			
Sio by the	THE DAVE HOKIN FOUNDATION				36-6079161		
File by the due date for filing your	or Number, street, and room or suite no. If a P.O. box, see instructions. 875 NORTH MICHIGAN AVENUE, NO. 3707				ocial security number (SSN)		
return See instructions	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60611						
	0.10.1007 12 00011						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
Application R			Return Application				
Is For		Code Is For				Return Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)	07			
Form 990-BL		02	Form 1041-A	08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227	10			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069	11			
Form 990-T (trust other than above)		06	Form 8870	12			
1 01111 000	CRYSTAL DENATA		1 01111 0070			1 12	
• The bo	oks are in the care of NONE THORNDAL C		- DARIEN, CT 0682	0			
	one No. ► (203) 656-5017		Fax No. ▶		·	-	
	organization does not have an office or place of business	s in the l Ir				▶ □	
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole ara	un check this	
box ▶ [. If it is for part of the group, check this box				-	-	
	quest an automatic 3-month (6 months for a corporation				CIS TITE CATCHS	011 10 101.	
	`	•	tion return for the organization name		The extension		
is fo	or the organization's return for:	t Organiza	Mort retain of the organization harm	o above.	THE EXTENSION		
	alendar year or						
▶ [X tax year beginning NOV 1, 2013	20	dending OCT 31, 2014				
,		, ui	d criding		<u>- '</u>		
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
<u> </u>	Change in accounting period	ileon reas	on initial retorn	i iiiai ietai			
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any	- T			
	refundable credits. See instructions.	, 0, 0005,	enter the tentative tax, less any	3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				30			
			-	Зь	\$	0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			30	-			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	.	0.	
					1 1		
instruction.	If you are going to make an electronic funds withdrawalns.	(direct de	iony with this form 8868, see form 8	453.EO ai	iu rom 88/9-8	tor payment	

20

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA

323841 12-31-13 Form 8868 (Rev. 1-2014)