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.,,,990-PF

DLN: 93491178000158

OMB No 1545-0052

Return of Private Foundation 2017 or Section 4947(a)(1) Trust Treated as Private Foundation Department of the Treasury Do not enter social security numbers on this form as it may be made public. Open to Public Internal Revenue Service Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number Wayne and Nan Kocourek Foundation 47-6807414 % WAYNE C KOCOUREK Number and street (or P O box number if mail is not delivered to street address) 750 WEST LAKE COOK ROAD Suite 460 B Telephone number (see instructions) (847) 215-3475 City or town, state or province, country, and ZIP or foreign postal code BUFFALO GROVE, IL  $\,$  60089  ${f C}$  If exemption application is pending, check here ☐ Initial return G Check all that apply ☐ Initial return of a former public charity D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) \$ 42,220,585 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment (c) Adjusted net of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 686,538 684,566 Gross rents 5a b Net rental income or (loss) 15,550 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 15,550 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 702,088 700,116 13 Compensation of officers, directors, trustees, etc 337,717 337,717 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . اروه 21,248 21,248 13,893 0 13,893 Accounting fees (attach schedule) 9, Other professional fees (attach schedule) 66,439 66,254 [چە 14,076 10,076 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 18.230 18,230 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . 471,603 66,254 401,164 3,336,777 3,336,777 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 3,808,380 66,254 0 3,737,941 27 Subtract line 26 from line 12 Excess of revenue over expenses and -3,106,292 disbursements 633 862 Net investment income (if negative, enter -0-) Adjusted net income(If negative, enter -0-)

0	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f year
		Dalance Silects	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest		752,259	853,117	853,117
	2		rary cash investments			
	3	Accounts receivable	<b>₽ </b>			
		Less allowance for	doubtful accounts			
	4	Pledges receivable	<b></b>			
		Less allowance for	doubtful accounts ►			
	5	Grants receivable .				
	6	Receivables due fro	om officers, directors, trustees, and other			_
		disqualified persons	s (attach schedule) (see instructions)			
	7	Other notes and loa	ans receivable (attach schedule) ▶			_
		Less allowance for	doubtful accounts -			
S	8	Inventories for sale	eoruse			
Secs	9	Prepaid expenses a	nd deferred charges			
£	10a	Investments—U S	and state government obligations (attach schedule)			
	b	Investments—corpo	orate stock (attach schedule)			
	С	Investments—corpo	orate bonds (attach schedule)	44,495,010	41,282,104	41,367,468
	11	Investments—land,	buildings, and equipment basis 🕨			
		Less accumulated	depreciation (attach schedule) ▶			
	12	Investments-mort	gage loans			
	13	Investments—other	r (attach schedule)			
	14	Land, buildings, an	d equipment basis ▶			
			depreciation (attach schedule) ▶			
	15	Other assets (descr	ribe ▶)			
	16	Total assets (to be	e completed by all filers—see the			
		instructions Also, s	see page 1, item I)	45,247,269	42,135,221	42,220,585
	17	Accounts payable a	nd accrued expenses			
	18	Grants payable				
ŝ	19	Deferred revenue .				
Ĭ	20	Loans from officers	, directors, trustees, and other disqualified persons			
5	21	Mortgages and othe	er notes payable (attach schedule)			
	22	Other liabilities (de	scribe ▶)			

Total liabilities(add lines 17 through 22) 23 Foundations that follow SFAS 117, check here ▶ Net Assets or Fund Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted Permanently restricted . 26 Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds . . . . 27

45,247,269

45,247,269

45,247,269

42,135,221

42,135,221

42,135,221

1

2

3

4

5

6

45,247,269

-3,106,292

42,140,977

42,135,221 Form **990-PF** (2017)

5,756

28

29

30

31 Part III

2

3 4

5

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

Page 3

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		<b>(b)</b> How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a NORTHERN TRUST 8741	- SEE ATTACHED				
<b>b</b> NORTHERN TRUST 8741	- SEE ATTACHED				
С					
d					
e					
(-)	(f)	(g	1)	(1	h)
(e) Gross sales price	Depreciation allowed	Cost or ot			or (loss)
·	(or allowable)	plus expen		, , ,	) minus (g)
	3,702		598,324		-4,622
<b>b</b> 15,44	7,581		15,427,409		20,172
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation or	12/31/69	(	[1]
<b>(i)</b> F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	( <b>k</b> Excess o over col (	f col (ı)	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					-4,622
b					20,172
c					
d					
e					
	or (net capital loss)  gain or (loss) as defined in sections in the section in the sections in the sections in the section in the			2	15,550
in Part I, line 8	re 1, line 6, column (c) (see instructi		}	3	
Part V Qualification L	Jnder Section 4940(e) for Re	educed Tax on Net I	nvestment Inc	come	
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net	ınvestment ıncom	e )	
if section 4940(d)(2) applies, le	eave this part blank			_	_
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		n the base period?	, L Ye	es 🗹 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before n	naking any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-	-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2016	2,353,711	1	15,395,108		0 152887
2015	0		136,288		0 0
2014					
2013					
2012					
2 Total of line 1, column (d	d)		2		0 152887
number of years the foun	for the 5-year base period—divide idation has been in existence if less	than 5 years	3		0 076444
	ncharitable-use assets for 2017 fron	•	4		43,484,094
<b>5</b> Multiply line 4 by line 3			5		3,324,098
	ent income (1% of Part I, line 27b)		6		6,339
			7		3,330,437
	ons from Part XII, line 4 ,		8		3,737,941
	eater than line 7, check the box in Pa	art VI, line 1b, and compl	lete that part usin	g a 1% tax rate Se	e the Part VI
instructions				Fc	orm <b>990-PF</b> (2017

(b)

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
D- 1 1/777	Information About Officers, Directors, Trustees, Foundation Managers, Triging Faid Employees,
Part VIII	and Contractors

1 List all officers, directors, trustee	es, fo	oundation managers ar	d their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week <b>b)</b> devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
WAYNE KOCOUREK	TRU:		187,717	(	0
4 MID OAKS LANE	15 0				
BARRINGTON HILLS, IL 60010	CEO		450.000		
NAN KOCOUREK	CEO 20 0		150,000	(	0
4 MID OAKS LANE BARRINGTON HILLS, IL 60010					
2 Compensation of five highest-pa	d er	nployees (other than tl	nose included on line 1	—see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	ııd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
<b>Total</b> number of other employees paid ov					
3 Five highest-paid independent co					
(a) Name and address of each person WAYNE KOCOUREK 4 MID OAKS LANE BARRINGTON HILLS, IL 60010	n pai	d more than \$50,000	<b>(Б)</b> Тур	e of service	(c) Compensation 187,717
Total number of others receiving over \$50  Part IX-A Summary of Direct ( List the foundation's four largest direct charitable	har	itable Activities			
organizations and other beneficiaries served, con	feren	ces convened, research paper	s produced, etc	lation such as the number of	Expenses
2					
3					
Service Suppose of December		olated Towards and	(accumptivistics)		
Part IX-B Summary of Program  Describe the two largest program-related inve			·	and 2	Amount
2					
All other program-related investments	See	ınstructions			
Total. Add lines 1 through 3 .					Form <b>990-PF</b> (2017)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

3h

4

5

3,737,941

3.731.602

Form **990-PF** (2017)

6.339

2,167,866

2,167,866

Form **990-PF** (2017)

2017

	,			
Part XIII	Undistributed Income	(see	ınstruc	tions)

Form 990-PF (2017)

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017

a Enter amount for 2016 only. . . . . . 2015 , 2014 , 2013 **b** Total for prior years

3 Excess distributions carryover, if any, to 2017

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

f Total of lines 3a through e. . . . . . .

1,581,188

(a)

Corpus

1.581.188

1,570,075

3,151,263

3,151,263

1,581,188

1.570.075

(b)

Years prior to 2016

(c)

2016

4 Qualifying distributions for 2017 from Part

XII, line 4 > \$ 3,737,941 (Election required—see instructions). . . . .

a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**d** Applied to 2017 distributable amount. . . .

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

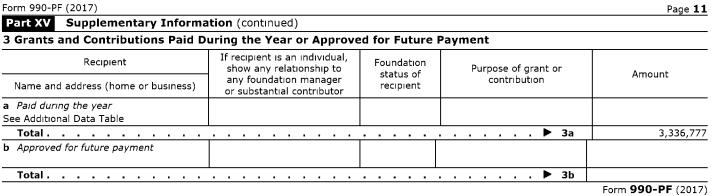
10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	Excluded by section 512, 513, or 514		
-	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
<b>q</b> Fees a	and contracts from government agencies						
_	rship dues and assessments						
	st on savings and temporary cash						
	ments			14	684,566	1,972	
	tal income or (loss) from real estate			14	084,300	1,972	
	financed property						
	ebt-financed property						
	ntal income or (loss) from personal property						
<b>7</b> Other in	nvestment income						
	r (loss) from sales of assets other than						
	ory			18	15,550		
	ome or (loss) from special events						
	orofit or (loss) from sales of inventory evenue <b>a</b>						
	evenue a						
d							
е							
	al Add columns (b), (d), and (e)				700,116	1,972	
	Add line 12, columns (b), (d), and (e)			13	·	702,088	
	orksheet in line 13 instructions to verify calcu Belationship of Activities to th		ment of Exen	npt Purposes			
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )						

orm 9	90-PF	(2017)								Pa	age <b>1</b> 3
Part	XVI	Information Re Exempt Organi		fers To a	and Transact	ions and I	Relationships With	Nonchari	itable		
		organization directly or in e Code (other than sectio					ganization described in s political organizations?	ection 501		Yes	No
<b>a</b> Tra	nsfers	from the reporting foun	dation to a noncha	rıtable ex	empt organizatio	on of					
(1)	Cas	h							1a(1)		No
(2)	Oth	er assets							1a(2)		No
<b>b</b> Oth	er tra	insactions									
(1)	Sale	es of assets to a nonchar	itable exempt orga	nızatıon.					1b(1)		No
(2)	Pur	chases of assets from a r	oncharitable exem	pt organiz	zation				1b(2)		No
		tal of facilities, equipmer	•						1b(3)		No
		mbursement arrangemen							1b(4)		No
٠.		ns or loan guarantees.							1b(5)		No
(6)	Perfo	ormance of services or m	embership or fundi	raising sol	icitations				1b(6)		No
	_		-				should always show the f		1c		No
(a) Line	٠.	(b) Amount involved	(c) Name of noncha	•			ther assets, or services recription of transfers, transact		arıng arra	ngeme	nts
						<u> </u>					
	- t										
des	cribed	undation directly or indire d in section 501(c) of the complete the following si (a) Name of organization	Code (other than	section 50		ection 527?		• • • ption of relati	☐ Yes	✓	No
	of		, it is true, correct,				companying schedules an er (other than taxpayer)				
Sign Here		*****	-		2018-06-15		****	returi with t	the prepa		
		Signature of officer or t	rustee		Date	7	ītle	below (see	v <sub>Instr )</sub> ? [	✓ Yes	□ No

Signature of officer or trustee Date Title Print/Type preparer's name Preparer's Signature Date Check if selfemployed ightharpoonupALLEN LINGLE Paid

71 South Wacker Drive Suite 2600

Chicago, IL 60606

**Preparer** 

**Use Only** 

Firm's name ▶ Andersen Tax LLC

Fırm's address ▶

Fırm's EIN ▶ Phone no (312) 357-3950

P01384006

PTIN

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	I During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE CHOSEN AND DEARLY LOVED FOUNDATION 1400 WEWATTA STREET SUITE 900 DENVER, CO 80202	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	250,000
ASSISTANT DOGS OF HAWAII 675 KEALALOA AVE MAKAWAO, HI 96768	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	57,100
V-FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	1,090,529
BARRINGTON WHITE HOUSE 145 WEST MAIN STREET BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	25,000
NATIONAL COUNCIL ON YOUTH LEADERSHIP PO BOX 216 WEST IBERTY, IA 52776	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	25,000
Total				3,336,777

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
FAIRFIELD ARTS & CONVENTION CENTER 200 NORTH MAIN STREET FAIRFIELD, IA 52556	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	110,000			
BOYS & GIRLS CLUB OF CEDAR RAPIDS 420 6TH STREET SE SUITE 240 CEDAR RAPIDS, IA 52401	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	200,000			
TANAGER PLACE1030 5TH AVENUE SE CEDAR RAPIDS, IA 52403	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	200,000			
WAYPOINT SERVICES 318 5TH STREET SE CEDAR RAPIDS, IA 52401	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	100,000			
GLOBAL LEADERSHIP CONNECTION 135 NORTH 76TH STREET MILWAUKEE, WI 53213	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	25,000			
Total				3,336,777			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
HOLIDAY HOME CAMP 571 OUTING STREET WILLIAMS BAY, WI 53191	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	20,000				
BARRINGTON CHILDREN'S CHARITIES 145 WEST MAIN STREET 204 BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	100,000				
GOOD SHEPHERD HOSPITAL450 IL-22 BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	8,748				
FIRST PRESBYTERIAN CHURCH 6 BRINKER ROAD BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	10,000				
SARACOMA FOUNDATION	NONE	PC	TO SUPPORT OPERATIONAL AND	2,500				

PROGRAM EXPENSES

3,336,777

BARRINGION CHILDREN'S CHARITIES 145 WEST MAIN STREET 204 BARRINGTON, IL 60010	NONE	PC	PROGRAM EXPENSES	100,
GOOD SHEPHERD HOSPITAL450 IL-22 BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	8,
·				

9899 MAIN STREET SUITE 204

DAMASCUS, MD 20872

Total . .

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Form 990PF Part XV Line 3 - Gran	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
LES TURNER ALS WALK FOR LIFE 5550 W TOUHY AVENUE SUITE 302 SKOKIE, IL 600773254	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	2,500			
ST LUKES CHILD PROTECTION 1095 N CENTER POINT ROAD HIAWATHA, IA 52233	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	100,000			
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY 600 DOWNERS GROVE, IL 60515	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	100,540			
JUDICIAL WATCH 425 THIRD STREET SW SUITE 800 WASHINGTON, DC 20024	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	10,000			
HOLT-SUNNY RIDGE 270 REMINGTON BLVD SUITE D BOLINGBROOK, IL 60440	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	265,088			
Total				3,336,777			

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
BARRINGTON AREA COMMUNITY FOUNDATION 18 E DUNDEE ROAD 300 BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	115,400	
NAPLES CHILDREN AND EDUCATION FOUNDATION 4305 EXCHANGE AVENUE NAPLES, FL 34104	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	291,032	
NAPLES BOTANICAL GARDENS 4820 BAYSHORE DRIVE NAPLES, FL 34112	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	5,000	
NAPA VALLEY COMMUNITY DISASTER FUND 3299 CLAREMONT WAY SUITE 2 NAPA, CA 94558	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	25,000	
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	1,000	
Total				3,336,777	

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
MAUI ARTS AND CULTURAL CENTER 1 CAMERON WAY KAHULUI, HI 96732	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	4,000	
VALLEY OF THE KING SANCTUARY W7593 TOWN HALL ROAD SHARON, WI 53585	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	5,000	
PAWS CHICAGO 1997 N CLYBOURN AVENUE CHICAGO, IL 60614	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	25,000	
JOURNEYCARE405 LAKE ZURICH ROAD BARRINGTON, IL 60010	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	75,000	

PC

TO SUPPORT OPERATIONAL AND

PROGRAM EXPENSES

5,000

3,336,777

NONE

CRADLES TO CRAYONS

Total . . .

За

4141 W GEORGE STREET

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
ONE HOPE UNITED 333 S WABASH AVENUE SUITE 2750 CHICAGO, IL 60604	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	15,000	
BRIAN TERRY FOUNDATION 2575 E CAMELBACK ROAD 1100 PHOENIX, AZ 85016	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	15,000	
PROJECT HERO 23679 CALABASAS ROAD SUITE 420 CALABASAS, CA 91302	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	10,000	
GEORGE WILLIAMS COLLEGE OF AURORA UNIVERSITY 350 CONSTANCE BLVD WILLIAMS BAY, WI 53191	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	23,340	
FAIRFIELD EVERGREEN CEMETERY ASSOCIATION 510 E STONE FAIRFIELD, IA 52556	NONE	PC	TO SUPPORT OPERATIONAL AND PROGRAM EXPENSES	20,000	
Total				3,336,777	

efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -	D	LN: 93491178000158
TY 2017 Accounting F	ees Schedu	le		
	Name: Wa	lyne and Nan Kocourek -6807414	Foundation	
Accounting Fees Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

13,893

13,893

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491178000158 TY 2017 Contractor Compensation Explanation **Name:** Wayne and Nan Kocourek Foundation **EIN:** 47-6807414

# Contractor Explanation WAYNE SERVICES RELATED TO FORMATION, GOVERNANCE, INVESTMENT STRATEGY AND CHARITABLE STRATEGY KOCOUREK CHARITABLE STRATEGY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491178000158 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

## Name: Wayne and Nan Kocourek Foundation EIN: 47-6807414

DLN: 93491178000158

**Name:** Wayne and Nan Kocourek Foundation

**EIN:** 47-6807414

## **General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	Sec 171 Election	Section 171	The taxpayer elects under IRC Section 171 to amortize Bond Purchase Premium This election applies to the current tax year and all future years

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491178000158					
TY 2017 Investments Corporate Bonds Schedule								
		–						

**Name:** Wayne and Nan Kocourek Foundation **EIN:** 47-6807414

NORTHERN TRUST 8741

Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

41,282,104

41,367,468

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	N: 93491178000158
TY 2017 Legal Fees Schedu	ule			
_				
	me: Wayne and i	Nan Kocourek Four	ndation	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

21,248

LEGAL FEES

21,248

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491178000158				
TY 2017 Other Decreases Schedule							
Name:	Wayne and Na	an Kocourek Foundation					
EIN:	47-6807414						
De	escription		Amount				

UNREALIZED GAIN/(LOSS)

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491178000158		
TY 2017 Other Expenses Schedule						
Name:	Wayne and Nar	n Kocourek Found	ation			
EIN:	47-6807414					
Other Expenses Schedule						
Description	Revenue and	Net Investment	Adjusted Net	Dishursements for		

Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
PAYROLL SERVICES	1,254			1,254			

16,976

OTHER EXPENSES

16,976

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491178000158		
TY 2017 Other Professional Fees Schedule						
Name: Wayne and Nan Kocourek Foundation EIN: 47-6807414						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ASSET MGMT FEES TAXABLE	66,254	66,254				

185

ASSET MGMT FEES TAX EXEMPT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN: 93491178000158		
TY 2017 Taxes Schedule					
Name:	: Wayne and I	Wayne and Nan Kocourek Foundation			
EIN:	47-6807414				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAXES - FEDERAL EXCISE TAX	4,000				
TAXES - PAYROLL TAXES	10,061			10,061	
TAXES - IL FILING	15			15	