

### 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

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

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

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

2008

OMB No. 1545-0052

For calendar year 2008, or tax year beginning						DEC 01, 2008, and end			ling NOV 30, 2009				
G	Chec	k all that a	apply	Initial retui	'n	Final return Amended return			Address change Name change				
Us	e the	IRS Na	Name of foundation				A Employer identifi						
	label	· T	HE HOGG	FOUNDA	TIC	N			54-108409	2			
Ot	herw	' I NI	ımber/street (c	r P.O box no	ıf ma	mail is not delivered to street add.) Room/suite							
	print or typ	·   /	09 RIVÈ			Toompound			757-596-7451				
	or typ ∍Spe	۰	y or town, stat		le				C If exemption application is pending, check here				
	Instructions. NEWPORT NEWS VA					3601-3951			D 1 Foreign organizations, check here				
H	Chec		organization:			c)(3) exempt private fou	ndation		2 Foreign organization:	s meeting the	85%		
$\Box$		• • • • • • • • • • • • • • • • • • • •	ı)(1) nonexem	_					test, check here and E If private foundation stati		mation -		
سلسا						ccounting method.	Cash X		terminated under section				
			of all assets a , col (c), line 1		ŕ	Other (specify)	Cash M	Acciual	507(b)(1)(A), check here  F If the foundation is in a 6	-			
y. ▶ \$		Om rait ii		7,541.		art I, column (d) must l	ho on occh b	ania \	termination under section	า			
		Analysis	of Revenue a		<del>- '</del> '		be on cash b	asis.)	507(b)(1)(B), check here	T			
1 6	11.11	(The total	of amounts in	columns (b),		(a) Revenue and	(b) Net in	vestment	(c) Adjusted net		bursements charitable		
			may not neces		e	expenses per books	inco	me	income	pι	irposes		
_	1		n column (a) ( s. aifts. grants. etc		-+			<del></del>	<del></del>	(casn	basis only)		
	' '		s, gifts, grants, etc edule)		∵:-}	3,000.		il.		, 4 5 3. 5			
	2	Check I	_	oundation is no	ot		San Cha						
		•	to attach Sch.		ļ.		1 mi		· W. J				
	3		savings and temp of		⊢	1 015		0.5.5		<u> </u>			
	4		s and interest		<b>`</b>	1,215.	1	,215.	1,215.				
	5a	Gross re	nts		_		<u> </u>		<del></del>	4 7 7			
	b	income or (k	oss)		–) ├	_ % %	i.		The state of	<u>`</u>	ં ક્યું. [		
<u>o</u>	6a	• ,	ss) from sale of ass	ets not on line 10	L	(1,705.)	CA THE SECTION						
E E	b	Gross sales all assets of			_   '								
Revenue	7	Capital gain	net income (from P	Part IV, line 2)					àa	]" ':	i ja i		
ര	8	Net short	t-term capital g	gain	J			ar je					
9	9		nodifications				1 1			7			
2 2 7	10a	Gross sales	rances			2: 3 3. 3		>£	A je	l.			
Z	Ь	Less Cost of goods sold	of				A CONTRACTOR		SANTA KATU SANT	\$1.50 m			
7	С	Gross pr	ofit or (loss) (a	ttach schedule	e) (e			` 'F'a [		ř			
7	11	Other inc	ome (attach s	chedule)	[					'			
T)	12	Total. Ad	ld lines 1 throu	ıgh 11	. [	2,510.	1	,215.	1,215.	7 1			
<del>w -</del>	13	Compensati	on of officers,						···	*			
<u></u>	14		plovee salarie	s and wages									
ဇ္ဗ	15		plans, employe	•									
	Į.		s (attach sche								<del></del>		
) දෙනුම් මූද්ධම්	b	Accounti	no fees (affact	n.schedolet		900.	-	900.	900.				
ŭ	c	Other pro	ng fees (affact lessional fees	Stan schedule						-			
ΪVΘ	17	Interest		100	7								
Operating and Administrative Ex	18	Tava	Feet segment (100) Leve	Themenon Q	·	74.	<del></del>	74.	74.				
<u>nis</u>	19	Design	tion (attach sch)	ZUIU	,			/3.	/ 1 •	44. 3	- * <u>* * * * * * * * * * * * * * * * * *</u>		
Ē	20	Occupan			``` <b> </b> -						<u> </u>		
Ĭ	21	Traval	AGDEN.	dodesings	· †			<del>+</del>	<del>- · · · · · · · · · · · · · · · · · · ·</del>		<del></del>		
an	22				··  -			<del></del>					
ing	23	_	and publication		·  -	17.	_	17.	17.				
rati	1		penses (attach	•	$\vdash$			± /·	1/.	<u></u>			
Бе	24	-	erating and ac			001		001	0.01				
J		•	s. Add lines 13	•	_	991.		991.	991.		0 070		
	25		tions, gifts, gra	•	├	8,270.		001		<u> </u>	8,270.		
_	26		disbursements Ad		-+	9,261.	<del></del>	991.	991.	<u></u>	8,270.		
	27 a		line 26 from lir of revenue ove		-		\$. II	~	4 20 3				
		and disb	ursements ·			(6,751.)			, s		1		
	ì		stment incom	· -	-)	* 1	<u> </u>	224.		1 ′	·		
	<u>c</u>	Adjusted	net income	(if neg , enter -0-)		An 4 3		Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	224.		· · · · · · · · · · · · · · · · · · ·		

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

Form 990-PF (2008)



Part II		Attached schedules and amounts in the description column should be for		Beginning of year		End c	d of year	
			end-of-year amounts only (See inst )	(a) Book Value	(b) Book Valu		(c) Fair Market Value	
	1	Cash - non-interest-bea	arıng	265.	1,97	<u>1.</u>	1,971.	
	2	Savings and temporary	cash investments					
	3	Accounts receivable ▶_		<u> </u>	<u> </u>			
		Less allowance for dou	ubtful accts					
	4	Pledges receivable ▶ _						
	}	Less. allowance for dou						
	5	Grants receivable						
	6	Receivables due from o	officers, directors, trustees, and other					
	}	disqualified persons (at	tach schedule) (see the instructions)					
	7	Other notes and loans receivable (attach schedule)	▶	14 77	**			
		Less allowance for doubtful accounts		7.			1	
হ	8	Inventories for sale or u	ise					
Assets	9		deferred charges					
¥	10a	•	state govt obligations (attach schedule)					
	1		e stock (attach schedule)	74,694.	66,23	7	65,570.	
		•	e bonds (attach schedule)	7170311	00,23	<u>,</u>	00,000	
	11				· Ki	- 22.		
	'''	Less accumulated depreciation	<u> </u>	Jan 1981	4 Ni.,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	**************************************	
	40		eloans		<del>-</del>		<del></del>	
	1						<del></del>	
		• •	ach schedule)				<u> </u>	
	14	Land, buildings, and equipment Less accumulated depreciation	basis •		a Îtrlv	. 22 2	1 \$ \$ T	
		(attach schedule)	· · P				<del></del>	
	15	Other assets (describe	)					
	16	Total assets (to be com	npleted by all filers - see the			_		
	<u> </u>	instructions Also, see p	page 1, item l)	74,959.	68,20	8	67,541.	
		• •	accrued expenses					
					<u>-</u>		30 50	
ş	19	Deferred revenue						
ž	20	disqualified persons · · ·	ectors, trustees, and other					
Liabilities			otes payable (attach schedule)					
<b>"</b>	22	Other liabilities (describ	e▶)[					
							34-	
	23	Total liabilities (add line	es 17 through 22)					
		Foundations that follow	w SFAS 117, check here				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		and complete lines 24	through 26 and lines 30 and 31.					
	24	Unrestricted						
ě	25	Temporarily restricted					5 M 1 1 M 1 1 1 M 1 1 1 M 1 1 1 M 1 1 M 1 1 M 1 1 M 1	
la J		Permanently restricted	ľ					
Net Assets or Fund Balances	1	•	ot follow SFAS 117, ck. here ▶ 🏻		<del></del>			
Ĕ	1	and complete lines 27	<u> </u>					
Ę	27	Capital stock, trust princ	-	74,959.	68,20	8.		
S		•	is, or land, bldg., and equipment fund	, 1, 303.		<del>-</del>		
set	29	•	d income, endowment, or other funds					
AS	25	Retained earnings, accombiated	d income, endowment, of other turios				* * * * * * * * * * * * * * * * * * *	
New	20	T-4-1 6	d b-to (one the metricular)	74 050	68,20	0	9 4 - 1 - 1	
	1		d balances (see the instructions)	74,959.	00,20	<u>.</u>		
	31		t assets/fund balances(see the	74 050	60.00	_	,	
				74,959.	68,20	٥ <b>.</b>	m², , , , , , , , , , , , , , , , , , ,	
			nges in Net Assets or Fund Balan		<del></del>			
1			ices at beginning of year - Part II, column (a	•	ith			
		•	n prior year's return)		]	1	74,959.	
			27a			2	(6,751.)	
		increases not included	· · · · · · · · · · · · · · · · · · ·			3	<del>                                     </del>	
4	Add II	nes 1, 2, and 3				4	68,208.	
		eases not included in line				5		
6	Total	net assets or fund balan	ices at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30		6	68,208.	

	and Losses for Tax on Inve			1	
	he kind(s) of property sold (e.g., re-		(b)How acquired P - Purchase	(c) Date acquired	1 ' '
1 a SEE ATTACHED	use; or common stock, 200 shs Mi	.C Co.)	D - Donation	(mo , day, yr )	(mo , day, yr.)
b	· <del></del>		<del>-  </del> -	·	<del></del>
<u>c</u>	<del></del>				<del> </del>
d				<del></del>	
8					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost	or other basis	(h) G	aın or (loss)
(e) Gross sales price	(or allowable)	plus ex	pense of sale	(e) plu	s (f) minus (g)
_a					<u> </u>
<u>b</u>					· · · · · · · · · · · · · · · · · · ·
С					
d					
е	<u> </u>				
Complete only for assets sho	owing gain in column (h) and owned	<del></del>		1	Col (h) gain minus
(i) F.M V as of 12/31/69	(j) Adjusted basis	, , ,	cess of col (i)	i '	ot less than -0-)or
	as of 12/31/69	over c	col. (j), if any	Losses	(from col (h))
a			<del></del>	<u> </u>	
<u>b</u>		<del></del>			
d		<del></del>			<del>_</del>
θ		- <del></del>			
	Lif goin	oloo enter la Port	I line 7		· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (n		also enter in Part , enter -0- in Part		2	(1,705.)
3 Net short-term capital gain or	r (loss) as defined in sections 1222		,,		(27.001/
	ne 8, column (c) (see the instruction		٦	1	
	ne 8			3	
	Inder Section 4940(e) for R			Income	
(For optional use by domestic pri	vate foundations subject to the sec	tion 4940(a) tax o	n net investment inco	me.)	
If section 4940(d)(2) applies, leav	ve this part blank				
Was the foundation liable for the	section 4942 tax on the distributab	le amount of any	year in the base perio	d?	Yes 🛛 No
If "Yes," the foundation does not	qualify under section 4940(e) Do r	ot complete this p	part		
<ol> <li>Enter the appropriate amoun</li> </ol>	t in each column for each year, see	the instructions b		tries	··
Base period years	(b)		Net value of	Di	(d) stribution ratio
Calendar year (or tax year beg			<u>charitable-use assets</u>	(col. (b)	divided by col (c))
2007	9,8		78,13		0.1260
2006	1,9		94,06		0.0205
2005	11,6		84,36		0.1383
2004	13,0		85,94		0.1513
2003	9,0	40.	86,06	4.	0.1050
					0 5411
2 Total of line 1, column (d)				2	0.5411
-	the 5-year base period - divide the	-	•		0 1000
of years the foundation has b	peen in existence if less than 5 year	s		3	0.1082
4 5-4-10 4 1-1-15 1 also					EO 964
4 Enter the net value of noncha	aritable-use assets for 2008 from P	aπ X, line 5	• • • • • • • • • • • • • • • • • • • •	4	59,864.
m Afrikalı I					6 177
5 Multiply line 4 by line 3 .		•••••		5	6,477.
0 F-to- 10/ -54	(40/ of Dort I line 27h)			4	2.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	
7 Add lines 5 and C				7	6,479.
7 Add lines 5 and 6				· · · · }-*	0,413.
9 Enter qualifiere distributions	from Part XII, line 4			8	8,270
	than line 7, check the box in Part \				
ii iiiie o io equal to ol greater	THE REPORT OF THE PORT OF THE PARTY	··, into the and con	mpicto that part using	w i /o tax late Del	o trio I art vi

•						
Fo	rm 990-PF (2008) THE HOGG FOUNDATION	54-	1084	n 9	2 🖪	Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s					aye 4
1a	Exempt operating foundations described in section 4940(d)(2), check here  & enter "N/A" on line 1				<del>'</del> —	
	Date of ruling letter:(attach copy of ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X	1			~ ~	2.
	and enter 1% of Part I, line 27b.	<u> </u>		· **		7. 3
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	1 1				
	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	~
3	Add lines 1 and 2	. 3				2.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	. 4			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	. 5				2.
6	Credits/Payments		-;?			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a		× ×.	,		• • • *
b	Exempt foreign organizations - tax withheld at source 6b		· Nista	ès.	, i	1
c	Tax paid with application for extension of time to file (Form 8868) 6c	18~; [	Ž:	, 3	,	*** (A)
d	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax Check here I if Form 2220 is attached	. 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed	9				2.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter theamount overpaid	10				
<u>11</u>	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶	11				
P	art VII-A Statements Regarding Activities	<del></del>				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participa	te or	81	<b>4</b> ,3.	Yes	No
	Intervene in any political campaign?			1a		Х
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the 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	hed	J Z	, s, x		The second
	or distributed by the foundation in connection with the activities		در		au.i	
C	Did the foundation fileForm 1120-POL for this year?		<u>L</u>	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		ŀ.			1, 3,
	(1) On the foundation   \$ (2) On foundation managers   \$		[:			'
θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		[3]	'ð		}-`
	on foundation managers   \$			*		: i
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.		. 2	., '		e 3
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• • • • •	4	4a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		_	5		X
_	If "Yes," attach the statement required by General Instruction T			.		11.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1.	, ž	•	. **
	By language in the governing instrument, or		3			::  ``.
	By state legislation that effectively amends the governing instrument so that no mandatory directions				~	*
	that conflict with the state law remain in the governing instrument?		- I	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	d Part X	٧ <u>L</u>	7	X	ļ
82	Enter the states to which the foundation reports or with which it is registered (see the instructions)		ı			1

8b

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete

designate) of each state as required by General Instruction G? If "No," attach explanation . . .

orm	990-PF (2008) THE HOGG FOUNDATION 54-10840	92	P	age 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity			
	within the meaning of section 512(b)(13)?			
	If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract			
	before August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶		<u> </u>	Ь
14	The books are in care of ▶ JOHN R HOGG TRUSTEE  Telephone no ▶ 757	-59	6-7	451
	Located at ▶ 409 RIVER RD NEWPORT NEWS VA ZIP+4 ▶ 23601-3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of the control of the			<b>▶</b>
	and enter the amount of tax-exempt interest received or accrued during the year	••	•	· 山
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_		
-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)	<u></u>	****	n' ,
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	,	ì ·	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	` ' , '
	a disqualified person? Yes X No	1	,	\$ \$ ,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			, !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		À.,	>
	(5) Transfer any income or assets to a disqualified person (or make any of either available	١.	*	1
	for the benefit or use of a disqualified person)? Yes X No		į.	, 1
	(6) Agree to pay money or property to a government official? Exception. Check "No"	1,0	1 3 4 8	
	If the foundation agreed to make a grant to or to employ the official for a period		2	3
		. ÿ	, ,	^, ^,
<b>L</b>	after termination of government service, if terminating within 90 days)		,	7 5
b	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		See
	Organizations relying on a current notice regarding disaster assistance (see the instructions).	15	>	1.5
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		,	
C	that were not corrected before the first day of the tax year beginning in 2008?	1c	****	X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		1
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			, ,
_	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d		į.	~, . !
а	and 6e, Part XIII) for tax year(s) beginning before 2008?		,	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			18 A
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ľ		85.1
ь	••			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	25	•	,
	to all years listed, answer "No" and attach statement - see the instructions )	2b		, 1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  ▶ 20 20 20 20			,
٥-			-	
3a		1		
1.				2.55
ь	• • • • • • • • • • • • • • • • • • • •			'
	or disqualified persons after May 26, 1969,(2) the lapse of the 5-year period (or longer period approved	1		, , ,
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, <b>c(3)</b>			<b>'</b>
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	AL.		
	If the foundation had excess business holdings in 2008 )	3b	<del>                                     </del>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_4a		<u>X</u> _
р	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	· . ·	· ·	v
_	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		X

•						
Form 990-PF (2008) THE HOGG FOUNDA				54-108	4092	Page 6
Part VII-B Statements Regarding Activ		rm 4720 May Be Req	uired (co	ntinued)	<del></del>	1
5a During the year did the foundation pay or incur	•					
(1) Carry on propaganda, or otherwise attemp	•		. []	Yes 🛚 N	o	
(2) Influence the outcome of any specific publ	•	•				
on, directly or indirectly, any voter registrate			···· [-]	Yes 🖺 N	0	'
(3) Provide a grant to an individual for travel,		•	· []	Yes 🛚 N	0	
(4) Provide a grant to an organization other th		=				'
in section 509(a)(1), (2), or (3), or section		•	📙	Yes 🔀 N	0	
(5) Provide for any purpose other than religiou		•		-		
educational purposes, or for the prevention	•			Yes 🛚 N	0	
b If any answer is "Yes" to 5a(1)-(5), didany of the	=	•		n		'
Regulations section 53 4945 or in a current no	•	•	ctions)?		<u>5b</u>	
Organizations relying on a current notice regar	•			. ▶∐		!
c If the answer is "Yes" to question 5a(4), does to		emption from the				. , , , , ,
tax because it maintained expenditure respons	•			Yes   N	0	*.
If "Yes," attach the statement required by Regu		• •				*
6a Did the foundation, during the year, receive an	y funds, directly or indir	ectly, to pay				`
premiums on a personal benefit contract?			· ··· 📙	Yes 🛚 N	o  ,	·
b Did the foundation, during the year, pay premit		y, on a personal benefit co	ontract?		. <u>6b</u>	X
If you answered "Yes" to 6b, also file Form 887				<b>5</b> 7	* *	` ' ' ' ' '
7a At any time during the tax year, was the foundation				Yes 🛚 N	0 ;	; 11
b If yes, did the foundation receive any proceeds	<del></del>			<del> </del>	7b	
Part VIII Information About Officers,	Directors, Trustee	s, Foundation Mana	gers, Hig	hly Paid Er	nployees	5,
and Contractors			<del> </del>			
1 List all officers, directors, trustees, foundation						
(a) Name and address	(b) Title, and average hours per week	(a) Compensation		ributions to benefit plans	(e) Exper	ise account,
	devoted to position	(If not paid, enter -0-)		rred comp	other a	llowances
JOHN R HOGG	TRUSTEE				other a	llowances
409 RIVER RD		(If not paid, enter -0-)			other a	llowances
		0			other a	llowances
409 RIVER RD					other a	llowances
409 RIVER RD		0			other a	llowances
409 RIVER RD		0			other a	llowances
409 RIVER RD		0			other a	llowances
409 RIVER RD		0			other a	llowances
409 RIVER RD	TRUSTEE	0	and defe	rred comp	other a	llowances
409 RIVER RD NEWPORT NEWS VA  Compensation of five highest-paid employees if none, enter "NONE."	TRUSTEE	0	structions).	ried comp		
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	TRUSTEE	0	structions).	ributions to ee benefit	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  Compensation of five highest-paid employees if none, enter "NONE."	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Continuing employ plans and	ried comp	(e) Exper	
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."  (a) Name and address of each employee paid	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,
409 RIVER RD NEWPORT NEWS VA  2 Compensation of five highest-paid employees If none, enter "NONE."	(other than those inclu	0 0 Ided on line 1 -see the in	structions).  (d) Contiemploy plans an	ributions to ee benefit d deferred	(e) Exper	nse account,

Form 990-PF (2008) THE HOGG FOUNDATION		1084092 Page:	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)  Five highest-paid independent contractors for professional services (see the instructions). If none, enter "NONE."			
	he instructions) If none enter "NONE	"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	
NONE	(2) 1)	(0) 0011170110011011	
	_		
	<del></del>		
Fold sumbor of others are quite over \$50,000 for professional convent	_ <del> </del>	<del>_</del>	
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. In	nclude relevant statistical info such		
as the number of organizations and other beneficiaries served, conferences cor		Expenses	
NONE	ivolica, roscaron papere produced, etc.		
2			
B			
	<del></del>		
		<del></del>	
Part IX-B Summary of Program-Related Investments (see	e the instructions)		
Describe the two largest program-related investments made by the foundation		Amount	
NONE	ruding the tax year on mes 1 and 2.	- / Whould	
	<del></del>		
	· · · · · · · · · · · · · · · · · · ·		
2			
All other program-related investments See instructions			
<b>1</b>			

 $\blacktriangleright$ 

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign for	undations, s	ee the instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		<del></del>
a Average monthly fair market value of securities	1a	59,658.
b Average of monthly cash balances	. 1b	1,118.
c Fair market value of all other assets (see the instructions)	1c	
d Total (add lines 1a, b, and c)	[1d]	60,776.
Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	60,776.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
see the instructions)	4	912.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	59,864.
6 Minimum investment return. Enter 5% of line 5		2,993.
Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating four		
and certain foreign organizations check here ▶ and do not complete this part )		
1 Minimum investment return from Part X, line 6	1	2,993.
2 a Tax on investment income for 2008 from Part VI, line 5 2a 2	2.	_
b Income tax for 2008 (This does not include the tax from Part VI)		
c Add lines 2a and 2b		2.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	2,991.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4		2,991.
6 Deduction from distributable amount (see the instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,991.
Part XII Qualifying Distributions (see the instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	8 <u>,</u> 270.
b Program-related investments-total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3a	_
b Cash distribution test (attach the required schedule)	. 3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8,270.
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 (see the instructions)	5	2.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,268.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	
qualifies for the section 4940(e) reduction of tax in those years		

	art Air Ondistributed income (see the	ie instructions)	<del></del>		<del>, ,, ,, , ,</del>
1	Distributable amount for 2008 from Part XI,	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
	line 7	. <u>'Y</u>	, , , , , , , , , , , , , , , , , , ,		2,991.
2	Undistributed income, if any, as of the end of 2007	1		* ***	,
а	Enter amount for 2007 only				
b	Total for prior yrs 20, 20, 20			J	
3	Excess distribs. carryover, if any, to 2008.				
а	From 2003 2,260.		1 25.	, ,	
ь	0.710				,
c	From 2005 7,592.	1,	,		,
d		†		, . `	
_	From 2007		, ,	, , , , ,	,
•	Total of lines 3a through e	18,570.			,
١,		10,370.	* * * * * * * * * * * * * * * * * * *	35. c ~ 1	, , , , , , , ,
4	Qualifying distributions for 2008 from Part XII,				*
	line 4 ▶ \$ 8,270.	.*		A game menganan a tahan tahan menganan menganan dari menganan dari menganan dari menganan dari menganan dari m Menganan dari menganan dari	ž.
	Applied to 2007, but not more than line 2a				
b	Applied to undistributed income of prior				
	years (Election required - see the instr.)				
C	Treated as distributions out of corpus				
	(Election required - see the instructions)		\$ * /		, , , , ,
d	Applied to 2008 distributable amount			**************************************	2,991.
е	Remaining amt. distributed out of corpus	5,279.		\$ , , , ,	
5	Excess distribs carryover applied to 2008				
	(If an amount appears in column (d), the	13/1	'Y',	**	150
	same amount must be shown in col. (a).)	94,0	, ž <sub>u</sub> .	,*>	
6	Enter the net total of each column as	,		, Jac	
•	indicated below:		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	* * * * * * * * * * * * * * * * * * * *	
2	Corpus Add lines 3f, 4c, & 4e Subtract line 5	23,849.			
	Prior years' undistributed income Subtract	23/013.	- 103 days, - 1 s		
	line 4b from line 2b	2 4		<b>`</b>	,
_		1 40		· · · · · · · · · · · · · · · · · · ·	3 3,
C	Enter the amount of prior years' undistributed	· 🚡		· , , , , ,	
	income for which a notice of deficiency			3	\$
	has been issued, or on which the section	i Maria			
	4942(a) tax has been previously assessed	/		5	····· , ··- ·-
d	Subtract line 6c from line 6b. Taxable	3.			~
	amount - see the instructions			¥1.	
е	Undistributed income for 2007. Subtract		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*, *,
	line 4a from line 2a Taxable amount -				, 1,
	see the instructions	, * * *	*		
f	Undistributed income for 2008. Subtract	,	, ,	, '	
	lines 4d and 5 from line 1 This amount		<u> </u>	<b>!</b>	
	must be distributed in 2009		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	
7	Amounts treated as distributions out of	-	ğ- , <u>‡</u> :	· .	* **
	corpus to satisfy requirements imposed by			-3 , 4 , ,	* *
	section 170(b)(1)(F) or 4942(g)(3) (see the		,1	,	•
	instructions)		<u> </u>	, , ,	*
8	Excess distributions carryover from 2003				
	not applied on line 5 or line 7 (see the		18 m g 1 g	, ,	, ,
	instructions)	2,260.	,	1 :4	,_ , ,
9	•	2,200.	, ,		, ,
7	Excess distributions carryover to 2009.	21 500		[ د م ،	*
4.0	Subtract lines 7 and 8 from line 6a	21,589.		1 2	
10	Analysis of line 9				/ · · · · · · · · · · · · · · · · · · ·
	Excess from 2004 8,718.	; '	,		
	Excess from 2005 . 7,592.		,		,
С	Excess from 2006	•	3		
d	Excess from 2007 6,087.	·	* 3.	, ,	
е	Excess from 2008 . 5, 279.	". *	\$/ / */ * ** ** ** ** **	, , ,	

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

CONTRIBUTIONS ARE MADE ONLY TO 501C 3 ORGANIZATIONS

Part XV Supplementary Informatio	n (continued)			-···
3 Grants and Contributions Paid Du				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or outside interest in batter			
a Paid during the year			SEE ATTACHED	8,270.
Total			▶ 3a	8,270.
b Approved for future payment NONE				
Total			<b>▶</b> 3h	<del> </del>

	ross amounts unless otherwise indicated	Unrelat	ed business income	Excluded by	section 512, 513, or 514	(⊕)
		(a) Business	(b) Amount	(c) Excl.	(d) Amount	Related or exempt function income
	Program service revenue	code	Amount	code	Amount	(See the instructions)
-					-	
				<del></del>		<del></del>
е _						
f_ gF	ees and contracts from government agencies .			+		
٨	Membership dues and assessments			I I		
	nterest on savings and temporary cash investments				1 015	
	Dividends and interest from securities		\"\"\\	14	1,215.	%
	let rental income or (loss) from real estate		J. 3 x			*
	Debt-financed property	<del></del>		<del>                                     </del>		
	lot debt-financed property			+		
	Other investment income			1		
	iain or (loss) from sales of assets other than inventory			18	(1,705.)	
	let income or (loss) from special events			1	(1),031,	
	Gross profit or (loss) from sales of inventory			<del>                                     </del>		
	Other revenue. a			<del> </del>		
b						
~ - C				1		
d ¯						
e -						
_	Subtotal Add columns (b), (d), and (e)			1 1	(490.)	
ક	(a), (a), (a), (b), (c), (c), (c)				1 7	
T	otal. Add line 12, columns (b), (d), and (e)		•• • • • • • • • • • • • • • • • • • • •		13	(490
e w	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation	ons)			13	(490
e w Irt ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  XVI-B Relationship of Activities to 1  No. Explain below how each activity for whi	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations  XVI-B Relationship of Activities to 1  No. Explain below how each activity for whi	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Int ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Irt ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Int ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Int ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Int ine	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iri ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iri ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iri ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iri ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iri ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iil ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Iil ne	total. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculations.  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exercise.	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Irt ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Irt ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Irt ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w Int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the
e w int ine	otal. Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculation  XVI-B Relationship of Activities to 1  No. Explain below how each activity for while accomplishment of the foundation's exe	ons ) the Accon	nplishment of Exe	empt Purp	ooses -A contributed importan	itly to the

Rev 1

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

so (1c) of the Code (other than section 501(c)(3) organizations) or nection 527, relating to political organizations?  (1) Cash (2) Other assets (3) Other transactions (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburgament arrangements (4) Remburgament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) India (1)	1	Did th	e organization directly or	indirectly engage	e in any of the follo	wing with any	other organiz	zation desc	cribed in section		Yes	No
(1) Cash		501(c	) of the Code (other than	section 501(c)(3	) organizations) or	ın section 527	, relating to p	olitical org	anizations?		*,	1
(2) Cher assets by Other transcribons  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (5) Loans or loan guarantees  (6) Performance of services or membership or fundrasing solicitations  (7) Sharing of facilities, equipment, making lists, obtained assets, or paid employees  (8) Enter a comparison or maintees assets, or paid employees  (9) Performance of services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column() the value of the goods, other assets, or services received  (a) Live or (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements  (a) Live or (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements  (a) Live or (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements section 501(c) of the Code (other than section 501(c)) or in section 527?  (a) Name of organization (b) Type of organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (a) Name of organization (b) Type of organization (c) Description of relationship  (a) Name of organization (b) Type of organization and interest or other pagenter that of the best of the best of the best of the best of the receiving as belief, if a rive, cornel, and complete Description of pagenter (other than section 501(c)) or transfers or the best of the best	а	Trans	fers from the reporting for	undation to a noi	ncharitable exempt	t organization (	of.					;
b Other fransactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or their assets (4) Reimburgement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Sales of assets, or services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received (9) Performance of services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received (9) Performance of services given by the reporting foundation of the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) If I'ves, "Complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description of the best		(1)	Cash							. 1a(1)		Х
(1) Sales of assets to a noncharitable exempt organization		(2)	Other assets							1a(2)		X
(a) Purchases of assets from a noncharitable evempt organization    10(2)	b	Other	transactions									\
(a) Purchases of assets from a noncharitable evempt organization    10(2)		(1)	Sales of assets to a nonc	charitable exemp	ot organization					1b(1)		Х
(a) Reimbursement arrangements   1b(a)   X   1b(b)												X
(a) Reimbursement arrangements   1b(a)   X   1b(b)		(3)	Rental of facilities, equip	ment, or other as	ssets					1b(3)		X
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Endougher of facilities, equipment, mailing lists, other assets, or speak employees (8) It is answer to any of the above is "Yes," complete the following schedule. Column(t) should always show the fair market value of the goods, other assets, or services given by the reporting foundation (If the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received  (a) Live no (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization (b) Type of organization (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (b) Type of organization (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (f) Description of relationship  (g) Signature of officer or trustee  Date  Date  Check if Self-employed Signature in the instructions of signature in the instr										1b(4)		X
(6) Performance of services or membership or fundrasing solicitations.  2 Sharing of facilities, equipment, mailing lists, other assets, or paid employees  3 If the answer to any of the above is "Yes," complete the following schedule. Column(t) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Desc of transfers, transactions, and sharing arrangements  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Desc of transfers, transactions, and sharing arrangements  (d) Desc of transfers, transactions, and sharing arrangements  (e) Described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Desc of transfers, transactions, and sharing arrangements  (e) Description of relationship  (f) "Yes," Complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Desc of transfers, transactions, and sharing arrangements  (e) Description of relationship  (e) Description of relationship  (f) "Yes," Complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (d) Description descriptions described in section 527?  (e) Poscription of relationship  (f) "Yes," Complete the following schedule  (a) Name of organization  (b) Type of organization  (c) Description of relationship  (e) Description of relationship  (f) Poscription of the best of my troveledge and belief, it is prepared to the best of my troveledge and belief, it is prepared to the proper of										1b(5)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d if the answer to any of the above is "Ves," complete the following schedule. Column(s) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received.  2a										1b(6)		X
d if the answer to any of the above is "Yes," complete the following schedule. Column(b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received  (a) Une no (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??	С									. 1c		X
goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column(d) the value of the goods, other assets, or services received  (a) Lie 70 (b) Amount involved (c) Name of noncharitable exempt organization (d) Desc of transfers, transactions, and sharing arrangements  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of pepips, I declare that I have examined this gour, including Accompanying schedules and statements, and to the best of my knowledge and bollef, it is present that the control of pepips or following is based on all information disciplinations of pepips. I declare that I have examined this gour, including Accompanying schedules and statements, and to the best of my knowledge and bollef, it is present that the pepips or following is based on all information disciplinations of pepips. I declare that I have examined this gour, including Accompanying schedules and statements, and to the best of my knowledge and bollef, it is present to the pepips of following and such properties that it have examined this gour. Including Accompanying schedules and statements, and to the best of my knowledge and bollef, it is present to the period of file or or trustee.  But I C - 24/0 Properts SSN or PTIN (See Signature in the instructions)  Signature of officer or trustee  Date  Check if Self-employed Piges Relief-employed Piges Relief			-	-	<u>-</u>					alue of the	·	
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d)Desc of transfers, transactions, and sharing arrangements  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d)Desc of transfers, transactions, and sharing arrangements  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d)Desc of transfers, transactions, and sharing arrangements  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d)Desc of transfers, transactions, and sharing arrangements  (b) Line no (c) Name of organization (d)Desc of transfers, transactions, and sharing arrangements  (a) Line no (c) Name of organization (d)Desc of transfers, transactions, and sharing arrangements  (b) Line no (c) Name of organization (d)Desc of transfers, transactions, and sharing arrangements  (c) Description of relationship  (c) Description of relationship  (d)Desc of transfers, transactions, and sharing arrangements  (d)Desc of transfers, transactions, and sharing arrangements  (d)Desc of transfers, transactions, and sharing arrangements  (d)Description of description of preparation of preparation of organization of preparation of pre								-				
(d) Desc of transfers, transactions, and sharing arrangements  (e) Description of transfers, transactions, and sharing arrangements  (f) Description of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transfers, transactions, and sharing arrangements  (g) Description of relationship in transactions of transaction		_		-	-					•		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    Yes		• • • • • • • • • • • • • • • • • • • •			<b>3</b>	,						
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    Yes	(a) (	Tue uo	(b) Amount involved	(c) Name of nor	ncharitable exempt	organization	(d)Desc of	transfers	transactions, and s	haring arra	naeme	ents
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule	(-/		(=) /	(4/110111010111101	TO T		<u>(=)200</u>		trained done, and o	itaring arra		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule						· · · · · · · · · · · · · · · · · · ·			<del></del>			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule									<del> </del>	_		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule				· · · · · · · · · · · · · · · · · · ·								
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule						<del></del>						
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule						<del></del>		·	<del></del> .			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule					·				, , , , , , , , , , , , , , , , , , ,	_		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule								•	<del></del> -			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule												
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule			<u> </u>						· · · · · · · · · · · · · · · · · · ·	<del></del>		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule		_		<del></del>					- <del></del>			
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule				<del></del>				<del></del>	<del></del>	<del></del>		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule										_		
section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   No   No   If "Yes," complete the following schedule					l with as salated to							
b If "Yes," complete the following schedule  (a) Name of organization (b) Type of organization (c) Description of relationship  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than expayer or fidulary) is based on all information of which preparer has any knowledge    Date   Check if   Preparer's SSN or PTIN (See Signature in the instructions)	2a		•	-	•		ax-exempt o	rganizatioi	is described in	Пч	. п	N.
(a) Name of organization  (b) Type of organization  (c) Description of relationship  Under penalties of penury, I declare that I have examined this cutum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than exappayer or ficultiary) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Check if self-employed ►  Preparer's SSN or PTIN (See Signature in the instructions)  Firm's name or yours if self-employed),  PAYES AND ASSOCIATES  EIN ► 54-1246179  Phone no					1 50 1(0)(3)) or in se	ecuon 52/ ?				U "	ss 🗀	INO
Under penalties of penury, I declare that I have examined this return, including Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than expayer or fidulary) is based on all information of which preparer has any knowledge.  Signature of officer or trustee.  Date  Check if Self-employed  Preparer's SSN or PTIN (See Signature in the instructions)  Firm's name (or yours if self-employed),  Phone no	D	IT "Y		<del>-</del>	(h) Tuno	of organization	<del></del>		(a) December of r	lotionahin		
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)			(a) Name of organizati	ion	(b) Type	oi oiganizatioi	<del>'   -</del>		(c) Description of the	siationship	-	
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)												
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)										_		
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)									<del></del> ·		-	
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)									<del></del> -			
Signature of officer or trustee  Date  Check if self-employed  Firm's name (or yours if self-employed),  Preparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's SSN or PTIN (See Signature in the instructions)  Proparer's Name (See Signature in the instructions)		Linder	penalties of perior. I declare that	I have examined this r	return uncluding Accompa	mana echedulee ec	d statements, and	d to the best o	f my knowledge and believ	of to		
Signature of officer or trustee    Date   Title		true, co	prect, and complete Declaration	of preparer (other than	(axpayer or fiduciary) is t	based on all informa	ition of which prej	parer has any	knowledge	, 10 10		
Signature of officer or trustee    Date   Title		١.			1 2 2				1			
Date    Check if self-employed   Preparer's SSN or PTIN (See Signature in the instructions)		<b>_</b>	<u> </u>		ALM NA	<del> </del>		2010	X Ivin	<u>u</u>		
Firm's name (or yours if self-employed), 98 NELSON DRIVE Phone no	a	✓ Sı	gnature of officer or trust	ee	()	<u> </u>	Date				<del></del>	
Firm's name (or yours if self-employed), 98 NELSON DRIVE Phone no	<u>ə</u>				•	Date	Ì		— I '			N
Firm's name (or yours if self-employed), 98 NELSON DRIVE Phone no	_ _			1, 1				self-empl	~, pq , .	-	in the	
Firm's name (or yours if self-employed), 98 NELSON DRIVE Phone no	ᅙ	_ je i	Preparer's	la 1 L			1			•		
if self-employed), 98 NELSON DRIVE Phone no	n	Pair	signature	1 pour	<u> </u>	1/2	2//0					
if self-employed), 98 NELSON DRIVE Phone no		Pre	Firm's name 💅 your	· \ <del>/-</del>					EIN ► 54-12	46179		
address, and ZIP code ' NEWPORT NEWS VA 23601-3206   757-595-3359			ıf self-employed),	7								
		<u> </u>	address, and ZIP coo	de NEWPO	RT NEWS V	A 23601	-3206		757-	-595 <b>-</b> 3	359	

# Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

OMB No 1545-0047

2008

▶ Attach to Form 990, 990-EZ, and 990-PF.

Employer identification number

THE HOGG FOUNDA	TION	54-1084092			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c) (enter number) organization				
	4947(a)(1) nonexempt charitable trustnot treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ered by the <b>General Rule</b> or a <b>Special Rule</b> . ( <b>Note</b> : Only a section 501(c)(7), (8), or (1 both the General Rule and a Special Rule. See instructions.)	0)			
General Rule					
For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II					
Special Rules					
For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater (f) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)					
Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
For Privacy Act and Paperwork	•	orm 990, 990-EZ, or 990-PF) (2008)			

54-1084092

US 990	Accounting Fees  Expenses Net investment Adjusted net			
Description	Expenses per books	income	income	Charitable purposes
AYES AND ASSOCIATES	900.	900.	900.	
	900.	900.	900.	
			İ	
			1	

54-1084092

IS 990	Taxes Expenses	Net investment	Adjusted net	200 Charitable
Description	per books	ıncome	ıncome	purposes
CISE TAXES	74.	74.	74.	
	74.	74.	74.	
	1			

54-1084092

JS 990	Other Expenses	<del>-,, , , , , , , , , , , , , , , , , , ,</del>	200	
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
SCELLANEOUS	17.	17.	17.	purposes
	17.	17.	17.	
			·	
			1	
•				
			İ	
	`			

### The Hogg Foundation November 30, 2009 Sale of Securities

Quantity	Name	Dte Sld	Dte Purch	Sales Price	Cost	Gain/Loss
13.523 sh	T. Rowe Price Media & Telecommunications	various	various	400	530	(130)
102.070 sh	T Rowe Price New Horizon	various	various	2,200	2,015	185
150.730 sh	American Century Investments Ultra Stock Fund	various	various	2,600	4,354	(1,754)
90.668 sh	American Century Investments Vista Stock Fund	various	various	1,200	1,197	3
215.366 sh	American Century Investments Value Stock Fund	various	various	1,050	1,433	(383)
71.120 sh	American Century Investments Equity Growth Stock Fund	various	various	1,168	1,715	(546)
420.599 sh	American Century Investments Large Co Value Stock Fund	various	various	1,930	1,982	(52)
	Wells Fargo - Cash in Lieu Time-Warner, Inc Cash in Lieu Time-Warner Cable - Cash in Lie	u				22 7 9
Capital Gains Dividends						
Davenport - Oakmark Davenport - Oakmark Int'l Fund Davenport - Mutual Series Janus Contrarian Fund T. RowePrice - Cap. Appreciation T. RowePrice - Media & Telecommunications T. RowePrice - Mid Cap Growth T. RowePrice - New Horizons Amer Century - Large Co. Value Stock					39 4 18 67 19 82 159 514 32	
	Total					(1,705)

### The Hogg Foundation

11/30/2009 54-1084092

Part XV

	Grants and contributions paid during the year	Purpose of Grant	Amount of Contribution	
1)	Jamestown Yorktown Foundation Box 3605	General Fund		
	Williamsburg, VA 23187		\$	150
2)	Childrens Hospital of the Kings Daughters 601 Childrens Lane	General Fund		
	Norfolk, VA 23507			1,000
3)	Waterman's Museum 309 Water Street	General Fund		
	Yorktown, VA 23690	2		50
4)	Mariners Museum	General		
	100 Museum Drive	Fund		
	Newport News, VA 23601			3,100
5)	Virginia Living Museum	General		
	524 J. Clyde Morris Blvd.	Fund		
	Newport News, VA 23601			3,820
7)	Ducks Unlimited	General		
	1 Waterfowl Way	Fund		
	Memphis TN 38120	-		150
	Total		\$	8,270