* Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning 12/01/16, and ending 11/30/17Name of foundation Employer identification number Jack Hogan Charitable Foundation 84-0776608 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 2154 N. 164 Ave. 720-560-4308 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here AZ 85395 Goodyear Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation Ô If private foundation status was terminated 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 J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) line 16) ▶ \$ 534,232 (d) Disbursements Part f Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal income ıncome purposes the amounts in column (a) (see instructions)) hooks (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 Check ► X if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash inv 8,113 8,113 Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for git Capital gain net income 0 Net short-term dap Income modification 10a Gross sales less retu OCDEN Less Cost of goods ь С Gross profit or (loss) 11 Other income (attach schedule) 8,113 8,113 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 44,000 12,000 32,000 14 Other employee salaries and wages 6,618 1,731 4,887 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 1 338 135 203 b Accounting fees (attach schedule) Other professional fees (attach schedule) Stmt 2 806 322 484 C 17 18 Taxes (attach schedule) (see instructions) 110 19 Depreciation (attach schedule) and depletion Stmt 3 20 Occupancy 503 503 21 Travel, conferences, and meetings 22 Printing and publications 15,411 Stmt 4 6,163 9,247 23 Other expenses (att sch) 24 Total operating and administrative expenses. 67,786 20,351 0 47,324 Add lines 13 through 23 9,525 9,525 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 20,351 0 77,311 56,849 26 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -69,198 0 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

Form 990-PF (2016) Jack Hogan Charitable Foundation 84-0776608 Page 2 Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year Part II should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 2,171 5,493 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (att schedule) 0 Less allowance for doubtful accounts ▶ 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule) b Investments - corporate stock (attach schedule) ¢ Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments - mortgage loans See Statement 5 394,326 322,539 534,232 13 Investments - other (attach schedule) 12,014 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) Stmt 6 11,353 771 661 See Statement 7 411 15 Other assets (describe > 16 Total assets (to be completed by all filers - see the 397,268 329,104 534,232 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 977 See Statement 8 1,437 22 Other liabilities (describe Total liabilities (add lines 17 through 22) 977 23 1,437 Foundations that follow SFAS 117, check here **▶** |X| **Assets or Fund Balances** and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 395,831 328,127 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 328,127 395,831 Net 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 397,268 329,104 Part III **Analysis of Changes in Net Assets or Fund Balances** 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 395,831 1 -69,198 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶ See Statement 9 1,494 3 328,127 4 Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) ▶ 5 328,127 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

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Pa	rt VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	٦ ["				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	 	[
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	JI				
_	Part I, line 12, col (b)		ĺ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u>.</u>			0
3	Add lines 1 and 2	3				<u>_</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u>'</u>			_ 0
6	Credits/Payments	`	<u>'</u>			<u>-</u>
a		\dashv				
b	Exempt foreign organizations – tax withheld at source Toward with professor for extraorer of two to file (Foreign 2000)					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d -	Backup withholding erroneously withheld Table and the control of	┥.				
7	Total credits and payments Add lines 6a through 6d	- 1-7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			-		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>	1			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	- 1	0			
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	<u> </u>	1			
Pa	rt VII-A Statements Regarding Activities			_,	,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			,		
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
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					
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			٦		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-1/ FL	5	<u> </u>	<u>x</u>
5	• • •			-		
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
v						
	By language in the governing instrument, or Py state logislation that offsetively amonds the governing instrument as that no mondates dispations that					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state law service in the government and the service in the government. The service is the service in the government in the government in the service in the government.				_~	
_	conflict with the state law remain in the governing instrument?	.	4.7	6	X	
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	ran X	V	7	^	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	None					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
_	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					4
9	4042(1)(5) for colondar year 2016 or the tayable year beginning in 2016 (see instructions for Bort VIII)(2 if "Yea."			1		
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					
9	complete Part XIV			9	Х	
9				9	Х	

If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2016)

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X

X

N/A

3b

4a

4h

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Pa	irt VII-B Statements Regarding Activities for Which	<u>ı Form 4720 May Be F</u>	Required (cont	tinued)		······
5a	During the year did the foundation pay or incur any amount to			_		
	(1) Carry on propaganda, or otherwise attempt to influence legislation	(section 4945(e))?		Yes 🛚 X No		
	(2) Influence the outcome of any specific public election (see section	4955), or to carry on,				
	directly or indirectly, any voter registration drive?			Yes 🛚 X No		
	(3) Provide a grant to an individual for travel, study, or other similar pu	rposes?	\Box	Yes 🗓 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	janization described in				
	section 4945(d)(4)(A)? (see instructions)			Yes X No		
	(5) Provide for any purpose other than religious, charitable, scientific,	literary, or educational	لا			
	purposes, or for the prevention of cruelty to children or animals?			Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to q	ualify under the exceptions (.03 [24] 110		
~	Regulations section 53 4945 or in a current notice regarding disaster a	•		N/A	5b	İ
	Organizations relying on a current notice regarding disaster assistance		•	"	30	
_						
С	If the answer is "Yes" to question 5a(4), does the foundation claim exe	mption from the tax	N/A 🗌 🤊	vaa □ Na		
	because it maintained expenditure responsibility for the grant?	(E (d)	M/A [Yes 🔝 No		
•	If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a	Did the foundation, during the year, receive any funds, directly or indire	ectly, to pay premiums	┌ .	, 5		
	on a personal benefit contract?			Yes 🛚 X No		٠
b	Did the foundation, during the year, pay premiums, directly or indirectly	y, on a personal benefit cont	tract?	ļ	6b	<u> </u>
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a party to a prohibi			Yes X No		
	If "Yes," did the foundation receive any proceeds or have any net incor			N/A	7b	
Pa	irt VIII Information About Officers, Directors, Trust	ees, Foundation Man	agers, Highly	Paid Employe	es,	
	and Contractors					
1 L	ist all officers, directors, trustees, foundation managers and their	compensation (see instru	ctions).			
		(b) Title, and average	(c) Compensation	(d) Contributions to	 <u>-</u>	
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
		devoted to position	enter -0-)	compensation		
Se	an Hogan Goodyear	Manager				
21	64 N 164th Ave AZ 85395	0 00	0	0	l	0
Be	vy Hogan, Vice President Goodyear	Manager				
21	64 N 164th Ave AZ 85395	0 00	0	0		0
				· · · · · · · · · · · · · · · · · · ·		
	Compensation of five highest-paid employees (other than those in	ncluded on line 1 – see ins	structions) If non	e enter	L	-
-	"NONE."	1010000 011 11110 1 000 1110	,	,		
				(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	(a) traine and address of each employee paid more than \$60,000	devoted to position	(o) compendadii	plans and deferred compensation	other	allowances
	AND			- Compondution		
NO	NE					
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		<u> </u>		<u> </u>	<u> </u>	
Tota	I number of other employees paid over \$50,000		·			0
			-	Fo	orm 99 0	0-PF (2016)

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Part VIII Information About Officers, Directors, Trustees, Fou	ındation Managers, Highly Paid I	Employees,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see inserting professional services)	structions) If none enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(,,,,,	
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informat	tion such as the number of	1
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 SEE PART XV - GRANTS		
		9,525
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	
· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2016)
		,

b Program-related investments – total from Part I, column (d), line 26

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

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

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 instructions)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

5 Foundations. Subtract line 5 from line 4

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

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Form	N 990-PF (2016) Jack Hogan Charitable H	Toundation	84-07766	08	Page 9
	art XIII Undistributed Income (see instructions)			<u> </u>	
		(a)	(b)	(c)	(d) -
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only			•	
b					
3	Excess distributions carryover, if any, to 2016			·	
	From 2011				
	From 2012				
_	From 2013				
-	From 2014				
	From 2015				
	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
•	line 4 ▶ \$'56,849				
а	Applied to 2015, but not more than line 2a				
	Applied to undistributed income of prior years				
-	(Election required – see instructions)				
c	Treated as distributions out of corpus (Election				
·	required – see instructions)				
d	Applied to 2016 distributable amount				
	Remaining amount distributed out of corpus	56,849			
5	Excess distributions carryover applied to 2016				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below.				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	56,849			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	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 – see instructions				
e	Undistributed income for 2015 Subtract line				****
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2017				
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 2011 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2012				
b	Excess from 2013				
c	Excess from 2014			•	
d	Excess from 2015				
-	Excess from 2016				

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

factors NA

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year New Life Center PO Box 5005 none Goodyear AZ 85338 shelter & counseling 1,000 Vision Walk/Fnd for Fighting Blindn 7168 Columbia Gateway Dr. none Columbia MD 21046 300 sight saving & vision research U of N GA - J Chandler Scholarship 82 College Circle none Dahlonega GA 30597 scholarship support for veterans 2,025 Children's Hospital of CO 13123 E 16th Ave none Aurora CO 80045 hospital care for needy children 3,200 Rocky Mt Law Center 899 Logan St none Denver CO 80203 train attys to assist troubled kids 3,000 9,525 ▶ 3a b Approved for future payment N/A ▶ 3b Total

Part XVI-A	Analysis of Income-Producing A	CHAIRES			<u> </u>	
nter gross amo	ounts unless otherwise indicated	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(0)
Program se	rvice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
_	TVICE TEVERIUE	-				
c		_		 		
						
f						
g Fees an	nd contracts from government agencies	-				
Membership	dues and assessments					
	savings and temporary cash investments					
	nd interest from securities					8,11
	acome or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
	anced property t-financed property			+ +	-	
	icome or (loss) from personal property			1		
	tment income					
Gain or (los	s) from sales of assets other than inventory					
	or (loss) from special events					
	or (loss) from sales of inventory					
	ue a	-				
		1 1				
				- 	·····	
е						
Subtotal Ad	id columns (b), (d), and (e)			0	0	8,11
	ine 12, columns (b), (d), and (e)				13	8,11
ee worksheet Part XVI-B	In line 13 instructions to verify calculations) Relationship of Activities to the	Assamplishma	t of Evament	Durnosos		
Line No.	Explain below how each activity for which incor				d importantly to the	
		•	(0) 0 0			
▼	accomplishment of the foundation's exempt pu	rposes (other than by	providing funds	for such purpo		ons)
N/A	The state of the s	rposes (other than by	providing funds	for such purpo		ons)
	The state of the s	rposes (other than by	providing funds	for such purpo		ons)
	The state of the s	rposes (other than b	providing funds	for such purpo		ons)
	The state of the s	rposes (other than b	/ providing funds	for such purpo		ons)
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1720 S Bellaire St Ste 405

Denver, CO 80222-4320

Form 990-PF (2016)

84-1305156

303-831-1942

Firm's EIN ▶

Phone no

Use Only

Firm's address ▶

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9/20/2018 11:12 AM	Charitable \$ 203 \$ \$ 203 \$ \$ 484 \$ \$ 484	
	Net Adjusted Stment 135 \$ Adjusted Net 135 \$ \cdot 0 -Other Professional Fees Stment 322 \$ \cdot 0 322 \$ \cdot 0 322 \$ \cdot 0 Stment Net Adjusted Stment Net Net Net Net Net Net Net Net Net Ne	
Federal Statements	Art I, Line 16b - Acco Net Investment Same 135 Same 16c - Other Pr Net Investment Same 322 Same 322 Same 322 Same 322 Same 322	
	Net	
HOGAN Jack Hogan Charitable Foundation 84-0776608 FYE. 11/30/2017	scription scription Sta	

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation Description Cost Prior Year Method Life Current Year Net Investment Income of tware 1,613 \$ 1,613 \$ 1,613 \$ \$	Description Cost Basis 1,613 \$ 1,113 1,031	t 3 - Form	i			•
Description Cost Prior Year Method Life Depreciation Income 1,613 \$ 1,613 \$/L \$	Cost Prior Prior Prior Deprec 1, 613 \$ 1, 113		Line 19 - E	Depreciation		
Cost Prior Year Method Life Depreciation Net Investment Income 1,613 \$ 1,613 \$/L 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Cost Prior > Prior > 1,613 \$ 1,113					•
1,613 \$ 1,613 \$ 5/L 3 \$ \$ \$ \$ 1,113 1,113 \$ 5/L 3 1,031 1,031 \$ 5/L 5 1,812 1,812 \$ 5/L 3 5,108 5,108 \$ 5/L 3 1,337 566 \$ 5/L 5 1,337 566 \$ 5/L 5 1,337 566 \$ 5/L 5	1,613 \$ 1,113 1,031		Life 	Current Year Depreciation	Net Investment Income	Adjusted Net Income
1,113 1,113 s/L 3 1,031 1,031 s/L 5 1,812 1,812 s/L 3 5,108 5,108 s/L 3 1,337 566 s/L s 12,014 s 11,243	1,113					
1,031 1,031 s/L 1,812 1,812 s/L 5,108 s/L 3 1,337 566 s/L 12,014 s 11,243	1,031		м			
1,812 1,812 S/L 3 5,108 5,108 S/L 3 1,337 566 S/L 7 110 s 0	-		5			•
7 110 S/L 7 110 S/L 7 110 S/L 7 110 S/L 8 S/L 7 110 S/L 8 S/	1,812		т			
/13 1,337 566 S/L 7 110 3 0	ets /96 5,108		ĸ			•
s 12.014 s 11.243 s 110 s 0	/13 1,337		7	110		
	s 12.014 s 11.		⟨S		\$ 0	0

HOGAN Jack Hogan Charitable Foundation 84-0776608 FYE: 11/30/2017	Federal	Federal Statements			9/20/2018 11:12 AM	W
Statemer	Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line 23 - (Other Expe	enses		
Description	Total	Net Investment	Ŧ.	Adjusted Net	Charitable Purpose	•
Expenses Office Supplies, Expenses, F	\$ 246 11,403	\cdot	\$ 98 561		\$ 148 6,841	
bank charges Dues and Subscriptions postage and delivery	2,216 23 406 107		886 9 162 43		1,330 14 244 64	1
charity internet fees meals	329 75 421 185		132 30 168 74		197 45 253	
Total	\$ 15,411	\$	163	0	\$ 9,247	.
Statement 5	- Form 990-PF,	Part II, Line 13 - C	- Other Investments	tments		
Description Corporate Stock/Vanguard Mutual fund	Beginning of Year \$ 394,3	E	End of Year 322, 539	Basis of Valuation	Fair Market Value	
\dashv	394,		322, 539		\$ 534,232	
Statement 6 - For	- Form 990-PF, Part II, Line 14	Line 14 - Land, Building,	uilding, ar	and Equipment		
Description	Beginnin Net Boo	Er Cost /	d Basis	nd Accumu Depreciation		-
equipment Total	\$ \$	771 \$ 177 771 \$ 5	12,014 12,014	\$ 11,353	w w	0
					4-6	

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Description	Beginning of Year		nd of ear	Fair M Valu	
balance	\$	\$	411	\$	
Total .	\$0	\$	411	\$	(
Statement 8 - Form 990-F	F, Part II, Line 22	- Other L	<u>iabilities</u>		
Description	Beginning of Year	g	End Ye		
Payroll Taxes Payable	\$ 1,	437	\$	977	
Total	\$1,4	437	\$	977	
to balance; incr basis due to reinves Total Form 990-PF, Part XV, Line 2b - A		\$ \$ t and Re	1,49 1,49 quired Co	4	
Description					
NA					
Form 990-PF, Part XV,	Line 2c - Submiss	sion Dead	dlines		
Description					
NA					
Form 990-PF, Part XV, Line	2d - Award Restric	tions or	Limitatio	ns	
Description					
NA					