

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2023 or tax year beginning

, and ending

Name of foundation George Hoag Family Foundation		A Employer identification number 95-6006885
Number and street (or P.O. box number if mail is not delivered to street address) 2665 Main Street, Suite 220	Room/suite	B Telephone number (310) 664-1358
City or town, state or province, country, and ZIP or foreign postal code Santa Monica, CA 90405		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 59,584,720.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		234.	234.		Statement 1
4 Dividends and interest from securities		1,225,902.	1,225,902.		Statement 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		-87,914.			
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		195,171.	195,077.		Statement 3
12 Total. Add lines 1 through 11		1,333,393.	1,421,213.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	165,069.	24,759.		140,310.
	14 Other employee salaries and wages	195,806.	29,371.		166,435.
	15 Pension plans, employee benefits	65,424.	9,814.		55,610.
	16a Legal fees				
	b Accounting fees				
	c Other professional fees Stmt 4	159,094.	152,245.		6,849.
	17 Interest				
	18 Taxes Stmt 5	200.	0.		200.
	19 Depreciation and depletion				
	20 Occupancy	39,720.	5,958.		33,762.
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses Stmt 6	44,575.	6,324.		38,251.
24 Total operating and administrative expenses. Add lines 13 through 23	669,888.	228,471.		441,417.	
25 Contributions, gifts, grants paid	2,637,000.			2,597,000.	
26 Total expenses and disbursements. Add lines 24 and 25	3,306,888.	228,471.		3,038,417.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-1,973,495.				
b Net investment income (if negative, enter -0-)		1,192,742.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	355,011.	320,625.	320,625.
	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			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other Stmt 8	58,108,452.	59,264,095.	59,264,095.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	58,463,463.	59,584,720.	59,584,720.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable		40,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	40,000.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	58,463,463.	59,544,720.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	58,463,463.	59,544,720.		
30 Total liabilities and net assets/fund balances	58,463,463.	59,584,720.		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	58,463,463.
2 Enter amount from Part I, line 27a	2	-1,973,495.
3 Other increases not included in line 2 (itemize) See Statement 7	3	3,054,752.
4 Add lines 1, 2, and 3	4	59,544,720.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	59,544,720.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Capital Gains and Losses From Sales of			
b Various Securities		12/31/22	12/31/23
c Capital gain distributions		12/31/22	12/31/23
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			-140,608.
c			52,694.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			-140,608.
c			52,694.
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-87,914.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	16,579.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	16,579.
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	16,579.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	23,173.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	23,173.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,594.
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax 6,594. Refunded	11	0.

Part VI-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
1c	Did the foundation file Form 1120-POL for this year?		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
	If "Yes," attach the statement required by <i>General Instruction T</i> .		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	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 Part XIV	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. _____ CA		
8b	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 <i>General Instruction G</i> ? If "No," attach explanation	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
	Website address <u>www.hoagfoundation.org</u>		
14	The books are in care of <u>Michael B. Sedgwick, Treasurer</u> Telephone no. <u>(310) 395-8655</u> Located at <u>2718 Wilshire Blvd, Santa Monica, CA</u> ZIP+4 <u>90403</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		N/A
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

Part VI-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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?	2a	X
If "Yes," list the years _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2023 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 the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 9		165,069.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Jeffrey R. Smith - 2665 Main Street, Ste. 220, Santa Monica, CA 90405	Program Director 40.00	133,150.	0.	0.

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. 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 0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	59,199,631.
b	Average of monthly cash balances	1b	14,251.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	59,213,882.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	59,213,882.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	888,208.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	58,325,674.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,916,284.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	2,916,284.
2a	Tax on investment income for 2023 from Part V, line 5	2a	16,579.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	16,579.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,899,705.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,899,705.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,899,705.

Part XI Qualifying Distributions (see 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	3,038,417.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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 XII, line 4	4	3,038,417.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				2,899,705.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			3,016,010.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 3,038,417.				
a Applied to 2022, but not more than line 2a			3,016,010.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2023 distributable amount				22,407.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				2,877,298.
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)	0.			
8 Excess distributions carryover from 2018 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling _____

b Check box to indicate whether the foundation is a private operating foundation described in section _____ 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
 None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
 None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: See Statement 11

See Statement 10

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
Various - See Attached Schedule of Grants	None	Public Charity	See Attached Schedule of Grants	
Various - See Attached Schedule of Grants Various, CA 99999				2,597,000.
Total				3a 2,597,000.
b Approved for future payment				
MEND - Meet Each Need with Dignity 10641 San Fernando Road Pacoima, CA 91331	None	Public Charity	Funds will support a capacity building project to expand secondary warehouse and towards the	40,000.
Total				3b 40,000.

Part XIV Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

Name of Recipient - MEND - Meet Each Need with Dignity

Funds will support a capacity building project to expand secondary warehouse and towards the purchase a refrigeration/freezer unit.

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Charles Schwab & Co., Inc.(4286)	234.	234.	
Total to Part I, line 3	234.	234.	

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Interest and dividends from various	1,225,902.	0.	1,225,902.	1,225,902.	
To Part I, line 4	1,225,902.	0.	1,225,902.	1,225,902.	

Form 990-PF Other Income Statement 3

Description	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income
Other investment income from pass through investments	195,171.	195,077.	
Total to Form 990-PF, Part I, line 11	195,171.	195,077.	

Form 990-PF	Other Professional Fees			Statement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting and legal expense	5,055.	758.		4,297.
Investment advisory fees	151,037.	151,037.		0.
Consulting services	3,002.	450.		2,552.
To Form 990-PF, Pg 1, ln 16c	159,094.	152,245.		6,849.

Form 990-PF	Taxes			Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
State of CA taxes and fees	200.	0.		200.
To Form 990-PF, Pg 1, ln 18	200.	0.		200.

Form 990-PF	Other Expenses			Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Insurance expense	30,781.	4,617.		26,164.
Dues and subscription	2,415.	0.		2,415.
Telephone expense	1,713.	257.		1,456.
Office expense	9,666.	1,450.		8,216.
To Form 990-PF, Pg 1, ln 23	44,575.	6,324.		38,251.

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	7
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Description	Amount
Unrealized gain on marketable securities	3,054,752.
Total to Form 990-PF, Part III, line 3	3,054,752.

Form 990-PF	Other Investments	Statement	8
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Description	Valuation Method	Book Value	Fair Market Value
REIT	FMV	3,334,943.	3,334,943.
Mutual Funds-see attached schedule	FMV	55,929,152.	55,929,152.
Total to Form 990-PF, Part II, line 13		59,264,095.	59,264,095.

Form 990-PF	Part VII - List of Officers, Directors Trustees and Foundation Managers	Statement	9
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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Melinda Hoag Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	President/CEO/Director 10.00	21,176.	0.	0.
Gwyn P. Parry 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.
Michael B. Sedgwick 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Treasurer 10.00	21,843.	0.	0.
Charles W. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Secretary/Executive Direct 35.00	101,050.	0.	0.
Michael D. Stephens 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.

George Hoag Family Foundation

95-6006885

John L. Curci 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.
Steven A. Velkei 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.
Gregory G. Hoag 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.
Keith W. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.
Daniel G. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	0.	0.

Totals included on 990-PF, Page 6, Part VII

165,069. 0. 0.

Form 990-PF	Grant Application Submission Information	Statement	11
	Part XIV, Lines 2a - 2d (Continuation)		

Name or Description of Grant Program

Please refer to Foundation website at www.hoagfoundation.org

Form and Content of Applications

Bicknell, Grants Coordinator and Jeffrey Smith, Program Director at (310) 664-1358.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 59,584,720, D Employer identification number 95-6006885, E Group exemption number, F Check box if an amended return.

Form header section including: G Check organization type 501(c) corporation, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of Michael B. Sedgwick, Treasurer Telephone number (310) 395-8655

Table for Part I: Total Unrelated Business Taxable Income. Rows include Total of unrelated business taxable income computed from all unrelated trades or businesses (56), Charitable contributions (0), Total unrelated business taxable income before net operating losses (56), Deduction for net operating loss (1,000), Total deductions (1,000), and Unrelated business taxable income (0).

Table for Part II: Tax Computation. Rows include Organizations taxable as corporations (0), Trusts taxable at trust rates, Proxy tax, Other tax amounts, Alternative minimum tax, Tax on noncompliant facility income, and Total (0).

Table for Part III: Tax and Payments. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior-year minimum tax, Total credits (0), Amounts due from various forms (3a-3e), Total amounts due (3f), Total tax (0), and Current net 965 tax liability paid (0).

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title **Secretary**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name **Olesya Kurnosova** Preparer's signature **Olesya Kurnosova** Date **10/30/24** Check if self-employed PTIN **P00567869**

Firm's name **Sedgwick & Company** Firm's EIN **95-4051410**

Firm's address **2718 Wilshire Boulevard Santa Monica, CA 90403** Phone no. **(310) 395-8655**

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization George Hoag Family Foundation	B Employer identification number 95-6006885
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business **Investments in Real Estate Partnerships**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0.		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 12	5	94.		94.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	94.		94.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)					
2 Salaries and wages					
3 Repairs and maintenance					
4 Bad debts					
5 Interest (attach statement). See instructions					
6 Taxes and licenses					
7 Depreciation (attach Form 4562). See instructions	7				
8 Less depreciation claimed in Part III and elsewhere on return	8a				
9 Depletion					
10 Contributions to deferred compensation plans					
11 Employee benefit programs					
12 Excess exempt expenses (Part VIII)					
13 Excess readership costs (Part IX)					
14 Other deductions (attach statement) See Statement 13					38.
15 Total deductions. Add lines 1 through 14					38.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					56.
17 Deduction for net operating loss. See instructions					0.
18 Unrelated business taxable income. Subtract line 17 from line 16					56.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations			
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organizations							
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10			
(1)							
(2)							
(3)							
(4)							
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).			
Totals			0.	0.			

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Form 990-T (A)	Income (Loss) from Partnerships	Statement 12
Description		Net Income or (Loss)
Evoke Industrial Real Estate Fund I (CHP), LP - Ordinary Business Income (lo		2,312.
Evoke Industrial Real Estate Fund I (CHP), LP - Other income (loss)		-2,474.
Evoke Dislocation Opportunities Fund,LP - Interest Income		226.
Evoke Dislocation Opportunities Fund,LP - Dividend Income		31.
Evoke Dislocation Opportunities Fund,LP - Other Portfolio income (loss)		53.
Evoke Dislocation Opportunities Fund,LP - Other income (loss)		-54.
Total Included on Schedule A, Part I, line 5		94.

Form 990-T (A)	Other Deductions	Statement 13
Description		Amount
Other deductions - portfolio from Evoke Dislocation Opportunities Fund,LP		38.
Total to Schedule A, Part II, line 14		38.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name George Hoag Family Foundation	Employer identification number 95-6006885
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				17.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	17.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-398.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-398.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns			18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023

Name George Hoag Family Foundation	Employer identification number 95-6006885
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				17.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	17.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-398.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	-398.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns			18	0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

95-6006885

George Hoag Family Foundation

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	Evoked Dislocation Opportunities Fund, LP							<398.>
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								<398.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name **George Hoag Family Foundation** Employer identification number **95-6006885**

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

Table with 4 columns: (a) First Preceding Year Ended, (b) Second Preceding Year Ended, (c) Third Preceding Year Ended, and a description column. Rows include items 1a-1f, 2a-2z, 3, 4, 5, 6, and 7.

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15
16 Is line 15 \$100 million or more? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP here. Attach to your tax return.				

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a -944.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c
d	Adjustment for certain consolidating entries (see instructions)	1d
e	Specified additional net income or loss item D. Reserved for future use	1e
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f -944.
2 Adjustments:		
a	Financial statements covering different tax years	2a
b	Reserved for future use - Adjustment 2b	2b
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e
f	Amounts that are not effectively connected to a U.S. trade or business	2f
g	Certain taxes. Enter the amount from Part III, line 7	2g
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h
i	Alaska native corporations	2i
j	Certain credits (see instructions)	2j
k	Mortgage servicing income	2k
l	Covered benefit plans described in section 56A(c)(11)(B)	2l
m	Tax-exempt entities (organizations subject to tax under section 511)	2m
n	Depreciation	2n
o	Qualified wireless spectrum	2o
p	Covered transactions	2p
q	Adjustments related to bankruptcy and insolvency	2q
r	Certain insurance company adjustments	2r
s	AFSI adjustment S - Reserved for future use	2s
t	AFSI adjustment T - Reserved for future use	2t
u	AFSI adjustment U - Reserved for future use	2u
z	Other (see instructions)	2z
3	Total adjustments. Combine lines 2a through 2z	3
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4 -944.
5	Financial statement net operating loss (FSNOL) (see instructions)	5
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6
7	Multiply line 6 by 15% (0.15)	7
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9
10	Regular tax liability (see instructions)	10
11	Base erosion minimum tax (see instructions)	11
12	Combine lines 10 and 11	12
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1
2	Current income tax provision - Federal	2
3	Deferred income tax provision - Foreign	3
4	Deferred income tax provision - Federal	4
5	Income taxes included in equity method investment income	5
6a	Adjustment A - Reserved for future use	6a
b	Adjustment B - Reserved for future use	6b
c	Adjustment C - Reserved for future use	6c
d	Adjustment D - Reserved for future use	6d
e	Adjustment E - Reserved for future use	6e
f	Adjustment F - Reserved for future use	6f
g	Adjustment G - Reserved for future use	6g
h	Adjustment H - Reserved for future use	6h
z	Income taxes in other places	6z
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name: GEORGE HOAG FAMILY FOUNDATION; California corporation number: 0183116

Additional information. See instructions. FEIN: 95-6006885

Street address (suite or room): 2665 MAIN STREET, SUITE 220; PMB no.

City: SANTA MONICA; State: CA; ZIP code: 90405

Foreign country name; Foreign province/state/country; Foreign postal code

Part I Complete Part I unless not required to file this form. See General Information B and C. A First return; B Amended return; C IRC Section 4947(a)(1) trust; D Final information return; E Check accounting method; F Federal return filed; G Is this a group filing; H Is this organization in a group exemption; I Did the organization have any changes to its guidelines; J If exempt under R&TC Section 23701d; K Is the organization exempt under R&TC Section 23701g; L Is the organization a limited liability company; M Did the organization file Form 100 or Form 109; N Is the organization under audit by the IRS; O Is federal Form 1023/1024 pending.

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (Total gross receipts: 1,421,307.00), Expenses (Total expenses: 3,266,888.00), and Payments (Total payments: 00.00). Balance due: 1,421,307.00.

Sign Here: Signature of officer (SECRETARY), Date (10/30/24), Telephone ((310) 664-1358). Paid Preparer's Use Only: Preparer's signature (OLESYA KURNOSOVA), Firm's name (SEDGWICK & COMPANY), Address (2718 WILSHIRE BOULEVARD, SANTA MONICA, CA 90403), Telephone ((310) 395-8655).

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	234	00	
	3	Dividends	•	3	1,225,902	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 1	•	6	0	00
	7	Other income	SEE STATEMENT 2	•	7	195,171	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,421,307	00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 3	•	9	2,597,000	00
	10	Disbursements to or for members		•	10		00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	165,069	00
	12	Other salaries and wages		•	12	195,806	00
	13	Interest		•	13		00
	14	Taxes		•	14	200	00
	15	Rents		•	15	39,720	00
	16	Depreciation and depletion (See instructions)		•	16		00
	17	Other expenses and disbursements	SEE STATEMENT 5	•	17	269,093	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	3,266,888	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		355,011		•	320,625
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments STMT 6		58,108,452		•	59,264,095
10 a Depreciable assets					
b Less accumulated depreciation					
11 Land				•	
12 Other assets				•	
13 Total assets		58,463,463			59,584,720
Liabilities and net worth					
14 Accounts payable				•	
15 Contributions, gifts, or grants payable				•	40,000
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities					
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		58,463,463		•	59,544,720
22 Total liabilities and net worth		58,463,463			59,584,720

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	-1,845,581	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6 Total. Add line 1 through line 5		-1,845,581		-1,845,581

CA 199	Gross Amount From Sale of Investment Property	Statement	1
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Description	Date Acquired	Date Sold	Method Acquired	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
Capital Gains and Losses From Sales of Various Securities	12/31/22	12/31/23	Purchased	0.	0.	0.	0.

Description	Date Acquired	Date Sold	Method Acquired	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
Capital gain distributions	12/31/22	12/31/23	Purchased	0.	0.	0.	0.

Total on Form 199, Pg 2, line 6	0.	0.	0.	0.	0.	0.	0.
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CA 199	Other Income	Statement	2
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Description	Amount
Other investment income from pass through investments	195,171.
Total to Form 199, Part II, line 7	195,171.

CA 199	Cash Contributions, Gifts, Grants and Similar Amounts Paid	Statement	3
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Activity Classification: Grants Paid

Donees Name and Address	Relationship	Amount
Various - See Attached Schedule of Grants	None	2,597,000.
Various - See Attached Schedule of Grants, Various, CA 99999		

Organizational Status: Public Charity

Total for this Activity	2,597,000.
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Total included on Form 199, Part II, line 9

2,597,000.

CA 199	Compensation of Officers, Directors and Trustees	Statement	4
<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>	
Melinda Hoag Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	President/CEO/Director 10.00	21,176.	
Gwyn P. Parry 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Michael B. Sedgwick 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Treasurer 10.00	21,843.	
Charles W. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Secretary/Executive Direct 35.00	101,050.	
Michael D. Stephens 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
John L. Curci 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Steven A. Velkei 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Gregory G. Hoag 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Keith W. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Daniel G. Smith 2665 Main Street, Ste. 220 Santa Monica, CA 90405	Director 2.00	3,000.	
Total to Form 199, Part II, line 11		<u>165,069.</u>	

CA 199	Other Expenses	Statement	5
<u>Description</u>		<u>Amount</u>	
	Pension plans, employee benefits	65,424.	
	Other professional fees	159,094.	
	Insurance expense	30,781.	
	Dues and subscription	2,415.	
	Telephone expense	1,713.	
	Office expense	9,666.	
Total to Form 199, Part II, line 17		269,093.	

CA 199	Other Investments	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
	REIT	4,589,596.	3,334,943.
	Mutual Funds-see attached schedule	53,518,856.	55,929,152.
Total to Form 199, Schedule L, line 9		58,108,452.	59,264,095.

CA 199	Fund Balances	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
	Net assets without donor restrictions	58,463,463.	59,544,720.
Total to Form 199, Schedule L, line 21		58,463,463.	59,544,720.

California Exempt Organization Business Income Tax Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name GEORGE HOAG FAMILY FOUNDATION California corporation number 0183116

Additional information. See instructions. FEIN 95-6006885

Street address (suite/room no.) 2665 MAIN STREET, SUITE 220 PMB no.

City (If the corporation has a foreign address, see instructions.) SANTA MONICA State CA ZIP code 90405

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? B Is this an education IRA... C Is the organization under audit... D Final return? E Amended return? F Accounting method used... G Nature of trade or business SEE STATEMENT 8 H Is the organization a non-exempt charitable trust... I Is this organization claiming any former Enterprise Zone... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) code 523000 L Is this a hospital?

Table with 25 rows and 3 columns: Description, Amount, and Balance. Rows include Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, and Use Tax/Tax Due/Overpayment.

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26		00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c		
	27 Penalties and interest. See General Information M	• 27		00
	28 • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29		00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c		00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2		00
3 Gross profit. Subtract line 2 from line 1c			• 3		00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a		00
b Net gain (loss) from Schedule D-1, Part II			• 4b		00
c Capital loss deduction for trusts			• 4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	SEE STATEMENT 9		• 5	94	00
6 Rental income (Schedule C)			• 6		00
7 Unrelated debt-financed income (Schedule D)			• 7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9		00
10 Exploited exempt activity income (Schedule G)			• 10		00
11 Advertising income (Schedule H, Part III, Column A)			• 11		00
12 Other income. Attach schedule			• 12		00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	94	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14		00
15 Salaries and wages	• 15		00
16 Repairs	• 16		00
17 Bad debts	• 17		00
18 Interest. Attach schedule	• 18		00
19 Taxes. Attach schedule	• 19		00
20 Contributions. See instructions and attach schedule	• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a		00
b Less: depreciation claimed on Schedule A. See instructions	• 21b		00
22 Depletion. Attach schedule	• 22		00
23 a Contributions to deferred compensation plans	• 23a		00
b Employee benefit programs. See instructions	• 23b		00
24 Other deductions. Attach schedule	• 24		00
25 Total deductions. Add line 14 through line 24	• 25		00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	94	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28	94	00
29 Specific deduction. See instructions	• 29	94	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30		00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, 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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title SECRETARY	Date	• Telephone (310) 664-1358
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P00567869
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	• Firm's FEIN 95-4051410		• Telephone (310) 395-8655
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A. Columns include line numbers (1-7), descriptions (Inventory at beginning/end of year, Purchases, Cost of labor, etc.), and values (00). Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table with 4 rows for Schedule B. Columns include line numbers (1-4), descriptions (Enter credit name, Total), and values (00).

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K. Columns include line numbers (1-5), descriptions (Interest computation, Interest on tax, etc.), and values (00).

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total sales. Row 2: Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Property factor, Payroll factor, Sales factor, Total percentage, and Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 5 columns: (a) Description of property, (b) Rent received or accrued, (c) Percentage of rent attributable to personal property, (d) Deductions directly connected, (e) Gross income reportable, (f) Deductions directly connected with personal property, (g) Net income includible. Includes a final row for totals.

Schedule D Unrelated Debt-Financed Income

(a) Description of debt-financed property			(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property	
				(i) Straight-line depreciation (attach schedule)	(ii) Other deductions (attach schedule)
1	•		•	•	•
2	•		•	•	•
3	•		•	•	•
(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)
1	•	• %	•	•	•
2	•	• %	•	•	•
3	•	• %	•	•	•
4 Total. Enter here and on Side 2, Part I, line 7					4 •

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

(a) Description	(b) Amount	(c) Deductions directly connected	(d) Net investment income, column (b) less column (c)	(e) Set-asides	(f) Balance of investment income, column (d) less column (e)
1					
2					
3 Total. Enter here and on Side 2, Part I, line 8					3
4 Enter gross income from members (dues, fees, charges, or similar amounts)					4

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1					
2					
3					
Nonexempt Controlled Organizations					
(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)	
1					
2					
3					
4 Add the amounts in columns (e) and (j)				4	
5 Add the amounts in columns (f) and (k)					5
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					6

Schedule G Exploited Exempt Activity Income, other than Advertising Income

(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, col. (b) less col. (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1							
2							
3							
4							
5 Total. Enter here and on Side 2, line 10							5

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1 •	•	•		•	•	
2 •	•	•		•	•	
3 •	•	•		•	•	
4 Totals 4	•	•	•	•	•	•

Part II Income from Periodicals Reported on a Separate Basis

1 •	•	•	•	•	•	•
2 •	•	•	•	•	•	•
3 •	•	•	•	•	•	•

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1 •	•	•	•
2 •	•	•	•
3 •	•	•	•
4 Enter total here and on Side 2, Part I, line 11 ...	•	5 Enter total here and on Side 2, Part II, line 27	•

Schedule I Compensation of Officers, Directors, and Trustees

(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1		%	
2		%	
3		%	
4		%	
5		%	
6 Total. Enter here and on Side 2, Part II, line 14			6

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

(a) Group and guideline class or description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation:						
2a Buildings	2a					
2b Furniture and fixtures	2b					
2c Transportation equipment	2c					
2d Machinery and other equipment	2d					
2e Other (specify)	2e					
3 Other depreciation	3					
4 Total	4					
5 Amount of depreciation claimed elsewhere on return						5
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						6

CA 109	Nature of Trade or Business	Statement	8
--------	-----------------------------	-----------	---

Investment in Real Estate Partnerships (Qualified Partnership Interests)

To Form 109, Page 1

CA 109	Income or (Loss) from Partnerships, Limited Liability Companies or S Corporations	Statement	9
--------	---	-----------	---

Description	Amount
Evoke Industrial Real Estate Fund I (CHP), - Ordinary Business Income (loss)	2,312.
Evoke Industrial Real Estate Fund I (CHP), - Other income (loss)	-2,474.
Evoke Dislocation Opportunities Fund,LP - Interest Income	226.
Evoke Dislocation Opportunities Fund,LP - Dividend Income	31.
Evoke Dislocation Opportunities Fund,LP - Other Portfolio income (loss)	53.
Evoke Dislocation Opportunities Fund,LP - Other income (loss)	-54.
Total to Form 109, Page 2, line 5	94.

Capital Gains and Losses Worksheet

**** (Non-official Do Not File) ****

Name GEORGE HOAG FAMILY FOUNDATION	Employer identification number 95-6006885
--	---

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 EVOKE DISLOCATION OPPORTUNITIES FUND, LP					17.

2 Short-term capital gain from installment sales from Form 6252, line 26 or 37	2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824	3	
4 Unused capital loss carryover (attach computation)	4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4	5	17.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
6 EVOKE DISLOCATION OPPORTUNITIES FUND, LP					-398.

7 Enter gain from Form 4797, line 7 or 9	7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37	8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824	9	
10 Capital gain distributions (see instructions)	10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10	11	-398.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	
14 Add lines 12 and 13. Enter here and on the proper line on the return	14	0.

Note. If losses exceed gains, see the instructions.

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name GEORGE HOAG FAMILY FOUNDATION	Identifying number 95-6006885
--	---

Part I Electronic Return Information (whole dollars only)

- 1** Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) **1** _____
- 2** Total gross income or total tax (Form 199, line 8 or Form 109, line 14) **2** _____
- 3** Total expenses and disbursements (Form 199, line 9) **3** _____
- 4** Tax due (Form 109, line 23) **4** _____
- 5** Overpayment (Form 109, line 24) **5** _____

Part II Settle Your Account Electronically for Taxable Year 2023

- 6** Direct Deposit of refund (Form 109 only.)
- 7** Electronic funds withdrawal **7a** Amount _____ **7b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

- 10** Routing number _____
- 11** Account number _____ **12** Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here	Signature of officer	Date	SECRETARY Title
------------------	----------------------	------	---------------------------

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00567869
Must Sign	Firm's name (or yours if self-employed) and address SEDGWICK & COMPANY 2718 WILSHIRE BOULEVARD SANTA MONICA, CA				Firm's FEIN 95-4051410
					ZIP code 90403

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			
	Firm's FEIN			
	ZIP code			

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

GEORGE HOAG FAMILY FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

2665 MAIN STREET, SUITE 220

Address (Number and Street)

SANTA MONICA, CA 90405

City or Town, State, and ZIP Code

ADMIN@HOAGFOUNDATION.ORG

(310) 664-1358

Telephone Number

G

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number **01124**

Corporation or Organization No. **C0183116**

Federal Employer ID No. **95-6006885**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 1,333,393 Noncash Contributions \$ 0 Total Assets \$ 59,584,720
Program Expenses \$ 3,038,417 Total Expenses \$ 3,306,888

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

CHARLES W. SMITH

SECRETARY

Signature of Authorized Agent

Printed Name

Title

Date



Schwab One® Account of
GEORGE HOAG FAMILY FOUNDATION

Account Number
5062-5528

Statement Period
December 1-31, 2023

Investment Detail - Cash and Bank Sweep

Cash	Starting Balance	Ending Balance	% of Account Assets
Cash	5,681.85	77,278.62	<1%
Total Cash	5,681.85	77,278.62	<1%

Bank Sweep	Starting Balance	Ending Balance	% of Account Assets
Bank Sweep ^{x,z}	9,238.78	0.89	<1%
Total Bank Sweep	9,238.78	0.89	<1%

Total Cash and Bank Sweep		77,279.51	<1%
----------------------------------	--	------------------	---------------

Investment Detail - Money Market Funds [Non-Sweep]

Fund Name	Quantity	Market Price	Market Value	% of Account Assets
Schwab Treasury Oblig MO: SCOXX ^o	238,677.9200	1.0000	238,677.92	<1%
Total Money Market Funds [Non-Sweep]	238,677.9200		238,677.92	<1%



Investment Detail - Equities

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities			<i>Cost Basis</i>				
ADVANCED RESEARCH ALPHAF 7 FUND LTD	14,634,552.9900	1.00000	14,634,552.99 <i>please provideⁱ</i>	28%	N/A ⁱ	N/A	N/A
Total Equities	14,634,552.9900		14,634,552.99 <i>Total Cost Basis: please provideⁱ</i>	28%	N/Aⁱ		N/A

Investment Detail - Exchange Traded Funds

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Exchange Traded Funds			<i>Cost Basis</i>				
FLEXSHARES UPSTREAM NATURAL IDX ETF SYMBOL: GUNR	37,064.0000	40.95000	1,517,770.80 1,479,861.76	3%	37,909.04	4.48%	68,109.70
RPAR RISK PARITY ETF SYMBOL: RPAR	356,694.9189	19.13000	6,823,573.80 8,107,421.12	13%	(1,283,847.32)	4.14%	282,652.19
SCHWAB US TIPS ETF SYMBOL: SCHP	108,671.9008	52.20000	5,672,673.22 6,118,149.48	11%	(445,476.26)	3.14%	178,526.20
SPDR GOLD MINISHARES ETV SYMBOL: GLDM	47,830.0000	40.91000	1,956,725.30 1,397,592.60	4%	559,132.70	N/A	N/A
VANGUARD DIVIDEND APPRECIATION ETF SYMBOL: VIG	61,641.5204	170.40000	10,503,715.08 4,444,718.42 ⁱ	20%	6,058,996.66	2.14%	225,755.90
VANGUARD FTSE DEVELOPED MARKETS ETF SYMBOL: VEA	76,550.5681	47.90000	3,666,772.21 2,921,104.62	7%	745,667.59	5.09%	186,691.53



Investment Detail - Exchange Traded Funds (continued)

	Quantity	Market Price	Market Value Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Exchange Traded Funds							
VANGUARD FTSE EMERGING MARKETS ETF SYMBOL: VWO	118,888.2490	41.10000	4,886,307.03 4,632,543.28	9%	253,763.75	8.41%	411,305.79
Total Exchange Traded Funds	807,341.1572		35,027,537.44	67%	5,926,146.16		1,353,041.31
		Total Cost Basis:	29,101,391.28				

Investment Detail - Mutual Funds

Bond Funds	Quantity	Market Price	Market Value	Cost Basis	Unrealized Gain or (Loss)	% of Account Assets
CLIFFWATER CORPORATE LEN ^o DING I SYMBOL: CCLFX	96,726.6100	10.54000	1,019,498.47	1,027,965.05	(8,466.58)	2%
DOUBLELINE TOTAL RETURN BOND I SYMBOL: DBLTX	167,220.3160	8.84000	1,478,227.59	1,786,156.23	(307,928.64)	3%
Total Bond Funds	263,946.9260		2,497,726.06	2,814,121.28	(316,395.22)	5%
Total Mutual Funds	263,946.9260		2,497,726.06	2,814,121.28	(316,395.22)	5%

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only and are derived from information provided by outside parties. Schwab cannot guarantee the accuracy of such information. Since the interest and dividends are subject to change at any time, they should not be relied upon exclusively for making investment decisions. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Schedule K-1
(Form 1065)

2023

651123

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership													
A	Partnership's employer identification number 85-0998668												
B	Partnership's name, address, city, state, and ZIP code EVOKE DISLOCATION OPPORTUNITIES FUND, LP 10635 SANTA MONICA BLVD., SUITE 240 LOS ANGELES, CA 90025												
C	IRS center where partnership filed return: ELECTRONIC FILING												
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)												
Part II Information About the Partner													
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) **-***6885 #157												
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. GEORGE HOAG FAMILY FOUNDATION 2665 MAIN STREET SUITE 220 SANTA MONICA, CA 90405												
G	<input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member												
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner												
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____												
I1	What type of entity is this partner? EXEMPT ORGANIZATION												
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here. <input type="checkbox"/>												
J	Partner's share of profit, loss, and capital (see instructions):												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td>1.076558 %</td> <td>1.096231 %</td> </tr> <tr> <td>Loss</td> <td>1.076558 %</td> <td>1.096231 %</td> </tr> <tr> <td>Capital</td> <td>1.035077 %</td> <td>1.059079 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	1.076558 %	1.096231 %	Loss	1.076558 %	1.096231 %	Capital	1.035077 %	1.059079 %
	Beginning	Ending											
Profit	1.076558 %	1.096231 %											
Loss	1.076558 %	1.096231 %											
Capital	1.035077 %	1.059079 %											
	Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.												
K1	Partner's share of liabilities:												
	<table border="1"> <thead> <tr> <th></th> <th>Beginning</th> <th>Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse \$</td> <td>30,251</td> <td>\$ 19,708</td> </tr> <tr> <td>Qualified nonrecourse financing \$</td> <td></td> <td>\$</td> </tr> <tr> <td>Recourse \$</td> <td></td> <td>\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse \$	30,251	\$ 19,708	Qualified nonrecourse financing \$		\$	Recourse \$		\$
	Beginning	Ending											
Nonrecourse \$	30,251	\$ 19,708											
Qualified nonrecourse financing \$		\$											
Recourse \$		\$											
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships <input checked="" type="checkbox"/>												
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. <input type="checkbox"/>												
L Partner's Capital Account Analysis													
	Beginning capital account \$ 756,128												
	Capital contributed during the year . . . \$ 143,952												
	Current year net income (loss) \$ 59,211												
	Other increase (decrease) (attach explanation) \$ 0												
	Withdrawals and distributions \$ (0)												
	Ending capital account \$ 959,291												
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.												
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)													
	Beginning \$												
	Ending \$												

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
		ZZ	5
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
	23,289		
6a	Ordinary dividends		
	30,891		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
	1,176		
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
	3,557		
9a	Net long-term capital gain (loss)		
	(9,602)		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	19	Distributions
		A	84,095
10	Net section 1231 gain (loss)		
11	Other income (loss)		
A	3,422		
	STMT		
12	Section 179 deduction	21	Foreign taxes paid or accrued
			16
13	Other deductions		
H	825		
AE	13,410		
ZZ	31		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

Schedule K-1
(Form 1065)

2023

651123

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

Final K-1

Amended K-1

OMB No. 1545-0123

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership													
A	Partnership's employer identification number 86-1429655												
B	Partnership's name, address, city, state, and ZIP code EVOKE GROWTH EQUITY FUND I, LP 10635 SANTA MONICA BLVD., SUITE 240 LOS ANGELES, CA 90025												
C	IRS center where partnership filed return: ELECTRONIC FILING												
D	<input type="checkbox"/> Check if this is a publicly traded partnership (PTP)												
Part II Information About the Partner													
E	Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) **-***6885 #085												
F	Name, address, city, state, and ZIP code for partner entered in E. See instructions. GEORGE HOAG FAMILY FOUNDATION 2665 MAIN STREET SUITE 220 SANTA MONICA, CA 90405												
G	<input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member												
H1	<input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner												
H2	<input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____												
I1	What type of entity is this partner? EXEMPT ORGANIZATION												
I2	If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here. <input type="checkbox"/>												
J	Partner's share of profit, loss, and capital (see instructions):												
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Beginning</th> <th style="width: 35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">0.302661 %</td> <td style="text-align: center;">0.839939 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">0.302661 %</td> <td style="text-align: center;">0.839939 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">0.670195 %</td> <td style="text-align: center;">0.667250 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	0.302661 %	0.839939 %	Loss	0.302661 %	0.839939 %	Capital	0.670195 %	0.667250 %
	Beginning	Ending											
Profit	0.302661 %	0.839939 %											
Loss	0.302661 %	0.839939 %											
Capital	0.670195 %	0.667250 %											
	Check if decrease is due to: <input type="checkbox"/> Sale or <input type="checkbox"/> Exchange of partnership interest. See instructions.												
K1	Partner's share of liabilities:												
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Beginning</th> <th style="width: 35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Nonrecourse \$</td> <td style="text-align: center;">12,122</td> <td style="text-align: center;">\$ 24,422</td> </tr> <tr> <td>Qualified nonrecourse financing \$</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Recourse \$</td> <td></td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Beginning	Ending	Nonrecourse \$	12,122	\$ 24,422	Qualified nonrecourse financing \$		\$	Recourse \$		\$
	Beginning	Ending											
Nonrecourse \$	12,122	\$ 24,422											
Qualified nonrecourse financing \$		\$											
Recourse \$		\$											
K2	Check this box if item K1 includes liability amounts from lower-tier partnerships <input checked="" type="checkbox"/>												
K3	Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions. <input type="checkbox"/>												
L Partner's Capital Account Analysis													
	Beginning capital account \$ 600,028												
	Capital contributed during the year . . . \$ 132,586												
	Current year net income (loss) \$ (13,403)												
	Other increase (decrease) (attach explanation) \$ 0												
	Withdrawals and distributions \$ (15,567)												
	Ending capital account \$ 703,644												
M	Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.												
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)													
	Beginning \$ _____												
	Ending \$ _____												

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income	854	
6a	Ordinary dividends	64	
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	(3)	19
9a	Net long-term capital gain (loss)	(2,581)	A 15,567
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		20
10	Net section 1231 gain (loss)		A 918
11	Other income (loss)	AG	86
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions	516	
H			
L		1	
AE		11,220	
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

Schedule K-1
(Form 1065)

2023

651123

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or tax year

beginning [] ending []

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Final K-1 Amended K-1 OMB No. 1545-0123

Part I Information About the Partnership

A Partnership's employer identification number
85-3734315

B Partnership's name, address, city, state, and ZIP code
EVOKE INDUSTRIAL REAL ESTATE FUND I (CHP), LP
10635 SANTA MONICA BLVD., SUITE 240
LOS ANGELES, CA 90025

C IRS center where partnership filed return: ELECTRONIC FILING

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
-*6885 041

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
GEORGE HOAG FAMILY FOUNDATION
2665 MAIN STREET SUITE 220
SANTA MONICA, CA 90405

G General partner or LLC member-manager Limited partner or other LLC member

H1 Domestic partner Foreign partner

H2 If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here.

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.934768 %	1.056363 %
Loss	0.934768 %	1.056363 %
Capital	0.913564 %	0.915383 %

Check if decrease is due to:
 Sale or Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse \$	1,601	2,954
Qualified nonrecourse financing \$		\$
Recourse \$		\$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis

Beginning capital account \$	365,339
Capital contributed during the year . . . \$	135,769
Current year net income (loss) \$	150
Other increase (decrease) (attach explanation) \$	0
Withdrawals and distributions \$ (1,066)
Ending capital account \$	500,192

M Did the partner contribute property with a built-in gain (loss)?
 Yes No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning \$ _____

Ending \$ _____

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	2,312		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
	312		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Distributions
		A	1,066
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Other information
		A	312
10	Net section 1231 gain (loss)		
		V	2,312
11	Other income (loss)		
		Z	STMT
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
AE	2,474		
22	<input type="checkbox"/> More than one activity for at-risk purposes*		
23	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

For IRS Use Only



Banner Ridge Secondary Fund V (Offshore), LP

Statement of Changes in Partner's Capital

As of December 31, 2023

Investor: GEORGE HOAG FAMILY FOUNDATION

	Quarter-to-Date	Year-to-Date
Beginning capital	\$ 64,516	\$ 0
Capital contributions	22,901	77,373
Income (loss)		
Interest income	0	0
Earnings (loss) from investments	(1,784)	(2,522)
Total income (loss)	<u>(1,784)</u>	<u>(2,522)</u>
Expenses		
Management fees	(3,750)	(13,099)
Organizational expenses	(11)	(18)
Professional fees	(17)	(56)
Other expenses	(4)	(21)
Total expenses	<u>(3,782)</u>	<u>(13,193)</u>
Net investment income (loss)	<u>(5,567)</u>	<u>(15,715)</u>
Realized gain (loss) on investments	1,267	3,598
Net change in unrealized gain (loss) on investments	8,626	37,642
Distributions	1,081	(6,894)
Allocation of carried interest	(649)	(3,829)
Transfer of interest	0	0
Partner's capital, December 31, 2023	\$ <u>92,176</u>	\$ <u>92,176</u>

Distribution Summary

As of December 31, 2023

Distribution, beginning of period	\$ (7,975)	\$ 0
Current period distributions	1,081	(6,894)
Total capital distributed as of December 31, 2023	\$ <u>(6,894)</u>	\$ <u>(6,894)</u>

Capital Commitment and Contributions Summary

As of December 31, 2023

	Inception-to-Date
Total capital commitment	\$ 1,000,000
Less: Capital contributed	(77,373)
Plus: Recallable distributions	6,894
Unfunded commitment as of December 31, 2023	\$ <u>929,521</u>

Note: Amounts may not foot as a result of rounding.



February 05, 2024

Fund Name: RREEF America II LP

Client Name: George Hoag Family Foundation (Board Approved - Unaudited)

Quarter Ended: 12/31/2023

Statement of Account

	Transaction Date	Amount	Number of Units	Per Unit ¹
Prior Period Ending Market Value	09/30/2023	\$3,726,700.55	26,779.4345	\$139.16
Contribution – Reinvested Distributions		0.00	0.0000	\$0.00
Contribution – Capital Calls		0.00	0.0000	\$0.00
Distribution – Income	12/31/2023	(29,179.36)		
Distribution – Return of Capital		0.00		
Distribution – Realized Gain		0.00		
Redemptions		(141,849.52)	(1,019.3065)	\$139.16
Net Income Before Fees		36,929.79		
Net Realized and Unrealized Gain (Loss)		(249,329.62)		
Ending Market Value – Before Fees		\$3,343,271.84		
Intermediate Entity Fee		(2,630.23)		
Partnership Fee		(5,698.39)	(43.9410)	\$129.68
Incentive Fees		0.00		
Ending Market Value – After Fees	12/31/2023	\$3,334,943.22	25,716.1871	\$129.68
Distribution – Income – To be Reinvested		0.00	0.0000	\$0.00
Distribution – Return of Capital – To be Reinvested		0.00	0.0000	\$0.00
Distribution – Realized Gain – To be Reinvested		0.00	0.0000	\$0.00
Ending Market Value plus Reinvestments		\$3,334,943.22	25,716.1871	\$129.68
Distribution – Income – To be Paid	01/31/2024	29,179.36		
Distribution – Return of Capital – To be Paid		0.00		
Distribution – Realized Gain – To be Paid		0.00		
Ending Market Value plus Reinvestments & Distributions		\$3,364,122.58		

Past performance is not indicative of future results.

Client Fund Performance (based on market value)

	Current Quarter	12 Months Ended December 31, 2023	Since Inception April 15, 2005
Time Weighted Total Return Before Fees	-5.9%	-14.6%	6.9%
Time Weighted Total Return After Management Fees	-6.2%	-15.4%	6.1%
Time Weighted Total Return After Management and Incentive Fees	-6.2%	-15.4%	5.9%
NCREIF Property Index	-3.0%	-7.9%	7.3%
NCREIF Fund Index ODCE – Gross	-4.8%	-12.0%	6.8%
NCREIF Fund Index ODCE – Net	-5.0%	-12.7%	5.8%

Past performance is not indicative of future results.
 1 Per unit amounts are rounded.

Advanced Research Alpha Fund, Ltd.

Shareholder Account Statement
As of December 31, 2023

Charles Schwab & Co Inc as custodian for George Hoag Family Foundation

	Month to Date 12/1/2023 to 12/31/2023	Year to Date 1/1/2023 to 12/31/2023	Inception to Date 9/1/2015 to 12/31/2023
Beginning net equity	\$ 14,798,631.80	\$ 13,579,038.64	\$ -
Equity transactions			
Equity contributions	-	-	13,200,000.00
Equity redemptions	-	-	(4,800,000.00)
Investor earnings	234,670.76	1,454,263.92	6,633,302.56
Ending net equity	\$ 15,033,302.56	\$ 15,033,302.56	\$ 15,033,302.56
Net rate of return	1.59%	10.71%	54.40%
Number of shares			9,736.756396
Price per share			1,543.97439391

Investor: csmith@hoagfoundation.org

cc: mbscpa1@gmail.com

[ARIS, AIBPO@dstsystems.com](mailto:ARIS,AIBPO@dstsystems.com)

[ARIS, alternativeinvestmentdept@schwab.com](mailto:ARIS,alternativeinvestmentdept@schwab.com)

[Olesya Kurnosova, olesya@sedgwickcompany.com](mailto:Olesya Kurnosova,olesya@sedgwickcompany.com)

The financial information and performance data contained in this report represents unaudited financial information and may be subject to future adjustment and revision. Past performance is not a guarantee of future performance.

Schedule K-1 (Form 1065)

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023, or tax year

beginning / / 2023 ending / /

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 88-3385452
B Partnership's name, address, city, state, and ZIP code
C IRS center where partnership filed return: E-FILE
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner PARTNER #36

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
G General partner or LLC member-manager Limited partner or other LLC member
H1 Domestic partner Foreign partner
H2 If the partner is a disregarded entity (DE), enter the partner's:
I1 What type of entity is this partner? EXEMPT ORG
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
K1 Partner's share of liabilities:
K2 Check this box if item K1 includes liability amounts from lower-tier partnerships
K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions

L Partner's Capital Account Analysis
Beginning capital account
Capital contributed during the year
Current year net income (loss)
Other increase (decrease) (attach explanation)
Withdrawals and distributions
Ending capital account

M Did the partner contribute property with a built-in gain (loss)?
Yes No

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning
Ending

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income, Net rental real estate income, Other net rental income, Guaranteed payments, Dividends, Capital gains, Section 179 deduction, and Other deductions.

22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*
*See attached statement for additional information.

For IRS Use Only

Schedule K-1 (Form 1065) Department of the Treasury Internal Revenue Service

2023

Final K-1 Amended K-1 OMB No. 1545-0123

For calendar year 2023, or tax year

beginning ending

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership
Part II Information About the Partner
Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss) 14 Self-employment earnings (loss)
2 Net rental real estate income (loss) 15 Credits
3 Other net rental income (loss)
4a Guaranteed payments for services 16 Schedule K-3 is attached if checked
4b Guaranteed payments for capital 17 Alternative min tax (AMT) items
4c Total guaranteed payments
5 Interest income 18 Tax-exempt income and nondeductible expenses
6a Ordinary dividends
6b Qualified dividends
6c Dividend equivalents 19 Distributions
7 Royalties 20 Other information
8 Net short-term capital gain (loss)
9a Net long-term capital gain (loss)
9b Collectibles (28%) gain (loss)
9c Unrecaptured section 1250 gain
10 Net section 1231 gain (loss)
11 Other income (loss)
12 Section 179 deduction 21 Foreign taxes paid or accrued
13 Other deductions
22 More than one activity for at-risk purposes*
23 More than one activity for passive activity purposes*
*See attached statement for additional information.



Commitment Summary:	<u>Your Amount</u>	<u>Fund Total</u>
Capital commitment	\$ 500,000	\$ 400,800,000
Capital previously funded	(182,123)	(144,984,125)
Prior recallable distributions	-	-
Unfunded commitment prior	317,877	255,815,875
Current capital call	-	-
Current recallable distribution	-	-
Unfunded commitment post	\$ 317,877	\$ 255,815,875

Cumulative Capital Activity:			
Cumulative contributions prior - cash	\$	182,123	\$ 144,984,125
Cumulative contributions post - cash		182,123	144,984,125
Cumulative distributions prior - cash		(78,302)	(62,766,907)
Cumulative distributions post - cash		(79,488)	(63,717,567)

Current Capital Allocation Detail:

Centessa Interest	\$	1,186	\$ 950,660
Capital Distribution	\$	1,186	\$ 950,660

Your distribution amount will be wired to your account using the following wire instructions:

Bank Name: CITIBANK NA
 ABA Number: 021000089
 Account Number: 40553953
 Account Name: Charles Schwab & Co., Inc
 FBO Account Number: 50625528
 FBO Account Name: George Hoag Family Foundation
 Reference: Oberland Capital Healthcare Solutions Offshore LP

GEORGE HOAG FAMILY FOUNDATION
Federal Excise Tax Return - Form 990-PF
May 2023 Grants

1.	A Place Called Home 2830 S. Central Avenue Los Angeles,CA 90011	\$25,000	General operating support of APCH, which provides programs and case management for underserved youth in South Central Los Angeles.
2.	Alzheimer's Association Orange County Chapter 38 Executive Park, Suite 350 Irvine,CA 92614	\$25,000	In support of the ALZ CARES Program to increase education and support programs for diverse populations impacted by dementia.
3.	American National Red Cross 1450 S. Central Avenue Los Angeles, CA 90021	\$5,000	In support of the Red Cross Disaster Cycle Services which helps people prepare, respond, and recover from disasters.
4.	Assistance League of Los Angeles 6640 Sunset Blvd. Los Angeles,CA 90028	\$15,000	In support of Operation School Bell which provides disadvantaged students with new clothing, shoes, socks, backpacks and supplies.
5.	Braille Institute of America, Inc. 741 N. Vermont Ave. Los Angeles,CA 90029	\$25,000	Funding will support the Braille Institute's Low Vision Services to maximize any remaining vision and maintain the independence of the patients.
6.	CASA of Los Angeles 201 Centre Plaza Drive, Suite 1100 Monterey Park,CA 91754	\$25,000	Operational support of CASA, which provides training of advocates for abused and neglected foster youth in Los Angeles County.
7.	Conejo Free Clinic 80 E. Hillcrest Drive Suite 102 Thousand Oaks,CA 91360	\$20,000	In support of senior dentistry care, specifically for seriously unmet dental health needs.
8.	Door of Hope 221 E. Walnut St. Suite 112 Pasadena,CA 91101	\$25,000	Funding will support the Homeless Prevention Program to prevent low-income families from falling into homelessness.
9.	Executive Service Corps of Southern California 1000 N Alameda Street, Suite 330 Los Angeles,CA 90012	\$20,000	Operational support to provide non-profits access to capacity building through coaching and mentorship to improve leadership and sustainability.
10.	Foundation for the Performing Arts Center PO Box 1137 SN LUIS OBISP,CA 93406	\$15,000	In support of the School Matinee Program that provides school age children with free access to live performances in San Luis Obispo.

GEORGE HOAG FAMILY FOUNDATION
Federal Excise Tax Return - Form 990-PF
May 2023 Grants

11.	The Giving Spirit 11693 San Vicente Blvd., #113 Los Angeles, CA 90049	\$5,000	Funding will be directed towards the Giving Spirit's LAUSD Homeless Student Backpack Program.
12.	Good Shepherd Shelter Catholic Charities of Los Angeles, Inc. 1531 James M. Wood Blvd. Los Angeles, CA 90015	\$12,000	Funding will support on-site trauma informed mental health services for women and children who experienced domestic violence.
13.	Grandma's House of Hope 206 N. State College Blvd. Anaheim, CA 92806	\$25,000	In support of the Rescued and Restored Housing Program, which provides year round emergency and transitional housing with supportive services to single women and men.
14.	Guide Dogs of America 13445 Glenoaks Blvd. Sylmar, CA 91345	\$5,000	Funding will support expenses related to the puppy program at Guide Dogs of America.
15.	Human Options 5540 Trabuco Road Suite 100 Irvine, CA 92620	\$20,000	Operational support to provide comprehensive direct domestic violence services on Orange County.
16.	Jovenes, Inc. 1208 Pleasant Ave Los Angeles, CA 90033	\$40,000	General Operating support in providing housing and supportive services to youth (ages 18-24) and college students experiencing homelessness.
17.	Laguna Beach Community Clinic 362 Third Street Laguna Beach, CA 92651	\$20,000	Support of the comprehensive care program to help disadvantaged and at risk patients access low-cost medical care in one location.
18.	Lestonnac Free Clinic 1215 E. Chapman Ave. Orange, CA 92780	\$20,000	In support of the We Care Health Program that provides access to primary, specialty care, dental, vision and mental health services.
19.	Los Angeles Conservation Corps 1400 North Spring Street Los Angeles, CA 90012	\$25,000	Operational support of Corpsmember Development, which provides job training, life skills and supportive services for youth.
20.	Los Angeles Regional Food Bank 1734 East 41st Street Los Angeles, CA 90058	\$50,000	General operating support of the Food Bank, which distributes food and grocery products to a network of partner agencies and other food bank programs.

GEORGE HOAG FAMILY FOUNDATION
Federal Excise Tax Return - Form 990-PF
May 2023 Grants

21.	Mariposa Women and Family Center 1845 W Orangewood Ave. Suite 300 Orange, Ca 92868	\$20,000	In support of the Hybrid Community Counseling Program, which provides low-income Orange County residents with free or discount in person counseling.
22.	Meals on Wheels Orange County 1200 N. Knollwood Circle Anaheim, CA 92801	\$25,000	Funding will support the Senior Nutrition Program, which provides delivered and congregant meals to Orange County seniors.
23.	Meals On Wheels West 1823A Michigan Ave Santa Monica, CA 90404	\$20,000	Operational support to provide meals to homebound seniors, veterans and individuals with disabilities or chronic illnesses.
24.	My Friend's Place P.O. Box 3867 Los Angeles, CA 90078	\$7,500	In support of upgrading internet service at My Friend's Place.
25.	New Directions for Women 2607 Willo Lane Costa Mesa, CA 92627	\$30,000	Operational support to expand programming capacity to serve more women working through addiction and their children.
26.	Proyecto Pastoral 135 N. Mission Rd. Los Angeles, CA 90033	\$15,000	In support of the Guadalupe Homeless Project men's shelter and 15 bed women's residence to shelter women over the age of 55.
27.	Safe Place for Youth 578 Washington Blvd. Marina del Rey, CA 90292	\$20,000	In support of the Safe Place for Youth Access Center, which provides homeless youth with meals, showers, clothing and case management.
28.	Serving Kids Hope 211 E. Columbine Avenue, Unit D Santa Ana, CA 92704	\$20,000	General operating support of Serving Kids Hope.
29.	Share Our Selves Corporation 20151 SW Birch St, Suite 100 Newport Beach, CA 92660	\$20,000	Funding will support Share Our Selves Whole Person Care program.
30.	SHARE! the Self-Help And Recovery Exchange 6666 Green Valley Circle Culver City, CA 90230	\$15,000	In support of SHARE! Collaborative Housing which houses homeless adults using existing resources, e.g. single-family home rentals, and provides supportive services.

GEORGE HOAG FAMILY FOUNDATION
Federal Excise Tax Return - Form 990-PF
May 2023 Grants

31.	Southern California Counseling Center 5615 W. Pico Boulevard Los Angeles,CA 90019	\$15,000	Funding will support the Watts Trauma Recovery Project, which provides mental health counseling services around violence prevention and positive parenting.
32.	Step Up 1328 Second Street Santa Monica,CA 90401	\$25,000	In support of Daniel's Place, a drop-in center for transitional age youth (TAY) experiencing homelessness and mental health issues.
33.	The Boys & Girls Clubs of Santa Monica 1220 Lincoln Ave. Santa Monica,CA 90401	\$25,000	Funding will be used towards the purchase of a 16-24 passenger school bus to transport youth to afterschool programming.
34.	The Club, BGCCOC 17701 Cowan, Suite 110 Irvine,CA 92614	\$25,000	Programmatic support of the Central Orange Coast clubs, providing at risk youth with comprehensive support in academics, recreation and health and wellness.
35.	The Priority Center 1940 E. Deere Avenue, Suite 100 Santa Ana,CA 92705	\$25,000	In support of the Connected Care Program, providing individuals with transitional mental health services from crisis program to additional follow up and recovery support.
36.	The Salvation Army Divisional Headquarters: 16941 Keegan Avenue Carson,CA 90746	\$25,000	In support of the Bell Shelter and Hunt Apartments, which provides shelter and safety net services to over 500 homeless individuals each night.
37.	The Village Family Services Inc. 6736 Laurel Canyon Blvd Suite 200 North Hollywood,CA 91606	\$20,000	In support of the Ending Youth Homeless Program which includes a drop-in center, housing, mental health care and wrap around services for homeless youth.
38.	UCLA Foundation 10889 Wilshire Blvd., Suite 1100 Los Angeles, CA 90024	\$5,000	In support of UCLA Health Nursing Greatest Needs Fund.
39.	Union Rescue Mission 545 South San Pedro Street Los Angeles,CA 90013	\$100,000	General operating support of the Downtown URM shelter and the housing program for women, children and seniors at Hope Gardens Family Center.

GEORGE HOAG FAMILY FOUNDATION
Federal Excise Tax Return - Form 990-PF
May 2023 Grants

40.	VIP Community Mental Health Center Inc. 1721 Griffin Ave Los Angeles,CA 90031	\$25,000	Operational support of Violence Intervention Program which provides mental health and supportive services to victims of child abuse, neglect and sexual assault.
41.	Westside Family Health Center 3861 Sepulveda Boulevard Culver City,CA 90230	\$25,000	Funding will support the expansion of WFHC's trauma informed mental health services for pediatric patients ages 0-17.
42.	Wilmington Community Clinic 1009 N. Avalon Blvd. Wilmington,CA 90744	\$20,000	In support of the mobile van with outreach and services for home bound and homeless individuals and school based services for children at Wilmington Middle School.
	Total Requests	\$949,500	

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1.	All Peoples Community Center 822 E 20th Street Los Angeles,CA 90011	\$20,000	General operating support of the FamilySource Center, helping South LA families out of poverty by focusing on youth academic achievement and increased family income through education, workforce development and supportive services.
2.	Alliance for Children's Rights 3333 Wilshire Blvd, Suite 550 Los Angeles,CA 90010	\$32,500	Funds will be used towards a medical-legal partnership with Alliance and MLK Medical Hub to provide direct services to patients and caregiver impacted by the foster care system.
3.	Alzheimer's Los Angeles 4221 Wilshire Blvd., Suite 400 Los Angeles,CA 90010	\$25,000	In support of Alzheimer's Patient and Family Caregiver Programs, providing crisis intervention, counseling, support groups, patient activity programs, education, and emergency financial assistance.
4.	American Red Cross 600 Parkcenter Dr. Santa Ana,CA 92705	\$30,000	Funding will underwrite the cost of a Ford Transit Connect vehicle plus one year maintenance to deliver safe, reliable blood products when and where it is needed in Southern California.
5.	Awakening Recovery 1310 N. Stanley Ave Los Angeles,CA 90046	\$20,000	In support of a long term recovery program. Actively engaging in a 12-step drug addiction and alcoholism recovery process, and peer mentoring.
6.	Beyond Blindness 18542-B Vanderlip Avenue Santa Ana,CA 92705	\$20,000	Funding towards the Family Support Services Program, providing early intervention, education, and support to children with blindness or visual impairments and their families in Orange County.
7.	Bracken's Kitchen 13941 Nautilus Drive Garden Grove,CA 92843	\$35,000	In support of the Bracken's Kitchen Culinary Training and Community Feeding Programs, which provide vocational skills and employment opportunities to underserved youth and nutritious meals to those in need.
8.	Camp del Corazon 11615 Hesby St. North Hollywood,CA 91601	\$10,000	Operational support towards a free-of-charge 5 day residential summer camps for children ages 7-17 who are living with heart disease.

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9.	Casa Youth Shelter (CYS) 10911 Reagan Street Los Alamitos, CA 90720	\$20,000	In support of CYS's Residential Shelter Care Program and comprehensive case management and supportive services for at risk youth in crisis.
10.	Center for Employment Opportunities 1320 E 7th St Suite 240 Los Angeles, CA 90021	\$10,000	Funding will support the housing needs of CEO's workforce development/job placement program participants, who are recently released from incarceration.
11.	Children's Institute, Inc. 2121 West Temple Street Los Angeles, CA 90026	\$25,000	In support of CII's Individualized Transition Skills Program, which assists transitional aged youth, ages 16-21, to become successfully independent adults.
12.	CIELO 16787 Beach Blvd., Suite 233 Huntington Beach, CA 92647	\$5,000	In support of CIELO's Entrepreneurship Program.
13.	Connecting Cultures Mobile Museum 2558 Aiken Avenue Los Angeles, CA 90064	\$2,500	General operating support of the Connecting Cultures Mobile Museum.
14.	Council on Aging Southern California 2 Executive Circle Ste. 175, Irvine, CA 92614	\$20,000	In support of COA's Senior Protection Program, educating seniors about common scams that target the older adult population as well as financial and estate planning to protect their assets.
15.	Delhi Center 505 E Central Ave Santa Ana, CA 92707	\$15,000	In support of Delhi Center's Food Pantry program, La Tiendita, which distributes groceries and household items as well as food delivery services to seniors and other vulnerable community members.
16.	Downtown Women's Center 442 South San Pedro Street Los Angeles, CA 90013	\$30,000	In support of DWC's Day Center and Basic Needs program, which provides women-centered critical basic needs resources for those experiencing homelessness and extreme poverty throughout LA County.
17.	Extraordinary Families 221 N. Ardmore Ave Los Angeles, CA 90004	\$30,000	Funding will be used to recruit, train and support foster/adoptive families with a focus on homes for high need or difficult to place children/ It will also provide TAY with basic needs and supportive services.

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18.	Foundation for Women Warriors 1185 Park Center Drive Suite R Vista,CA 92081	\$15,000	Funding will support the Women Veteran Transition and Emergency Services program, providing financial assistance and helping women veterans and their children to secure affordable housing, childcare, stable employment, and a support system.
19.	Friendship Shelter, Inc. P.O. Box 4252 Laguna Beach,CA 92652	\$20,000	Operational support of Friendship Shelter's Housing Focused Shelter program, which seeks permanent housing and continuous supportive services for homeless individuals in Orange County.
20.	Harbor Interfaith Services, Inc. 670 W 9th Street San Pedro,CA 90731	\$20,000	In support of the Accelerated Learning and Living Program, a transitional housing program for homeless families.
21.	Harvest Home, Inc. 2118 Wilshire Blvd., PMB 358 Santa Monica,CA 90403	\$20,000	General operating support of Harvest Home's two step transitional housing program for homeless, pregnant women and their children.
22.	Hoag Hospital Foundation 330 Placentia Avenue Newport Beach,CA 92663	\$500,000	Operational and programmatic support of the Melinda Hoag Smith Center for Healthy Living including class offerings, training and education and resources for vulnerable community families as well as additional staffing.
23.	Hollywood Food Coalition PO Box 480157 Los Angeles,CA 90048	\$10,000	General operating support of Hollywood Food Coalition, which rescues and distributes food to community partners and provides hot meals and access to resources to families and individuals experiencing extreme poverty and homelessness.
24.	HomeAid Orange County 17821 17th Street, Suite 120 Tustin,CA 92780	\$30,000	Funding will underwrite the purchase of new partitions for the CareCenter's sleeping areas, increasing capacity from serving 56 to 70 homeless individuals nightly.

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25.	Imagine LA 672 S. Lafayette Park Place, Unit 28 Los Angeles,CA 90057	\$20,000	In support the Family Emergency & Investment Fund, which provides families with financial assistance to insure housing and job stability. Funds will also be used to hire additional staff to work with high-need families at Missouri Place.
26.	Intervention Center for Early Childhood 17461 Derian Avenue, Suite 114 Irvine,CA 92614	\$20,000	Funding towards Ounce of Prevention Program, which provides early childhood assessments, interventions, therapeutic services for low income children with developmental delays or disabilities and mental health support for these families.
27.	John Tracy Center 2160 W. Adams Blvd Los Angeles,CA 90018	\$25,000	In support of JTC's Audiology Program, providing a range of diagnostic hearing services for ages children 0-18.
28.	Karsh Family Social Service Center, Inc. 3750 West 6th Street Los Angeles,CA 90020	\$20,000	In support the Karsh Center's Food & Nutrition Security Program, which provide low-income community members with nutritious meals, wellness education and access to resources.
29.	L.A. GOAL 4911 Overland Avenue Culver City,CA 90230	\$10,000	In support of educational, vocational, employment, counseling and independent living skills programs for adults with developmental disabilities.
30.	Laura's House 33 Journey, Suite 150 Aliso Viejo,CA 92656	\$20,000	Funding will be used to provide emergency shelter, transitional housing and supportive services to individuals and families impacted by domestic violence.
31.	Los Angeles Mission 303 E. 5th St. Los Angeles,CA 90013	\$50,000	Funding will underwrite essential renovations to the housing program at LA Mission's Skid Row facility.
32.	Manna Conejo Valley Food Distribution Center P.O. Box 1114 Thousand Oaks,CA 91358	\$10,000	Operational support of Manna's "choice-model" food pantry which provides food to individuals and families in need in the Conejo Valley.
33.	Olive Crest National Headquarters 2130 East Fourth Street, Ste. 200 Santa Ana,CA 92705	\$25,000	In support of Olive Crest's Transitional Housing Program which provide pathways to housing, employment, and self-sufficiency, for youth transitioning out of foster care in Los Angeles County.

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34.	Passion for Haiti Foundation 2620 Sand Gables Trail Bradenton, FL 34208	\$10,000	Funding will be directed towards operating expenses for school, staff and daily hot meals for the students.
35.	Pathways to Independence P.O. Box 43 Los Alamitos, Ca 90720	\$25,000	In support of the Pathways to Healing Program, providing housing, medical care, education, mental health services, mentoring and transportation assistance for young women experiencing abuse and trauma.
36.	Project Hope Alliance 1954 Placentia Avenue, Suite 202 Costa Mesa, CA 92627	\$20,000	In support of the On-Site Case Management Program, providing OC schools with trained case managers, mentorship services and addressing the day-to-day needs, obstacles, and well-being of the vulnerable students they serve.
37.	Second Harvest Food Bank of Orange County 8014 Marine Way Irvine, CA 92618	\$50,000	Funding will underwrite the purchase of much needed additional protein, produce, dairy and eggs to be distributed to individuals and families experiencing food insecurity.
38.	Sharefest Community Development, Inc. 638 S. Beacon St., Suite 700 San Pedro, CA 90731	\$15,000	In support of Sharefest's Youth Leadership Academy, a year-round career workforce development program for students attending or graduating from Continuation High Schools in the South LA and Harbor areas.
39.	SLO Noor Foundation 1428 Phillips Lane, Suite 203 San Luis Obispo, CA 93401	\$35,000	In support of SLONF's Whole Community Care project, which will add an additional mobile units and clinics locations, expanding care coordination and community outreach to vulnerable community members.
40.	Santa Monica College Foundation 1900 Pico Blvd. Santa Monica, CA 90405	\$5,000	In support of SMC Foundation's food security and basic needs programs.
41.	Social & Emotional Wellness Initiative 11600 Washington Place Los Angeles, CA 90066	\$5,000	General operating support of the Social & Emotional Wellness Initiative.

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42.	St. Barnabas Senior Services 675 S Carodelet St. Los Angeles,CA 90012	\$30,000	Funding to support SBSS's comprehensive services including: social, physical & educational activities, care management and nutrition services for impoverished older adults.
43.	St. John's Community Health 808 W. 58th Street Los Angeles,CA 90037	\$40,000	Operating support of the Center, a drop in location providing resources such as access to a food pantry, heat-to-eat meals, showers, laundry services, day lockers and computer stations for low income and homeless individuals and families.
44.	Teen Leadership Foundation P.O. Box 7342 Newport Beach, CA 92658	\$2,500	Funding will be directed towards the workforce development program.
45.	The Achievable Foundation 100 Corporate Pointe, Suite 270 Culver City,CA 90230	\$20,000	Operational support of the Achievable Health Center which provides primary health care, in-house neurology and mental health services to individuals with intellectual and developmental disabilities.
46.	The All-American Boys Chorus 1801 E. Edinger Avenue, Suite 210 Santa Ana, CA 92705	\$5,000	General operating support of The All American Boys Chorus.
47.	The LGBTQ Center Long Beach 2017 E. 4th St Long Beach,CA 90814	\$25,000	In support of the LGBTQ Center's Older Adult program providing safety net services and socio-emotional support to prevent isolation and loneliness.
48.	The People Concern 2116 Arlington Avenue Los Angeles, CA 90018	\$5,000	In support of the Pacific Palisades Task Force on Homelessness outreach team.
49.	The Shower of Hope 958 N. Western Ave, Unit Los Angeles,CA 90029	\$15,000	In support of the Hope Housing for Students and Safe Parking Program for homeless college students and the Shower Stop & Care Plus Mobile Hygiene Program for vulnerable community members.
50.	Thomas House Family Shelter PO Box 2737 Garden Grove,CA 92843-4517	\$15,000	Programmatic support of the transitional shelter program and supportive services for homeless and at-risk families with children.

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51.	Union Rescue Mission 545 South San Pedro Street Los Angeles, CA 90013	\$20,000	General operating support of the Union Rescue Mission.
52.	Unlimited Possibilities (UP) 1251 E. Dyer Road, Suite 150 Santa Ana, CA 92705	\$15,000	In support of UP's Applied Behavior Analysis Program providing positive behavior modification therapy to children and youth with autism, ages 0-18.
53.	Upward Bound House 1104 Washington Avenue Santa Monica, CA 90403	\$40,000	General operating support of Upward Bound House, which provides housing, supporting services and advocacy for homeless families with children.
54.	Venice Community Housing Corporation 200 Lincoln Blvd. Los Angeles, CA 90291	\$25,000	Operational support of the Westminster TLC Program, which provides crisis housing and case management support to families who are experiencing homelessness.
55.	Wayfinder Family Services 5300 Angeles Vista Blvd. Los Angeles, CA 90043	\$35,000	In support of Wayfinder's Foster Care, Adoption and Post-Adoption programs which find safe, loving homes for children who have been abused or neglected.
56.	West Coast Care Foundation 8218 Belford Avenue Los Angeles, CA 90045	\$5,000	General operating support of West Coast Care Foundation.
57.	WISEPlace 1411 N Broadway Santa Ana, CA 92706	\$20,000	Programmatic support of WisePlace, which assists unaccompanied homeless women with emergency shelter and wraparound services including case management, counseling, employment assistance, and addiction recovery.
	Total Grants	\$1,647,500	