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

OMB No 1545-0052

**2010**

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

For calendar year 2010, or tax year beginning , 2010, and ending , 20

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

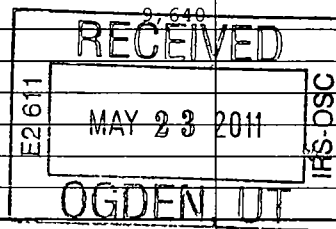
Name of foundation HannaFord Charitable Foundation A Employer identification number 01-0483892

Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions)  
P.O. Box 1000 (207) 883-2911

City or town, state, and ZIP code Portland, ME 04104 C If exemption application is pending, check here ☐  
D 1 Foreign organizations, check here ☐  
2 Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation  
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,457,810 J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) \_\_\_\_\_  
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))		(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 (attach schedule)	1,160,000	See Sch 1		
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	486	486		
4	Dividends and interest from securities	34,697	34,697		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	9,640			
b	Gross sales price for all assets on line 6a	206,500			
7	Capital gain net income (from Part IV, line 2)				
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) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	1,204,823	44,823	0	
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)	19,800	Mgmt Fee		19,800
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications	5,336			5,336
23	Other expenses (attach schedule) See Sch 2	2,010			2,010
24	Total operating and administrative expenses. Add lines 13 through 23	27,146	0	0	27,146
25	Contributions, gifts, grants paid	1,736,552			1,361,552
26	Total expenses and disbursements. Add lines 24 and 25	1,763,698	0	0	1,388,698
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	(558,875)			
b	Net investment income (if negative, enter -0-)		44,823		
c	Adjusted net income (if negative, enter -0-)			0	



SCANNED MAY 25 2011

Operating and Administrative Expenses

<b>Part II Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash - non-interest-bearing . . . . .		65,019	43,307	43,307
	<b>2</b>	Savings and temporary cash investments . . . . .				
	<b>3</b>	Accounts receivable ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	<b>4</b>	Pledges receivable ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	<b>5</b>	Grants receivable . . . . .				
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	<b>8</b>	Inventories for sale or use . . . . .				
	<b>9</b>	Prepaid expenses and deferred charges . . . . .				
	<b>10 a</b>	Investments - U S and state government obligations (attach schedule) . . . . .				
	<b>b</b>	Investments - corporate stock (attach schedule) . . . . .				
	<b>c</b>	Investments - corporate bonds (attach schedule) . . . . .				
	<b>11</b>	Investments - land, buildings, and equipment basis ▶ . . . . .				
	Less: accumulated depreciation ▶ (attach schedule) . . . . .					
<b>12</b>	Investments - mortgage loans . . . . .					
<b>13</b>	Investments - other (attach schedule) . See Sch 3 . . . . .	1,422,548	1,260,385	1,414,503		
<b>14</b>	Land, buildings, and equipment basis ▶ . . . . .					
	Less: accumulated depreciation ▶ (attach schedule) . . . . .					
<b>15</b>	Other assets (describe ▶ . . . . .)					
<b>16</b>	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	1,487,567	1,303,692	1,457,810		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	1,100,000	1,475,000		
	<b>18</b>	Grants payable . . . . .				
	<b>19</b>	Deferred revenue . . . . .				
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons . . . . .				
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b>	Other liabilities (describe ▶ . . . . .)				
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	1,100,000	1,475,000		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	<b>24</b>	Unrestricted . . . . .	387,567	(171,308)		
	<b>25</b>	Temporarily restricted . . . . .				
	<b>26</b>	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/></b>					
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .				
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds . . . . .				
	<b>30</b>	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	387,567	(171,308)		
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	1,487,567	1,303,692		

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

<b>1</b>	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	387,567
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	(558,875)
<b>3</b>	Other increases not included in line 2 (itemize) ▶ . . . . .	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	(171,308)
<b>5</b>	Decreases not included in line 2 (itemize) ▶ . . . . .	<b>5</b>	
<b>6</b>	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	<b>6</b>	(171,308)

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., 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.)
<b>1a</b> Vanguard Funds			P	Var.	Var.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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)		
<b>a</b> 206,500		196,860	9,640		
<b>b</b>			0		
<b>c</b>			0		
<b>d</b>			0		
<b>e</b>			0		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
<b>a</b>		0	9,640		
<b>b</b>		0	0		
<b>c</b>		0	0		
<b>d</b>		0	0		
<b>e</b>		0	0		
<b>2</b> 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 }			<b>2</b>	9,640	
<b>3</b> 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 pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8. . . . .			<b>3</b>		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	1,572,144	1,515,892	1.0371
2008	1,247,499	1,867,785	0.6679
2007	1,348,533	2,224,205	0.6063
2006	1,732,905	2,231,721	0.7765
2005	1,089,199	2,177,741	0.5002
<b>2</b> Total of line 1, column (d)			3.5880
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0.7176
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			1,569,323
<b>5</b> Multiply line 4 by line 3			1,126,146
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			448
<b>7</b> Add lines 5 and 6			1,126,594
<b>8</b> Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18			1,388,698

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . .		1	448
Date of ruling or determination letter _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .		2	
3 Add lines 1 and 2 . . . . .		3	448
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .		4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	448
6 Credits/Payments:			
a 2010 estimated tax payments and 2009 overpayment credited to 2010 . . . . .	6a	811	
b Exempt foreign organizations-tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .		7	811
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	0
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .		10	363
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 363 Refunded <input type="checkbox"/> 0		11	0

**Part VII-A Statements Regarding Activities**

		Yes	No
1 a 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? . . . . .	1a		x
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	1b		x
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year? . . . . .	1c		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		x
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	3		x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		x
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		x
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5		x
If "Yes," attach the statement required by General Instruction T			
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? . . . . .	6	x	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	7	x	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> Maine			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	8b	x	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV . . . . .	9		x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	10		x

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) . . . . .	11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . Website address ▶ _____	13	x	
14	The books are in care of ▶ <u>Beth Newlands Campbell</u> Telephone no. ▶ <u>(207) 883-2911</u> Located at ▶ <u>P.O. Box 1000, Portland, Maine</u> ZIP + 4 ▶ <u>04104</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 . . . . . ▶ <u>15</u>			
16	At any time during calendar year 2010, 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? . . . . . See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶ _____	16	Yes	No
				x

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 22 of the instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b	
c	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 2010? . . . . .	1c	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 page 22 of the instructions) . . . . .	2b	
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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) . . . . .	3b	
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 2010? . . . . .	4b	x

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

- 5 a** During the year did the foundation pay or incur any amount to:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- 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 page 22 of the instructions)? ☐ Yes ☒ No **5b**
- Organizations relying on a current notice regarding disaster assistance check here ☐
- c** 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? ☐ Yes ☒ No
- If "Yes," attach the statement required by Regulations section 53.4945-5(d)
- 6 a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** x
- If "Yes" to 6b, file Form 8870
- 7 a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(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 Sch 4				

**2** Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). 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
None				

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). 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 . . . . . ▶

**Part IX-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 IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

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	
All other program-related investments. See page 24 of the instructions.	
3	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

Form 990-PF (2010)

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,410,942
<b>b</b>	Average of monthly cash balances	<b>1b</b>	182,279
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,593,221
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,593,221
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	23,898
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,569,323
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	78,466

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	78,466
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	448
<b>b</b>	Income tax for 2010 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	448
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	78,018
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	78,018
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	78,018

**Part XII Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	1,388,698
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,388,698
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	1,388,698

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7 . . . . .				78,018
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only . . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005 . . . . . 981,524				
<b>b</b> From 2006 . . . . . 1,622,205				
<b>c</b> From 2007 . . . . . 1,238,154				
<b>d</b> From 2008 . . . . . 1,154,660				
<b>e</b> From 2009 . . . . . 1,496,757				
<b>f</b> Total of lines 3a through e . . . . .	6,493,300			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ► \$ 1,388,698				
<b>a</b> Applied to 2009, but not more than line 2a . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . .				
<b>d</b> Applied to 2010 distributable amount . . . . .				78,466
<b>e</b> Remaining amount distributed out of corpus . .	1,310,680			
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,803,980			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .		0		
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions . . . . .			0	
<b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011 . . . . .				(448)
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	981,524			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .	6,822,456			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006 . . . . . 1,622,205				
<b>b</b> Excess from 2007 . . . . . 1,238,154				
<b>c</b> Excess from 2008 . . . . . 1,154,660				
<b>d</b> Excess from 2009 . . . . . 1,496,757				
<b>e</b> Excess from 2010 . . . . . 1,310,680				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

**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 2010, enter the date of the ruling . . . . .

N/A

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2010	(b) 2009	(c) 2008	(d) 2007	
				0
<b>b</b> 85% of line 2a . . . . .	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	0	0	0	0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon				
<b>a</b> "Assets" alternative test - enter				
<b>(1)</b> Value of all assets . . . . .				0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				0
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .				0
<b>c</b> "Support" alternative test - enter				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .				0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .				0
<b>(4)</b> Gross investment income . . . . .				0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the 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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed:

Scholarship America, One Scholarship Way, P.O. Box 297, Saint Peter, MN 56082

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

See Sch 5

**c** Any submission deadlines:

See Sch 5

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

See Sch 5

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b> See Sch 6				1,361,552
<b>Total</b> . . . . .			▶ <b>3a</b>	1,361,552
<b>b Approved for future payment</b> See Sch 7				407,002
<b>Total</b> . . . . .			▶ <b>3b</b>	407,002

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income	Excluded by section 512, 513, or 514	(e) Related or exempt function income (See page 28 of the instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount
<b>1</b> Program service revenue:				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>f</b> _____				
<b>g</b> Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments . . . . .				
<b>3</b> Interest on savings and temporary cash investments			14	486
<b>4</b> Dividends and interest from securities . . . . .			14	34,697
<b>5</b> Net rental income or (loss) from real estate:				
<b>a</b> Debt-financed property . . . . .				
<b>b</b> Not debt-financed property . . . . .				
<b>6</b> Net rental income or (loss) from personal property .				
<b>7</b> Other investment income . . . . .				
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	9,640
<b>9</b> Net income or (loss) from special events . . . .				
<b>10</b> Gross profit or (loss) from sales of inventory . .				
<b>11</b> Other revenue: <b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> _____				
<b>12</b> Subtotal. Add columns (b), (d), and (e) . . . . .		0		44,823
<b>13</b> Total. Add line 12, columns (b), (d), and (e) . . . . .				44,823

(See worksheet in line 13 instructions on page 29 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**[illegible]

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	<b>1a(1)</b>	x
	(2) Other assets	<b>1a(2)</b>	x
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	x
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	x
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>	x
	(4) Reimbursement arrangements	<b>1b(4)</b>	x
	(5) Loans or loan guarantees	<b>1b(5)</b>	x
	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	x
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	x
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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 or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

Title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

PTIN

Check ☐ if self-employed

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no

## Schedule of Contributors

OMB No 1545-0047

**2010**

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

Name of the organization

Employer identification number

Hannaford Charitable Foundation

01-0483892

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

### General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

### Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

## Name of organization

Hannaford Charitable Foundation

## Employer identification number

01-0483892

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Hannaford Bros. Co.  P.O. Box 1000  Portland, ME 04104	\$ 1,160,000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

**Hannaford Charitable Foundation**  
**01-0483892**  
**2010**

Part I, Line 1

Hannaford Bros Co.	01/11/10	300,000
Hannaford Bros. Co.	04/15/10	330,000
Hannaford Bros. Co	05/27/10	75,000
Hannaford Bros. Co	08/02/10	200,000
Hannaford Bros Co.	09/20/10	225,000
Hannaford Bros. Co.	10/28/10	<u>30,000</u>
Total Contributions		<u><u>1,160,000</u></u>

Hannaford Charitable Foundation  
01-0483892  
2010

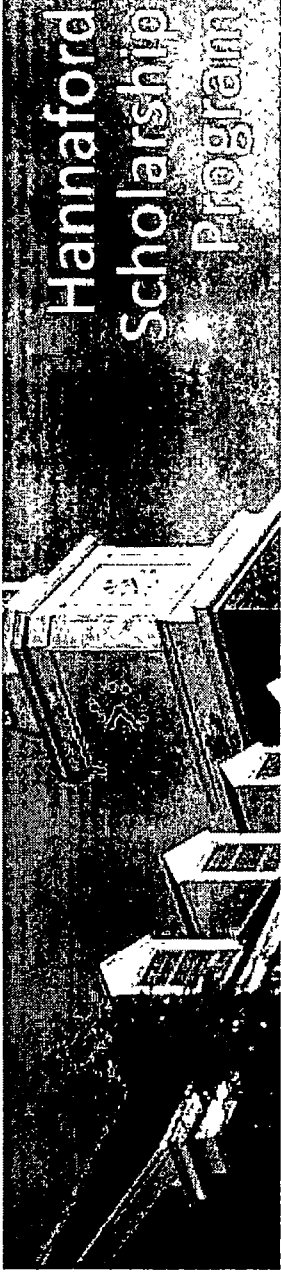
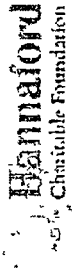
Part I, Line 23

Service Charges - KeyBank Account	1,975
Filing Fee - State of Maine	<u>35</u>
Total Other Expenses	<u><u>2,010</u></u>

**Hannaford Charitable Foundation**  
**01-0483892**  
**2010**

Part II, Line 13

	<u>Book</u> <u>Value</u>	<u>Fair Mkt</u> <u>Value</u>
Vanguard Fund #584	280,823	295,091
Vanguard Fund #585	<u>979,562</u>	<u>1,119,412</u>
Total Investments	<u>1,260,385</u>	<u>1,414,503</u>




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<a href="#">GUIDELINES</a>
<a href="#">FINANCIAL DATA</a>
<a href="#">APPLICATION</a>
<a href="#">CONTACT US</a>

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## ABOUT THIS SCHOLARSHIP PROGRAM

Established in 1993, Hannafor Charitable Foundation provides financial support to charitable programs and organizations that enhance the quality of life in the communities in which Hannafor does business. The Hannafor Scholarship Program is funded through the Foundation by a generous gift from Florence Taylor Petrik, a Hannafor Director from 1971 to 1993, and annual company contributions.

Hannafor has established a scholarship program to assist Hannafor associates and their children who plan to pursue a postsecondary education in college and vocational programs. Each year scholarships are offered for full-time study at any accredited postsecondary institution of the student's choice.

This scholarship program is administered by Scholarship Management Services, a division of Scholarship America. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

**Postmark deadline: April 1, 2010**

This site is administered by [Scholarship Management Services](#),<sup>®</sup> a division of Scholarship America<sup>®</sup>  
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Schedule 5

**Hannaford Charitable Foundation**  
**01-0483892**  
**2010**

Part VIII, Line 1

No officer or director of the Foundation receives any compensation, expense allowance, contribution to employer benefit plans or deferred compensation for services to the Foundation

Beth Newlands Campbell	President
Donna J Boyce	Secretary
Jim Kacer	Treasurer
Mark Doiron	Director
Kevin Hill	Director
Rick Meyerkopf	Director
Tod Pepin	Director
Bob Schools	Director



# Hannaford Scholarship Program

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## Hannaford Charitable Foundation

*Established in 1993, Hannaford Charitable Foundation provides financial support to charitable programs and organizations that enhance the quality of life in the communities in which Hannaford does business. The Hannaford Scholarship Program is funded through the Foundation by a generous gift from Florence Taylor Petrlik, a Hannaford Director from 1971 to 1993, and annual company contributions*

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## THE PROGRAM

Hannaford has established a scholarship program to assist Hannaford associates and their children who plan to pursue a postsecondary education in college and vocational programs. Each year scholarships are offered for full-time study at any accredited postsecondary institution of the student's choice.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

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## ELIGIBILITY

Applicants to the Hannaford Scholarship Program must be -

- Full-time or part-time associates of Hannaford or dependent children\* of associates with a minimum of six-months service as of the application deadline date, and  
*\*Child is defined as the son, daughter, stepson, stepdaughter, legally adopted child or legal ward supported principally by the associate*
- High school seniors or graduates planning to enroll or students already enrolled in a full-time course of study leading to a baccalaureate or master's degree at an accredited college or university, an associate degree at a junior or community college, or a certificate at an approved vocational-technical institute

---

## AWARDS

If selected as a recipient, the student will receive an award ranging from \$2,000 to \$5,000. Up to fifty scholarships may be awarded each year.

Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements. Awards are for undergraduate study or graduate study leading to a master's degree.

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## APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **April 1**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

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## SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, leadership and participation in school and community activities, honors, work experience, a statement of educational and career goals, an outside appraisal, and financial need. Financial need as calculated by Scholarship Management Services must be demonstrated for the student to receive an award.

Efforts will be made to ensure that recipients are representative of all areas of the company. All other criteria being equal, preference will be given first to associates, then to their children

Although Hannaford establishes the criteria, selection of recipients is made by Scholarship Management Services. In no instance does any officer or associate of Hannaford or the Hannaford Charitable Foundation play a part in the selection.

Applicants will be notified in early May. Not all applicants to the program will be selected as recipients

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## PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of the Hannaford Charitable Foundation. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student.

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## OBLIGATIONS

Recipients have no obligation to the Hannaford Charitable Foundation. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested. Except as described in these guidelines, no obligation is assumed by the Hannaford Charitable Foundation.

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## REVISIONS

The Hannaford Charitable Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

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## ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

**Hannaford Scholarship Program**  
Scholarship Management Services – Laurel Jaster  
One Scholarship Way  
Saint Peter, MN 56082

Telephone (507) 931-1682



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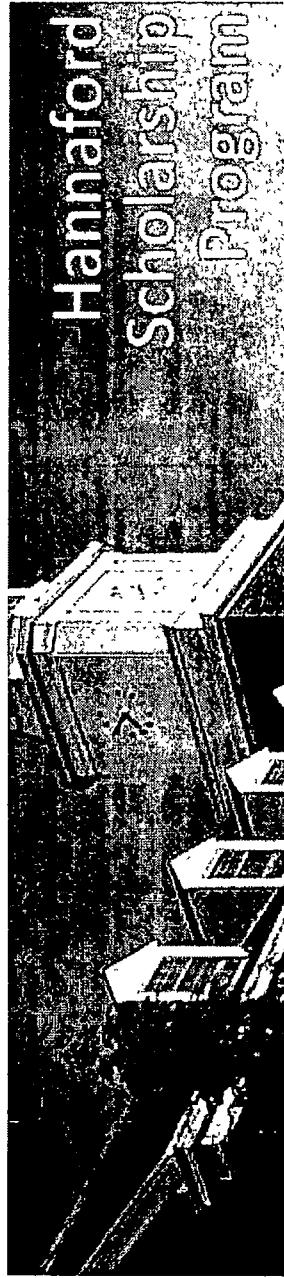
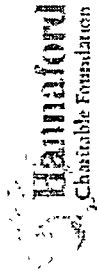
## INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

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The Financial Data section of the application should be completed by parents, guardians, **or** by the applicant if independent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

1. **State of Residence** is the state where the parents and/or (independent) applicant reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from associate's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually for both parents if applicant is a dependent student, or by the applicant if independent. If applying as a dependent student, provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household** and primarily supported by the reported income may include:
  - the applicant
  - the applicant's parents (or spouse if student is independent)
  - other children living in the household
  - dependent college students living away from home
  - other people who live in the household and receive more than half of their support from the reported incomeIndependent students should only report those individuals who are supported by the reported income.
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents if applicant is a dependent student.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.



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- [FINANCIAL DATA](#)
- [APPLICATION](#)
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## COMPLETING THE FINANCIAL INFORMATION

The Financial Data section of the application should be completed by parents, guardians, or by the applicant if independent. Independent is defined as one who is not claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

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8. **Total number of family members** living in the household and primarily supported by the reported income may include:

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- the applicant
- the applicant's parents
- other children living in the household
- dependent college students living away from home
- other people who live in the household and receive more than half of their support from the reported income

Independent students should only report those individuals who are supported by the reported income.

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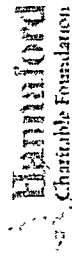
**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

**Postmark deadline: April 1, 2010**

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## APPLICATION INFORMATION

Open the Printable Application Form. (This will open a new window.)

Complete the application form using one of these two options:

1. Use the PDF fill-in-the-blank feature to complete the form.
  - a. Save a copy of the form to your personal data storage device.
  - b. Type in your responses using the **Tab** key to move between fields.
  - c. You may save the file while in progress and return to complete or revise it later.
  - d. When finished, print the completed form.

OR

2. Print the blank application form then complete it using a pen or typewriter.

Whichever option you use, applicants must print the page(s) of the application containing the Applicant Appraisal and Transcript Information sections and submit to the appropriate individuals for completion (if applicable). **These sections cannot be completed electronically.**

Mail the completed application form (including the completed Appraisal and Transcript sections, if applicable, and any other required documents) to Scholarship Management Services by the program's application postmark deadline. The mailing address is on the application form.



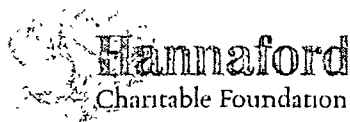
**NOTE:** You will need ADOBE Reader 6.0 or greater to open, use and print this PDF fill-in-the-blank form. If you do not have this free software installed on your computer, click on the ADOBE icon Follow the directions to install ADOBE Reader (free download), then return to this page to proceed.

**Postmark deadline: April 1, 2010**

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# Hannaford Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES  
Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 1

FOR  
SCHOLARSHIP  
MANAGEMENT  
SERVICES  
USE ONLY

ID #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT  
DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Please indicate your status (For statistical purposes only) ☐ Male ☐ Female  
☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White  
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

HANNAFORD  
ASSOCIATE  
INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Department \_\_\_\_\_  
Store Number (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
If a child, the applicant is a dependent of the associate ☐ Yes ☐ No

HIGH  
SCHOOL  
DATA

School Name \_\_\_\_\_ High School Graduation Date Month \_\_\_\_\_ Year \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-  
SECONDARY  
SCHOOL  
DATA

Name of postsecondary school you plan to attend (If unknown, please list in order of preference the schools to which you have applied )  
Use official school names. Do not use abbreviations.

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

☐ 4 yr College or University ☐ 2 yr Community or Junior College  
☐ Vocational-Technical School ☐ Other, explain \_\_\_\_\_

Year in school next year ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or ☐ Graduate Study

Major or course of study \_\_\_\_\_ Expected college graduation date Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other, explain \_\_\_\_\_

Student will ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay ☐ in-state resident tuition ☐ out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether **high school or college activities**.

Activity	No of Years Partic	Special Awards, Honors	Offices Held	Activity	No of Years Partic	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**PARENTS' FINANCIAL DATA (REQUIRED)**

Instructions for this section are provided in the guidelines.

If you are a dependent student, please have your parents complete this form. If you are independent, information about you and your spouse (if applicable) must be included. Figures should be taken from your most recent U.S. Income Tax Return. **To be considered for an award, this section must be filled out completely.**

☐ I am a dependent student. The data below represents my parents' finances.

☐ I am an independent student. The data below represents my finances.

- |   |  |
|---|--|
| <p>1 State of Residence _____</p> <p>2 Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3 Total Federal Tax Paid (FORM 1040) \$ _____<br/>(Not the amount withheld from paychecks)</p> <p>4 Total Income of Father \$ _____</p> <p>Total Income of Mother \$ _____</p> <p>5 Yearly Untaxed Income and Benefits<br/>Please indicate source—<br/> <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support<br/> <input type="checkbox"/> Other _____ \$ _____</p> | <p>6 Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7 Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8 Total number of family members living in the household and primarily supported by the reported income # _____</p> <p>9 Marital status of employee parent or guardian<br/> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10 Of the total number of family members on line 8, number of students attending college at least half-time during the next school year # _____</p> |
|---|--|

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award	School to which award will be applied	Amount	Check One
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
2. **High school seniors and students who have completed less than one full quarter or semester of postsecondary education must** include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted _____ /4 0 scale	Unweighted _____ /4 0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Student Application with completed Applicant Appraisal
- ☐ Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to

**Hannaford Scholarship Program**  
Scholarship Management Services - Laurel Jaster  
One Scholarship Way  
Saint Peter, MN 56082

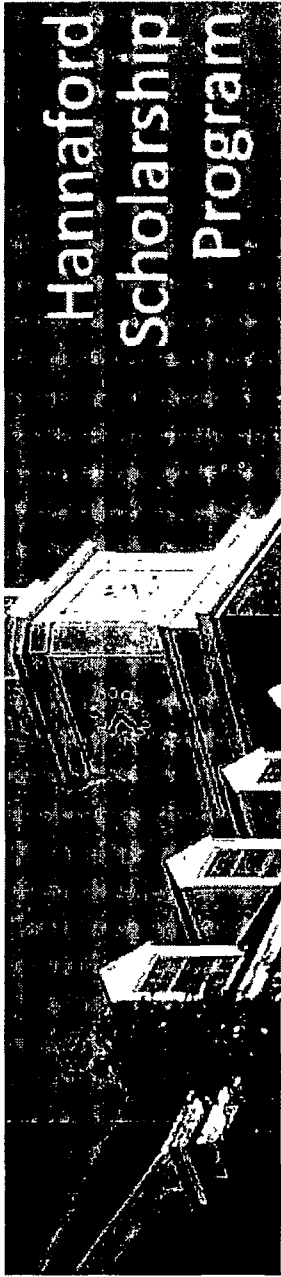
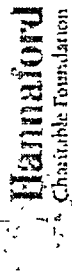
**Postmark deadline April 1****CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted. If selected as a recipient, I agree that the above information may be used if Hannaford Charitable Foundation publicizes scholarship recipients.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate's Signature \_\_\_\_\_ Date \_\_\_\_\_



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**CONTACT US**

Questions should be addressed to:

**Hannaford Scholarship Program**  
Scholarship Management Services  
One Scholarship Way - Laurel Jaster  
Saint Peter, MN 56082

Phone: 1-507-931-1682 and ask for the Hannaford Scholarship Program

Email: [ljaster@scholarshipamerica.org](mailto:ljaster@scholarshipamerica.org)

**Postmark deadline: April 1, 2010**

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**Hannaford Charitable Foundation**  
**01-0483892**  
**2010**

Part XV, Line 3a

Recipient

Athol Area United Way, Inc	1,240
Boothbay Region YMCA	5,000
Boys & Girls Club of Manchester	5,000
Brattleboro Memorial Hospital	2,500
Colby-Sawyer College	5,000
Down East Family YMCA	25,000
Faxton St Luke's Healthcare Foundation	5,000
Franklin-Grand Isle United Way	2,525
Gloversville Public Library	500
Green Mountain United Way	1,200
Heritage United Way	13,400
Lakes Region United Way	3,040
Maine Association of Nonprofits	2,500
Maine Coalition for Excellence in Education	5,000
Maine Community College Foundation	100,000
Maine Medical Center	101,000
Maine Philanthropy Center	1,800
Maine Teacher of the Year 2011 Program	27,000
Mercy Hospital	50,000
Milford Regional Medical Center	5,000
Monadnock United Way	3,600
New Hampshire Food Bank	50,000
Northeast Health Foundation	10,000
Peter Maurin House, Inc	5,000
Portland Ovations	3,500
Portland Symphony Orchestra	8,250
Scholarship America, Inc	200,000
Spurwink Resources, Inc	1,500
Tri-County United Way, Inc	8,000
United Way Androscoggin County, Inc	7,900
United Way Chittenden County, Inc	7,420
United way Greater Attleboro/Taunton, Inc	1,200
United Way Greater Plymouth County	2,650
United Way Greater Portland	158,093
United Way Mass Bay & Merrimack Valley	9,900
United Way of Addison County	1,150
United Way of Bennington County	1,250
United Way of Central Massachusetts	2,200
United Way of Clinton & Essex Counties, Inc.	2,300
United Way of Columbia & Greene Counties	1,700
United Way of Delaware & Otsego Counties	2,300
United Way of Dutchess County	2,800
United Way of Eastern Maine	26,500
United Way of Fulton County, Inc	2,525
United Way of Greater Nashua	4,900
United Way of Greater Seacoast	11,300
United Way of Kennebec Valley	15,400
United Way of Merrimack County	4,350
United Way of Mid Coast Maine	8,000

**Hannaford Charitable Foundation**  
**01-0483892**  
**2010**

Part XV, Line 3a

Recipient

United Way of Mid-Maine, Inc	7,800
United Way of Montgomery County	2,300
United Way of North Central Mass, Inc	6,050
United Way of Northern New Hampshire, Inc	1,750
United Way of Northern New York, Inc	2,450
United Way of Orange County	2,200
United Way of Oxford County, Inc.	5,350
United Way of Rutland County, Inc	1,960
United Way of Sullivan County	1,350
United Way of the Greater Capital Region	33,200
United Way of the Tri-Valley Area	3,400
United Way of Ulster County, Inc	4,150
United Way of Westchester and Putnam	824
United Way of Windham County	1,200
United Way of York County	18,025
United Way Tri-County, Inc	3,100
United Way Valley and Greater Utica Area	5,050
University of New England	200,000
University of Southern Maine	125,000
Watertown Family YMCA	5,000
Winthrop Area YMCA	1,000
YMCA of Kingston and Ulster County	5,000

Total Pledges Paid During 2010

1,361,552

Hannaford Charitable Foundation  
01-0483892  
2010

Part XV, Line 3b

Recipients

United Way

407,002

Total Approved for Future Payments

407,002