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Form 990-PF

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

OMB No 1545-0052

Department of the Treasury  
Internal Revenue Service

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

2010

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

NORMAN N &amp; GAIL R. HOGHGRAF CHARITABLE FDN

Number and street (or P O box number if mail is not delivered to street address)

P.O. Box 189

Room/suite

City or town, state, and ZIP code

BRISTOL, ME 04539

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) ► \$ **250,260.45**

J Accounting method:  Cash  Accrual  
 Other (specify) (Part I, column (d) must be on cash basis.)

A Employer identification number

26 6053240

B Telephone number (see page 10 of the instructions)

(207) 677-3434

- 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 ►   
 E If private foundation status was terminated under section 507(b)(1)(A), check here ►   
 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)	250,260.45			
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	146.04	146.04	146.04	
4	Dividends and interest from securities	9,375.12	9,375.12	9,375.12	
5a	Gross rents	0	0	0	
b	Net rental income or (loss)	0			
6a	Net gain or (loss) from sale of assets not on line 10	3,960.37			
b	Gross sales price for all assets on line 6a	7,066.62			
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	0			
b	Less: Cost of goods sold	0			
c	Gross profit or (loss) (attach schedule)	0			
11	Other income (attach schedule)	0	0	0	
12	<b>Total.</b> Add lines 1 through 11	<b>265,741.98</b>	<b>15,481.53</b>	<b>9,521.16</b>	
Revenue	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	0	0	0	0
	15 Pension plans, employee benefits	0	0	0	0
	16a Legal fees (attach schedule)	0	0	0	0
	b Accounting fees (attach schedule)	150.00	0	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest	0	0	0	0
	18 Taxes (attach schedule) (see page 14 of the instructions)	0	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	0
	20 Occupancy	0	0	0	0
	21 Travel, conferences, and meetings	0	0	0	0
	22 Printing and publications	0	0	0	0
Operating and Administrative Expenses	23 Other expenses (attach schedule)	0	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	150.00	0	0	0
	25 Contributions, gifts, grants paid	17,000.00			
	26 Total expenses and disbursements. Add lines 24 and 25	<b>17,150.00</b>	<b>15,481.53</b>	<b>9,521.16</b>	
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	248,591.98			
	b Net investment income (if negative, enter -0-)				
	c Adjusted net income (if negative, enter -0-)				

IRS-OSC

SCANNED MAY 18 2011  
Operating and Administrative Expenses

Part II Balance Sheets		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
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments		4,130.06	3,874.13
	3	Accounts receivable ►	0.00		
	4	Less: allowance for doubtful accounts ►		0	0
	5	Pledges receivable ►	0.00		
	6	Less: allowance for doubtful accounts ►		0	0
	7	Grants receivable		0	0
	8	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)		0	0
	9	Other notes and loans receivable (attach schedule) ►	0		
	10a	Less: allowance for doubtful accounts ►		0	0
	b	Inventories for sale or use		0	0
	c	Prepaid expenses and deferred charges		0	0
	11	Investments—U.S. and state government obligations (attach schedule)		0	0
	12	Investments—corporate stock (attach schedule) See SCHED	372,958.67	635,638.56	635,638.56
	13	Investments—corporate bonds (attach schedule)	0	0	0
Liabilities	14	Investments—land, buildings, and equipment: basis ►			
	15	Less: accumulated depreciation (attach schedule) ►		0	0
	16	Investments—mortgage loans		0	0
	17	Investments—other (attach schedule)		0	0
	18	Land, buildings, and equipment: basis ►		0	0
	19	Less: accumulated depreciation (attach schedule) ►		0	0
	20	Other assets (describe ► )		0	0
	21	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	377,088.68	639,512.69	639,512.69
	22				
	23				
Net Assets or Fund Balances	24	Accounts payable and accrued expenses	0	0	
	25	Grants payable	1,000.00	0	
	26	Deferred revenue	0	0	
	27	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	28	Mortgages and other notes payable (attach schedule)	0	0	
	29	Other liabilities (describe ► )	0	0	
	30	Total liabilities (add lines 17 through 22)	1,000.00	0	
	31	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund Balances	27	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	377,088.68	639,512.69	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
	30	Total net assets or fund balances (see page 17 of the instructions)	376,088.68	639,512.68	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	376,088.68	639,512.68	

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

- 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)
- 2 Enter amount from Part I, line 27a
- 3 Other increases not included in line 2 (itemize) ► CHANGE IN MARKET VALUE
- 4 Add lines 1, 2, and 3
- 5 Decreases not included in line 2 (itemize) ►
- 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

1	376,088.68
2	248,591.98
3	14,832.02
4	639,512.68
5	0
6	639,512.68

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

- 1a Exempt operating foundations described in section 4940(d)(2), check here ►  and enter "N/A" on line 1.  
Date of ruling or determination letter \_\_\_\_\_ (attach copy of letter if necessary—see instructions)
- 1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b
- 1c 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-)
- 3 Add lines 1 and 2
- 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
- 5 **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-
- 6 Credits/Payments:
- a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a
- 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
- 8 Enter any **penalty** for underpayment of estimated tax. Check here  if Form 2220 is attached
- 9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**
- 10 **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**
- 11 Enter the amount of line 10 to be: **Credited to 2011 estimated tax** ► **Refunded** ►

1		
2		
3		
4		
5		
6a		
6b		
6c		
6d		
7		
8		
9		
10		
11		

**Part VII-A Statements Regarding Activities**

- 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a
- 1b 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
- 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.*
- 1c Did the foundation file Form 1120-POL for this year? 1c
- 1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0
- 1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0
- 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2   
*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
- 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a
- 4b If "Yes," has it filed a tax return on Form 990-T for this year? 4b
- 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5   
*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
- 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
- 8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► **MAINE** 8a
- 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 General Instruction G? If "No," attach explanation 8b
- 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
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. **SEE SCHEDULE B ATTACHED** 10

**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)
1a	100 SHARES XOM Common	D	12/12/07	12/1/10
b				
c				
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 7066.62	0	1,106.25	5,960.37	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
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	5,960.37
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 pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8			3	

**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				
2008				
2007				
2006				
2005				
2 Total of line 1, column (d)				2
3 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				3
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5				4
5 Multiply line 4 by line 3				5
6 Enter 1% of net investment income (1% of Part I, line 27b)				6
7 Add lines 5 and 6				7
8 Enter qualifying distributions from Part XII, line 4				8
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.				

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

5a	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here	<input type="checkbox"/>	
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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
NORMAN N. HOCHGRAF	PRES. 2	0	0	0
GALE R. HOCHGRAF	SECY/TREAS 0.5	0	0	0
LEE R. HOCHGRAF	TRUSTEE 0.1	0	0	0
SCOTT R. HOCHGRAF	TRUSTEE 0.1	0	0	0

## 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

ROBERT B. GREGORY

TRUSTEE  
<0.1

0 0 0

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

- |  |   |                              |  |  |  |
|--|---|------------------------------|--|--|--|
| <b>5a</b>  | 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))?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| (2)  | Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| (3)  | Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| <b>b</b>   | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? |                              |  |  |  |
|  | Organizations relying on a current notice regarding disaster assistance check here  | <input type="checkbox"/>     | <input checked="" type="checkbox"/>    |  |  |
| <b>c</b>   | 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?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i> |   |                              |  |  |  |
| <b>6a</b>  | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| <b>b</b>   | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |                              |  |  |  |
| <i>If "Yes" to 6b, file Form 8870.</i>   |   |                              |  |  |  |
| <b>7a</b>  | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |  |  |
| <b>b</b>   | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   |                              |  |  |  |

## 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
NORMAN N. HOCHGRAF	PRES. 2	0	0	0
GAIL R. HOCHGRAF	SECY/TREAS 0.5	0	0	0
LEE R. HOCHGRAF	TRUSTEE 0.1	0	0	0
SCOTT R. HOCHGRAF	TRUSTEE 0.1	0	0	0

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				
<b>Total number of other employees paid over \$50,000</b>				

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

TRUSTEE  
C.O. 1

**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	DIRECT CASH GRANTS TO 501(C)(3) ORGANIZATIONS	0
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	None	
2		
3		
All other program-related investments. See page 24 of the instructions		

**Total. Add lines 1 through 3**

**Part X - Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	370,105.79
b	Average of monthly cash balances	1b	9,412.14
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	374,517.93
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	374,517.93
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	5,613.77
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	368,900.16
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	18,445.01

**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.)

1	Minimum investment return from Part X, line 6	1	18,445.01
2a	Tax on investment income for 2010 from Part VI, line 5	2a	0
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,445.01
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	18,445.01
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	18,445.01

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	18,150.00
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1b	0
b	Program-related investments—total from Part IX-B	2	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	3a	0
3	Amounts set aside for specific charitable projects that satisfy the:	3b	0
a	Suitability test (prior IRS approval required)	4	18,150.00
b	Cash distribution test (attach the required schedule)	5	0
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	6	18,150.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4		

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

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

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				18,445.01
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only				
b Total for prior years: 20 20 20			1,000.00	
3 Excess distributions carryover, if any, to 2010:			0	
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 18,150.00				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)			0	
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)			0	
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)			295.01	295.01
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 page 27 of the instructions			0	
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011			1000.00	
7 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)				0
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a			21,370.01	
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008			10,540.50	
d Excess from 2009			10,829.51	
e Excess from 2010			0	

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



**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).)

NORMAN N. HOCHGRAF

- 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.

Name

**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:

- 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 XV 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				
PRINCETON UNIVERSITY PRINCETON, NJ		501c3	UNRESTRICTED	\$ 2000.
CONCORD COMMUNITY MUSIC SCHOOL CONCORD, NH		501c3	SCHOLARSHIP FUND NEEDY STUDENTS	\$ 1,000.
LARK SOCIETY CHAMBER MUSIC PORTLAND, ME		501c3	TRAIN YOUNG STUDENTS, ARTISTS IN RESIDENCE	\$ 1500.
LINCOLN HOME NEWCASTLE, ME		501c3	ASSISTED LIVING NEEDY RESIDENTS	\$ 1,000.
LINCOLN CITY ANIMAL SHELTER EDGECOMB, ME		501c3	ABANDONED &/OR ABUSED ANIMALS	\$ 1,500.
BEST FRIENDS SOCIETY KANAB, UTAH		501c3	ABANDONED &/OR ABUSED ANIMALS	\$ 1,000.
UNIV. OF DELAWARE NEWARK, DE		501c3	UNDERGRAD CHE LAB	\$ 2,000.
LINCOLN CITY HEALTHCARE DAMARISCOTTA, ME		501c3	PILOT DOG; CARE FOR NEEDY	\$ 3,000.
JEFFERSON AREA FOOD BANK JEFFERSON, ME		501c3	FOOD FOR NEEDY	\$ 1,000.
NEW HARBOR FOOD PANTRY NEW HARBOR, ME		501c3	FOOD FOR NEEDY	\$ 1,000.
COMMUNITY ENERGY FUND BRISTOL, ME		501c3	HEATING ASSIST- ANCE FOR NEEDY	\$ 1,000.
NEW ENGLAND MUSIC CAMP HIDDEN VALLEY NATURE CTR		501c3 501c3	SCHOLARSHIPS CONSERVATION	\$ 1000. \$ 500.
Total				► 3a

b Approved for future payment

( DAMARISCOTTA RIVER ASS'N  
DAMARISCOTTA, ME

501c3 CONSERVATION \$ 500.

Total ► 3b \$ 8,000.

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

Enter gross amounts unless otherwise indicated.

## 1 Program service revenue:

a  
b  
c  
d  
e  
f

g Fees and contracts from government agencies

## 2 Membership dues and assessments

## 3 Interest on savings and temporary cash investments

## 4 Dividends and interest from securities

## 5 Net rental income or (loss) from real estate:

a Debt-financed property  
b Not debt-financed property

## 6 Net rental income or (loss) from personal property

## 7 Other investment income

## 8 Gain or (loss) from sales of assets other than inventory

## 9 Net income or (loss) from special events

## 10 Gross profit or (loss) from sales of inventory

## 11 Other revenue: a \_\_\_\_\_

b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

## 12 Subtotal. Add columns (b), (d), and (e) . . . . .

## 13 Total. Add line 12, columns (b), (d), and (e) . . . . .

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

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

Line No. ▼ Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)

SEE PART XV

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

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

- 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

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

**Sign Here**  **5/10/11** **PRESIDENT**

Signature of officer or trustee		Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►		Firm's EIN ►	
	Firm's address ►		Phone no.	

## Schedule of Contributors

OMB No. 1545-0047

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

**2010**

Name of the organization

*Norman N. & GALE R. HOGGRAF CHARITABLE FDN*

Employer identification number

**26 6058240**

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

NORMAN N. &amp; GALE R. HOCHGRAF CHARITABLE FDN

Employer identification number

26 6053240

## Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORMAN N. HOCHGRAF P.O. 189 BRISTOL, MG 04539-0189	\$ 249,896.45	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GALE R. HOCHGRAF P.O. 189 BRISTOL, MG 04539-0189	\$ 364.00	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)

Name of organization

NORMAN N. &amp; GALE R. HOCHGRAE CHARITABLE FDN 26 6053240 Employer identification number

## Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	3400 SHARES EXXON MOBIL COMMON	\$ 247,248.00	12/21/11
1	245 SHARES PIMCO ALL ASSETS ART AUTHORITY MUTUAL FUND	\$ 2,648.45	12/20/11
2	50.0 SHARES TEMPLETON SMALL CO.	\$ 864.00	12/20/11
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**Part II Noncash Property (see instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	

Norman N. & Gare R. Hochgraf CHARITABLE FDN

26 605324

Form 990 PF

PART II line 10b

Exxon Mobil Common	8,688 SHARES	685,266.56
TEMPLETON SMALL CO.	50 SHARES	372.00
PIMCO ALL ASSETS ALL AUTHORITIES (MUTUAL FUND)	245 SHARES	2,574.95