2022 FILING INSTRUCTIONS

MAINE ATTORNEY GENERAL

FOR THE YEAR ENDING

December 31, 2022

| Prepared by | Baker Newman & Noyes P.O. Box 507 Portland, ME 04112 |
|-------------------------|---|
| | A signed copy of Form 990-PF should be sent to the Maine Attorney General's Office on or before the filing date indicated below. The Maine Attorney General's Office requires electronic submission. |
| Filing Date | May 15, 2023 |
| Upload signed copy | https://appengine.egov.com/apps/me/privatefoundationfiling |
| Special Instructions | Sign and date Form 990-PF, upload to the Maine Attorney General at: https://appengine.egov.com/apps/me/privatefoundationfiling |

Form **990-PF**

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

| F | or calendar year 2022 or tax year beginning | | , and ending | | open to reduce inspection |
|------------------------------|--|------------------------------------|---------------------------|--|---|
| 1 | Name of foundation | | | A Employer identificat | on number |
| = | Hannaford Charitable Found | lation | | 01-048389 | 2 |
| | lumber and street (or P ₀ 0 box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| _ | P.O. Box 1000 | 207-885-2 | 223 | | |
| Ĺ | City or town, state or province, country, and ZIP or foreign p ${\tt Portland}$, ${\tt ME}$ ${\tt 04104-5005}$ | C If exemption application is | s pending, check here | | |
| _ | Check all that apply: Initial return | [mistal street - f - f | 10 1 11 | 4 | _ |
| • | Final return | Amended return | ormer public charity | D 1. Foreign organization | ns, check here |
| | Address change | Name change | | 2. Foreign organizations check here and attach | meeting the 85% test. |
| \overline{H} | Check type of organization: X Section 501(c)(3) ex | | | The State of the S | |
| | Section 4947(a)(1) nonexempt charitable trust | Other taxable private founds | ation | E If private foundation s | |
| Ī. | Fair market value of all assets at end of year J Accounting | ng method: Cash | X Accrual | under section 507(b)(| 000 50 |
| | (from Part II, col. (c), line 16) | her (specify) | | F If the foundation is in under section 507(b)(| |
| | \$ 1,008,205. (Part I, colum | nn (d), must be on cash bas | is.) | under section 507 (b)(| T)(D), CHECK Here |
| P | 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).) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | 1,200,000. | - 10 ST - TAI | N/A | (cash basis only) |
| | 2 Check if the foundation is not required to allach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | | | | |
| | 4 Dividends and interest from securities | 15,469. | 15,469. | | Statement 1 |
| | 5a Gross rents | | | | |
| Revenue | Net rental income or (loss) | _1010 | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 115, 201. | 81,993. | | | |
| | 115,201. | | | Ym stiensigned: | |
| Ŗ | 7 Capital gain net income (from Part IV, line 2) | | 81,993. | | |
| | 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) | | | | etii kwali taki |
| | 11 Other income | | | | |
| | 12 Total. Add lines 1 through 11 | 1,297,462. | 97,462. | | |
| | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | | 0. |
| | 14 Other employee salaries and wages | | | | 0. |
| (A) | 15 Pension plans, employee benefits | | | | |
| ISe | 16a Legal fees | | | | |
| Expenses | b Accounting fees | | | | |
| | c Other professional fees | | | | |
| ţį | 17 Interest | | | | |
| stra | 18 Taxes Stmt 2 | 1,642. | 0. | | 0. |
| Ë | 19 Depreciation and depletion | | | | |
| 뒿 | 20 Occupancy 21 Travel, conferences, and meetings | | | | |
| و | 22 Printing and publications | | | | |
| ga | 22 Printing and publications 23 Other expenses Stmt 3 | 6,539. | 0 | | 6 500 |
| 랿 | 24 Total operating and administrative | 0,333. | 0. | | 6,539. |
| Operating and Administrative | avances Add lines 12 through 00 | 8,181. | 0. | | 6 520 |
| 히 | 25 Contributions, gifts, grants paid | 1,121,766. | 0. | | 6,539. 1,207,566. |
| | 26 Total expenses and disbursements. | | | | 1,207,300. |
| | Add lines 24 and 25 | 1,129,947. | 0. | | 1,214,105. |
| | 27 Subtract line 26 from line 12: | | State State | | T/417,100. |
| | a Excess of revenue over expenses and disbursements | 167,515. | a decide and the | | 15 TM |
| | b Net investment income (if negative, enter -0-) | | 97,462. | | |
| | C Adjusted net income (if negative, enter -0-). | | E 25-4 8 15-35 | N/A | |

| Fo | rm 99 | 90-PF(2022) Hannaford Charitable Fou | | |)483892 Page 2 |
|-----------------------------|-------|---|--------------------------|--|-----------------------|
| E | art | Balance Sheets Allached schedules and amounts in the description | Beginning of year | End of | |
| | | Column Should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 41,413. | 143,262. | 143,262. |
| | | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | l _ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | ming the first that | ALL DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUM | |
| | ١. | Less: allowance for doubtful accounts | | | |
| ets | 8 | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | *** |
| • | | Investments - U.S. and state government obligations | 0. | 814,882. | 814,882. |
| | " | Investments - corporate stock Stmt 5 | 0. | 50,061. | 50,061. |
| | | Investments - corporate bonds Stmt 6 | | 30,001. | 30,001. |
| | '' | Investments - land, buildings, and equipment: basis | | The state of the s | |
| | 12 | Less accumulated depreciation | | | |
| | | Investments - other | 451,727. | 0. | 0. |
| | | Land, buildings, and equipment; basis | | | The State of State of |
| | '" | Less: accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 1 | Total assets (to be completed by all filers - see the | | | |
| | ' | instructions. Also, see page 1, item I) | 493,140. | 1,008,205. | 1,008,205. |
| - | 17 | Accounts payable and accrued expenses | 705,800. | | |
| | | Grants payable | | 620,000. | |
| ý | | Deferred revenue | | | |
| Liabilities | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| apil | 21 | Mortgages and other notes payable | | | |
| = | | Other liabilities (describe) | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 705,800. | 620,000. | |
| | | Foundations that follow FASB ASC 958, check here | | | |
| es | | and complete lines 24, 25, 29, and 30. | | | |
| anc | 24 | Net assets without donor restrictions | | | |
| Net Assets or Fund Balances | 25 | Net assets with donor restrictions | | | |
| 힏 | | Foundations that do not follow FASB ASC 958, check here X | | | |
| ł | | and complete lines 26 through 30. | , | 0. | |
| Ş. O. | 26 | Capital stock, trust principal, or current funds | 0. | 0. | |
| sets | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | -212,660. | 388,205. | |
| As | 28 | Retained earnings, accumulated income, endowment, or other funds | -212,660. | 388,205. | |
| řet | 29 | Total net assets or fund balances | -212,000. | 300,203. | |
| _ | | T I III house and a decrease through belonger | 493,140. | 1,008,205. | |
| _ | 30 | Total liabilities and net assets/fund balances | | 1,000,203. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| 1 | | I net assets or fund balances at beginning of year - Part II, column (a), line 29 | | | |
| | | st agree with end-of-year figure reported on prior year's return) | | -212,660. | |
| | | r amount from Part I, line 27a | 2 | 167,515. | |
| | | r increases not included in line 2 (itemize) | See Sta | | 433,350. |
| 4 | Add | lines 1, 2, and 3 | | 4 | 388,205. |
| 5 | Decr | eases not included in line 2 (itemize) | #3.11 OC | 5 | 388,205. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu | ımn (b), line 29 | 6 | 300,203. |

Form **990-PF** (2022)

| Part IV Capital Gains | and Losses for Tax on Ir | vestment Income | | | |
|---|--|---|--|---|----------------------------------|
| (a) List and describe 2-story brick wa | the kind(s) of property sold (for exa trehouse; or common stock, 200 sha | mple, real estate, s. MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a Publicly Trade | | P | | | |
| b Capital Gains | Dividends | | | | |
| C | | | | | |
| d | | | | | |
| e | | T | | (h) Osia au (la a) | |
| (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 115,161. | | 33,2 | 08. | | 81,953. |
| b 40. | | | | | 40. |
| C | | | | | |
| d | | | | | |
| Complete only for geneta chowin | g gain in column (h) and owned by | the foundation on 12/21/60 | | (I) Coine (Col. (b) goin | minuo |
| Complete only for assets showin | | | ─ | (I) Gains (Col. (h) gain ol. (k), but not less than | n - 0-) or |
| (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 | | Losses (from col. (| h)) |
| _a | | | | | 81,953. |
| b | | | | | 40. |
| | | | | | |
| d | | | | 17 | |
| <u>e</u> | | | | | |
| 2 Capital gain net income or (net ca | pital loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases} $ | n Part I, line 7 - in Part I, line 7 | 2 | | 81,993. |
| | s) as defined in sections 1222(5) an column (c). See instructions. If (loss | s), enter -0- in | } 3 | N/A | |
| Part V Excise Tax Bas | ed on Investment Incon | ne (Section 4940(a), | 1940(b), or 4948 | 3 - see instruction | ons) |
| 1a Exempt operating foundations of | described in section 4940(d)(2), che | ck here and enter" | N/A" on line 1. | | |
| Date of ruling or determination | letter: (at | tach copy of letter if necessar | | 1 | 1,355. |
| b All other domestic foundations | enter 1.39% (0.0139) of line 27b. Ex | kempt foreign organizations, | | | |
| enter 4% (0.04) of Part I, line 13 | 2, col. (b) | | | | |
| 2 Tax under section 511 (domest | ic section 4947(a)(1) trusts and taxa | able foundations only; others, e | enter -0-) | 2 | 0. |
| | | | | | 1,355. |
| | tic section 4947(a)(1) trusts and tax | | | | 1 255 |
| | me . Subtract line 4 from line 3. If zer | ro or less, enter -0- | | 5 | 1,355. |
| 6 Credits/Payments: | | 1 . 1 | 1 (0 | | |
| a 2022 estimated tax payments a | nd 2021 overpayment credited to 20 | 022 6a | 1,60 | 0. | |
| b Exempt foreign organizations - | tax withheld at source | | | 0. | |
| | tension of time to file (Form 8868) | | | 0. | |
| | y withheld | | | | 1,600. |
| P Enter any populty for undernage | d lines 6a through 6d | if Form 2220 is attached | | 1 0 1 | 9. |
| | nd 8 is more than 7, enter amount (| | | *** | |
| | than the total of lines 5 and 8, enter | | | | 236. |
| 11 Enter the amount of line 10 to b | | and amount overpure | 236. Refund | | 0. |
| - I Little the amount of fine to to b | o, ordined to Lozo collinated tax | | | | orm 000 DE (2022 |

| Pa | art VI-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 | | Yes | |
| | any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | Х |
| | 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. | | | 77 |
| 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. \$ (2) On foundation managers. \$ | 1236 | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. \$O. | JE01 | | v |
| 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. | | | 35.2 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | х |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | - | <u> </u> |
| 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? | 9 | | A |
| | 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 language in t | 5 Ful 1 | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | 6 | х | |
| _ | remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | | X | |
| 1 | Did the foundation have at least \$5,000 in assets at any time during the year? If Fes, complete Farth, co. (c), and Farthing | - | (E)(1) | 1000 |
| ۵. | Enter the states to which the foundation reports or with which it is registered. See instructions. | | - 1/ | |
| 04 | ME | | | The second |
| h | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | Para | 100 | 7/5 |
| | of each state as required by General Instruction G? If "No," attach explanation | 8b | Х | |
| ۵ | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | Y LAND | | |
| 3 | year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | Х |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| • | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | Х | |
| | Website address hannaford.com/about-us/hannaford-helps/ | | | |
| 14 | The books are in care of Tammy Hansen Telephone no. 207-8 | | | |
| | Located at P.O. Box 1000, Portland, ME | 4104 | -50 | 05 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | Щ. |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 100 | | |
| | foreign country | | =^^ u) | |
| | | orm 99 0 | 0-PF | (2022) |

| orm 990-PF (2022) Hannalord Charitable Foundation | 01-040 | 3032 | | raye c |
|--|--------|---------|------|--------|
| Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required | | | la e | |
| 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); | | (583) | 100 | 37 |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | 1a(1) | | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | 11 2 | | 77 |
| a disqualified person? | | 1a(2) | | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | 1a(3) | Х | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | 1a(4) | | Х |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | | | | 1000 |
| for the benefit or use of a disqualified person)? | | 1a(5) | | X |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | 11 | 534 |
| if the foundation agreed to make a grant to or to employ the official for a period after | | | | 200 |
| termination of government service, if terminating within 90 days.) | | 1a(6) | | X |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | | |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | 1b | | X |
| c Organizations relying on a current notice regarding disaster assistance, check here | | | | |
| d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | | |
| before the first day of the tax year beginning in 2022? | | 1d | | Х |
| 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)): | | 13 | | |
| a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines | | | | |
| 6d and 6e) for tax year(s) beginning before 2022? | | 2a | | X |
| | | 0.47 | W- 0 | 14-3 |
| If "Yes," list the years,,,, | ect | 11.30 | | 150 |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta | | SIDE OF | | |
| statement - see 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. | | | 1 | |
| | | 13.00 | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | - 3 | 10.0 |
| during the year? | | 3a | | Х |
| b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons | | 244 | 35 | |
| May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to | | 4-14 | 5 1. | 127 |
| of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | | 15 |
| Schedule C, to determine if the foundation had excess business holdings in 2022.) | | 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 purpo | | | | W.5.0 |
| had not been removed from leggardy before the first day of the tay year heginging in 2022 | | 4b | | Х |

Page 6

Hannaford Charitable Foundation

| Part VI-B | Statements Regarding Activities for which i | Form 4/20 May be i | required (contin | dea) | | | | |
|--|---|--|---|---|--------------|------------------|---------------|--|
| | year, did the foundation pay or incur any amount to: | | | | | Yes | E-000000 | |
| | on propaganda, or otherwise attempt to influence legislation (section | | | | 5a(1) | | Х | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | | | | |
| dify void foglobution drive. | | | | | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | | | | | | | | |
| 4945(d)(4)(A)? See instructions | | | | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | | | | | | | | |
| the prevention of cruelty to children or animals? | | | | | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A | | | | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions | | | | | | | | |
| c Organizations relying on a current notice regarding disaster assistance, check here d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained | | | | | | | | |
| a ii ine answ | er is Yes to question 5a(4), does the foundation claim exemption is ersponsibility for the grant? | IOIII IIIG IAA DGGAUSG II IIIAIIIIA | mod | N/A | 5d | | | |
| expenditur | e responsibility for the grant? | | *************************************** | | 10.00 | 1917 | 11 | |
| | ndation, during the year, receive any funds, directly or indirectly, to | nav premiums on | | | 4-6 | | | |
| | benefit contract? | | | | 6a | | X | |
| | ndation, during the year, pay premiums, directly or indirectly, on a r | | | | 6b | | Х | |
| | So, file Form 8870. | on contain contain a conta | | | 100 | | Q SV | |
| | e during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | | | 7a | | х | |
| | I the foundation receive any proceeds or have any net income attribu | | | | 7b | | | |
| | dation subject to the section 4960 tax on payment(s) of more than \$ | | | | DO L | | | |
| | achute payment(s) during the year? | | | | 8 | | Х | |
| Part VII | Information About Officers, Directors, Trust | ees. Foundation Ma | nagers, Highl | 1 | | | | |
| | Paid Employees, and Contractors | , | | | | | | |
| List all offi | cers, directors, trustees, and foundation managers and t | heir compensation. | | id bidist | | | | |
| | | (b) Title, and average | (c) Compensation | (d) Contributions employee benefit pla and deferred | to (| e) Exp count, | ense | |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | at | allowar | ices | |
| | 6 | | | | | | | |
| | | 1 | | | | | | |
| See Sta | tement 7 | | 0. | (|) . | | 0. | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Compensa | tion of five highest-paid employees (other than those inc | | enter "NONE." | 7-1 | | | 2780270 | |
| (=) No. | ne and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions employee benefit pl and deferred | lo ans ac | e) Exp | ense other | |
| (a) Nai | ne and address of each employee paid more than 400,000 | devoted to position | (c) Compensation | and deferred compensation | | allowa | | |
| N | ONE | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| otal number o | f other employees paid over \$50,000 | | | | | | 0 | |
| | | | | | | - | | |

Form **990-PF** (2022)

Form **990-PF** (2022)

| Part VII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | 750 280 | |
|---|---|------------------|
| 3 Five highest-paid independent contractors for professional services. If none, en | ter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| W. | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | *************************************** | 0 |
| Part VIII-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant sta | tistical information such as the | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers p | roduced, etc. | Ехрепосо |
| 1 N/A | | |
| | |] |
| | | |
| 2 | | |
| | |] |
| | | |
| 3 | | |
| | |] |
| | | |
| 4 | | |
| | |] |
| | | |
| Part VIII-B Summary of Program-Related Investments | | - |
| Describe the two largest program-related investments made by the foundation during the tax year | on lines 1 and 2. | Amount |
| 1 N/A | | 1 |
| 15 | |] |
| | | |
| 2 | | 4: |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | |] |
| | | 1 |
| 9 | | 1 |
| | | 1 |
| | | |
| Total Add lines 1 through 3 | | 0. |

Page 8

| P | Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign fo | undation | s, see instructions.) |
|----|---|-------------|---------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 994,532. |
| | Average of monthly cash balances | 1b | 133,044. |
| С | Fair market value of all other assets (see instructions) | 1c | |
| | Total (add lines 1a, b, and c) | 1d | 1,127,576. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | 1200 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,127,576. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 16,914. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 1,110,662. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 55,533. |
| P | art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here and do not complete this part.) | and certair | |
| 1 | Minimum investment return from Part IX, line 6 | 1 | 55,533. |
| 2a | Tax on investment income for 2022 from Part V, line 5 2a 2 1,355. | 4110 | |
| b | Income tax for 2022. (This does not include the tax from Part V.) | 180 | |
| C | Add lines 2a and 2b | 2c | 1,355. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 54,178. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 54,178. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 54,178. |
| P | art XI Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 4 | 1 21/ 105 |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 1,214,105. |
| | Program-related investments - total from Part VIII-B | 1b | Uie |
| | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 7 | |
| | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 1 014 105 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 1,214,105. |
| | | | Form 990-PF (2022) |

Hannaford Charitable Foundation

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| Part XII Undistributed Income (see | e instructions) | | | |
|---|---------------------|--|--|---------------------|
| | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
| 1 Distributable amount for 2022 from Part X, line 7 | | | | 54,178. |
| 2 Undistributed income, if any, as of the end of 2022: | | | _ | |
| a Enter amount for 2021 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2017 1,433,517. | | | | |
| bFrom 2018 cFrom 2019 2,053,161. 1,196,998. | | | | |
| c From 2019 1,196,998. | | | | |
| dFrom 2020 1,214,275. | STATE OF THE SECOND | Digital Art Texture | | |
| eFrom 2021 1,227,383. | | | | |
| f Total of lines 3a through e | 7,125,334. | | | |
| 4 Qualifying distributions for 2022 from | | The state of the s | | |
| Part XI, line 4: \$ 1,214,105. | | | | |
| a Applied to 2021, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | A STATE OF THE STA | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2022 distributable amount | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 54,178. |
| e Remaining amount distributed out of corpus | 1,159,927. | | | |
| 5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as | | | | |
| indicated below: | 1 | | | |
| a Corpus, Add lines 3f, 4c, and 4e. Subtract line 5 | 8,285,261. | | | |
| 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | te a se in week. | |
| | | 0. | | |
| amount - see instructions e Undistributed income for 2021. Subtract line | | | | The second second |
| 4a from line 2a. Taxable amount - see instr. | The Court of | | 0. | |
| f Undistributed income for 2022. Subtract | | A CONTRACTOR OF STREET | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2023 | | | | 0 • |
| 7 Amounts treated as distributions out of | | | next a sales in | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2017 | | | | |
| not applied on line 5 or line 7 | 1,433,517. | | | |
| 9 Excess distributions carryover to 2023. | | TO BE FOR THE WAY | | |
| Subtract lines 7 and 8 from line 6a | 6,851,744. | | Dielle Barrell | ure se la constant |
| 10 Analysis of line 9: | | | | |
| a Excess from 2018 2,053,161. | | | | |
| b Excess from 2019 1,196,998. | | | 、 自己を経るで、A.u. | |
| c Excess from 2020 1,214,275. | | San San Good | | |
| d Excess from 2021 1,227,383. | | | A STATE OF THE STA | |

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d Excess from 2021 e Excess from 2022 ...

Form **990-PF** (2022)

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

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

c Any submission deadlines:

Part XIV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager Amount status of Name and address (home or business) or substantial contributor recipient a Paid during the year \$20,000 Saratoga PC Albany Med Health System N/A Hospital; \$25,000 211 Church Street 45,000. Glens Falls Hospital Saratoga Springs, NY 12866 PC General Operating N/A Bangor Region YMCA Support 17 Second Street 50,000. Bangor, ME 04401 PC General Operating Boys & Girls Clubs of Central New N/A Support Hampshire 55 Bradley Street 50,000. Concord, NH 03301 РC General Operating Boys and Girls Club of Augusta Maine N/A Support (f/b/o Augusta Teen Center) 22 Armory Street 50,000. Augusta, ME 04330 PC General Operating N/A Camp Kita, Inc. Support P.O. Box 238 25,000. North Berwick, ME 03906 See continuation sheet(s) 1,207,567. 3a **b** Approved for future payment None 0. 3b Total Form **990-PF** (2022)

| LINEL VIVAS AUTUMITS TIMESS UTTELWISE TRULATED | Unrelated | business income | | ed by section 512, 513, or 514 | (e) |
|---|-------------------------|-------------------------|-------------------------------|--------------------------------|-----------------------------------|
| Enter gross amounts unless otherwise indicated. 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| | 0000 | | | | |
| b | | | - | | |
| | | | | | |
| · | | | \vdash | | |
| d | | | H | | |
| | | | | | |
| Topo and contracts from government agancies | | | \vdash | | |
| g Fees and contracts from government agencies | | | \vdash | | |
| 2 Membership dues and assessments | ******* | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 15,469. | |
| 4 Dividends and interest from securities | | | 7.4 | 13,403. | |
| 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 | | | 18 | 01 002 | |
| than inventory | | | 10 | 81,993. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | - | | |
| d | | | | | |
| е | | 0. | | 97,462. | 0 |
| 12 Subtotal. Add columns (b), (d), and (e) | | | | | 97,462. |
| | | | ***** | 13 | 97,402. |
| | | | | | |
| | ons.) | | | | |
| See worksheet in line 13 instructions to verify calculat | | nplishment of Ex | empt | Purposes | |
| Part XV-B Relationship of Activi | ties to the Accor | | | | lish mont of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |
| Part XV-B Relationship of Activi Line No. Explain below how each activity for whi | ties to the Accor | column (e) of Part XV-A | | | lishment of |

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Form 990-PF (2022) Hannaford Charitable Foundation 01-0483892

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable

| | | Exempt Organ | izations | | | | | | | |
|--|----------|--|----------------------------|-------------------|-----------------------------------|--------------------------|-----------------------------------|------------------------|-----------------------|-----------|
| 1 | Did the | organization directly or indir | ectly engage in any o | of the followin | g with any other organization | on described in secti | on 501(c) | | Yes | No |
| | (other t | than section 501(c)(3) organ | izations) or in section | n 527, relating | g to political organizations? | | | | 1000 | |
| а | Transfe | ers from the reporting founda | ation to a noncharitab | ole exempt or | ganization of: | | | | | |
| | | sh | | | | | | 1a(1) | | X |
| | | her assets | | | | | | 1a(2) | | X |
| b | | ransactions: | | | | | | The same | | |
| - | - | les of assets to a noncharita | ble exempt organizati | ion | | | | 1b(1) | | X |
| | | rchases of assets from a no | | | | | | 1b(2) | | X |
| | | | | | | | | 1b(3) | | X |
| (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements | | | | | | | | 1b(4) | | X |
| | | | | | | | | 1b(5) | | X |
| | | | | | | | | 1b(6) | | X |
| c | | g of facilities, equipment, ma | | | | | | 1c | | X |
| | | nswer to any of the above is | | | | | | ther ass | ets, | |
| • | or serv | ices given by the reporting fo | nundation. If the foun | dation receive | ed less than fair market valu | ue in any transaction | or sharing arrangement, s | how in | | |
| | | (d) the value of the goods, | | | | | 3 0 , | | | |
| (a) | ine no. | (b) Amount involved | | | e exempt organization | (d) Description | of transfers, transactions, and s | sharing arr | angeme | nts |
| (-/- | | (2)////// | (0) | N/A | J | `` | | | | |
| _ | - | | | 11/11 | | | | _ | | |
| _ | | | | | | - | | | | |
| _ | | | | | | - | | | | _ |
| _ | - | | | | | | | | | |
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| _ | - | | | | | | | | | |
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| - | - | | | | | | | | | |
| _ | - | | | | | + | | | | _ |
| _ | | | | | | - | | | | |
| | _ | | | | | + | | | | |
| _ | 1 11 6 | t it attaches as to discoun | L ffiliate dissible and | | av more toy eyemet organi | rotions described | | | | |
| 2 a | | oundation directly or indirect | | | | | | Yes | X | No |
| | | on 501(c) (other than section | | HI011 527 ? | | | | 163 | _41 | 7 140 |
| b | IT Yes, | complete the following sche (a) Name of org | | | (b) Type of organization | r | c) Description of relations | nin | | |
| | | THE STANSON OF THE ST | amzauon | | (b) Type of organization | | e) bescription of relations | пр | | |
| | | N/A | | | | | | _ | - | |
| _ | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |
| _ | 1.0 | nder penalties phoerjury, I declare | that I have examined th | ie return, includ | ing accompanying schedules an | d statements, and to the | hest of my knowledge | | | |
| C: | | nd belief it is true correct, and co | implete. Declaration of pr | reparer (other th | an taxpayer) is based on all info | rmation of which prepare | r has any knowledge retu | the IHS o | liscuss t e prepar | his er |
| Sig | gn | KATT | | | 14/22/23 | Dwooddon | sho | wn below Yes | ? See in: | str. |
| 110 | | ignature of office or trustee | | | | Presiden | | <u>L</u> Yes | | J No |
| | 5 | STATE OF THE PARTY | | Dropagaria a | Date | Date | Check if PTIN | | | Ţ |
| Ö | | Print/Type preparer's na | nie | Preparer's s | igitature . | Date | self- employed | | | |
| Pa | id | Mi whales | Doub. | 110 | 1 1/ | 04/10/22 | | 1310 | 202 | |
| _ | | Nicholas E. | | C Marie | | 04/18/23 | Firm's EIN 01-04 | | | _ |
| | epare | | r newman | ∝ ио̀хе | ន | | FIRM'S EIN UI-U4: | 7434 | o | |
| US | se Oni | • | D F. | | | | | | | - |
| | | Firm's address P.O | | 04110 | | | 72073 | 270 | 210 | Λ |
| _ | | Por | tland, ME | 04112 | | | Phone no. (207) | orm 99 0 | | |
| | | | | | | | T(| # III 331 | 7-F-F | ICUCCI |

| 3 Grants and Contributions Paid During the | | | | |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| Food Connects | N/A | PC | General Operating | |
| 8 University Way, Suite 1 | | | Support | 25.04 |
| Brattleboro, VT 05301 | | | | 25,00 |
| | | | Danamal Openating | |
| Hundred Nights | N/A | PC | General Operating Support | |
| P.O Box 833; 17 Lamson Street | | | Support | 25,00 |
| Keene, NH 03431 | | | | |
| MaineHealth (f/b/o Maine Medical | N/A | PC | General Operating | |
| Center) | | | Support | |
| 22 Bramhall Street | | | | 240,00 |
| Portland, ME 04102 | | | | 240,00 |
| | | | | |
| My Place Teen Center | N/A | PC | General Operating Support | |
| 755 Main Street Westbrook, ME 04092 | | | Support | 25,00 |
| WESCHIOOK, ME 04072 | | | | |
| Out of Wills Community Condons | N / 2 | PC | General Operating | |
| Oxford Hills Community Gardens 26 Whitman Street | N/A | 1 | Support | |
| Norway, ME 04268 | | | | 10,00 |
| | | | | |
| Preble Street | N/A | PC | General Operating | |
| 55 Portland Street | [,, | | Support | |
| Portland, ME 04101 | | | | 100,00 |
| Regional Food Bank of NE NY (a/k/a | N/A | PC | General Operating | |
| Food Bank of the Hudson Valley) | 1,72 | | Support | |
| 965 Albany-Shaker Road | | | | |
| Latham, NY 12110 | | | | 50,00 |
| | | | | |
| Saint Anne Institute | N/A | PC | General Operating | |
| 160 N Main Avenue | | | Support | E0 0/ |
| Albany, NY 12206 | | | | 50,00 |
| | | | | |
| Scholarship America, Inc. | N/A | PC | General Operating | |
| 7900 International Drive, Suite 500 | | | Support | 110,06 |
| Minneapolis, MN 55425 | | | | 110,00 |
| | | | 01 0 | |
| The Center for Grieving Children | N/A | PC | General Operating | l |
| 555 Forest Avenue | | | Support | 2,50 |
| Portland, ME 04101 Total from continuation sheets | | | | 987,56 |

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient PC General Operating N/A United Way of Southern Maine Support 550 Forest Avenue, Suite 100 350,000. Portland, ME 04101 Total from continuation sheets

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Hannaford Charitable Foundation

Employer identification number

01-0483892

Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-FZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

Hannaford Charitable Foundation

01-0483892

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addi | tional space is needed. | |
|-------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Hannaford Brothers Co. P.O. Box 1000 Portland, ME 04104 | | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | it. | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | 2 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 223452 11-1 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022 |

Name of organization

Employer identification number

Hannaford Charitable Foundation

01-0483892

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (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 |
| | | = | = |
| | | \$ | 19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |
| | | \$ | ; 2 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | — — | |
| | 4. | \$ | 7 |
| (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 |
| | | = | |
| | | _ \$ | |

Employer identification number

| | d Charitable Foundat | | | 0483892 |
|---------------------------|--|--|---|---------------------------------|
| from | lusively religious, charitable, etc., contribut n any one contributor. Complete columns (a) | through (e) and the following line entry. For | r organizations | il more than \$1,000 for the ye |
| com | pleting Part III, enter the total of exclusively religious, of equipment and its additional | charitable, etc., contributions of \$1,000 or less f | or the year. (Enter this info. once.) \$\P_ | |
| (a) No. | Manager Control of the Control of th | | 105 | 41 201-1-11 |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description | of how gift is held |
| | | 17 | | |
| | | | | |
| - | | a | | 1: |
| | | (e) Transfer of gift | | |
| | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor | to transferee |
| - | | | | |
| - | | 7: | | |
| ** | | | | |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description | of how gift is held |
| Part I | | | | |
| | | | | |
| | 4 | [6] | | |
| | | | | |
| | | (e) Transfer of gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor | to transferee |
| | | | | |
| - | | | | |
| | | | | |
| (a) No. from | (In) Desire and a faith | (c) Use of gift | (d) Description | of how gift is held |
| Part I | (b) Purpose of gift | (c) Ose of grit | (u) Description | or now gire to note |
| - | | · | - | |
| | | | | |
| | - | | | |
| | | (e) Transfer of gift | | |
| s. | Transferrate name address | -d 7ID + 4 | Relationship of transferor | r to transferee |
| | Transferee's name, address, a | III ZIF + 4 | relationship of transfer of | to demonstrate |
| | | | | |
| | | | | |
| (a) No. | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description | of how gift is held |
| | | | | |
| | | 2 | | |
| - | | | | |
| - | | (e) Transfer of gift | | |
| | | ., | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transfero | r to transferee |
| | | | | |
| - | · · | | | |

Form **2220**

Underpayment of Estimated Tax by Corporations

Form 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return. For Go to www.irs.gov/Form2220 for instructions and the latest information.

Name

Hannaford Charitable Foundation

Employer identification number 01-0483892

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

| F | Part I Required Annual Payment | | | | | | |
|-----|--|---------|-----------------------------|--------------------|-----------|---------------------|----------|
| 1 | Total tax (see instructions) | 000000 | | | | 1 | 1,355. |
| | *************************************** | | | | | St. | |
| 2 8 | a Personal holding company tax (Schedule PH (Form 1120), line | e 26) | included on line 1 | 2a | 1 | 1.35 | |
| | b Look-back interest included on line 1 under section 460(b)(2) | | | | | 02.00 | |
| | contracts or section 167(g) for depreciation under the income | | | 2b | | 0.00 | |
| | (0) | | | | | | |
| 0 | c Credit for federal tax paid on fuels (see instructions) | | | 2c | | | |
| | d Total. Add lines 2a through 2c | | | | | 2d | |
| 3 | Subtract line 2d from line 1. If the result is less than \$500, do | not c | omplete or file this form. | The corporation | | 2.000100000 | |
| _ | does not owe the penalty | | 1,355. | | | | |
| 4 | Enter the tax shown on the corporation's 2021 income tax retu | ırn. S | ee instructions. Caution: | If the tax is zero |) | | |
| | or the tax year was for less than 12 months, skip this line and | | | | | 4 | 1,528. |
| | , | | | | | | |
| 5 | Required annual payment. Enter the smaller of line 3 or line | 4. If t | he corporation is required | l to skip line 4, | 00 | | |
| | enter the amount from line 3 | | | | | 5 | 1,355. |
| F | Part II Reasons for Filing - Check the boxes below | w tha | t apply. If any boxes are c | hecked, the cor | poration | must file Form 2220 | |
| - 1 | even if it does not owe a penalty. See instructions. | | | | | | |
| 6 | The corporation is using the adjusted seasonal installn | nent | method. | | | | |
| 7 | The corporation is using the annualized income installi | | | | | | |
| 8 | The corporation is a "large corporation" figuring its first | | | the prior year' | s tax. | | |
| F | Part III Figuring the Underpayment | | | | | | |
| | | | (a) | (b) | | (c) | (d) |
| 9 | Installment due dates. Enter in columns (a) through (d) the | | | | | | |
| | 15th day of the 4th (Form 990-PF filers; Use 5th month), | | | | | | |
| | 6th, 9th, and 12th months of the corporation's tax year | 9 | 05/15/22 | 06/15 | /22 | 09/15/22 | 12/15/22 |
| 10 | Required installments. If the box on line 6 and/or line 7 | | | | | | |
| | above is checked, enter the amounts from Sch A, line 38. If | | | | - 1 | | |
| | the box on line 8 (but not 6 or 7) is checked, see instructions | | | | | | |
| | for the amounts to enter. If none of these boxes are checked, | | | | | | |
| | enter 25% (0.25) of line 5 above in each column | 10 | 339. | | 339. | 338. | 339. |
| 11 | Estimated tax paid or credited for each period. For | | | | | | |
| | column (a) only, enter the amount from line 11 on line 15. | | | | | | |
| | See instructions | 11 | | | | 1,600. | |
| | Complete lines 12 through 18 of one column | \neg | | | | | |
| | before going to the next column. | | | | | | ¥) |
| 12 | Enter amount, if any, from line 18 of the preceding column | 12 | | | | | 584. |
| | Add lines 11 and 12 | 13 | | | | 1,600. | 584. |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | | | 339. | 678. | |
| | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0. | | 0. | 922. | 584. |
| | If the amount on line 15 is zero, subtract line 13 from line | \neg | 11-0,000 | | | | |
| | 14. Otherwise, enter -0- | 16 | | | 339. | 0. | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, | | | | | | |
| •• | subtract line 15 from line 10. Then go to line 12 of the next | | | | - 1 | | |
| | column. Otherwise, go to line 18 | 17 | 339. | | 339. | | |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 | | | | | | |
| | from line 15. Then go to line 12 of the next column | 18 | | | | 584. | |
| Go | to Part IV on page 2 to figure the penalty. Do not go to Part IV | | ere are no entries on line | e 17 - no penal | ty is owe | d. | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

Form 2220 (2022)

Part IV Figuring the Penalty

| | | (a) | (b) | (c) | (d) |
|--|---|-----|------------|----------|------|
| 19 Enter the date of payment or the after the close of the tax year, whi (C corporations with tax years er and S corporations; Use 3rd mor Form 990-PF and Form 990-T fil instead of 4th month.) See instruc | chever is earlier. nding June 30 hth instead of 4th month. ers: Use 5th month | | | | |
| Number of days from due date of install date shown on line 19 | م ا | | | | |
| Number of days on line 20 after 4/15/20 | 22 and before 7/1/2022 21 | | | | |
| 2 Underpayment on line 17 x Number of c | | \$ | \$ | \$ | \$ |
| 3 Number of days on line 20 after 6/30/20 | 22 and before 10/1/2022 23 | | | | |
| 4 Underpayment on line 17 x Number of c | tays on line 23 x 5% (0.05) 24 | \$ | \$ | \$ | \$ |
| 5 Number of days on line 20 after 9/30/20 | 22 and before 1/1/2023 25 | | | | |
| 6 Underpayment on line 17 x Number of c | days on line 25 x 6% (0.06) 26 | \$ | \$ | \$ | \$ |
| Number of days on line 20 after 12/31/2 | 022 and before 4/1/2023 27 | See | Attached W | orksheet | |
| 8 Underpayment on line 17 x Number of c | days on line 27 x 7% (0.07) 28 | \$ | \$ | \$ | \$ |
| Number of days on line 20 after 3/31/20 | 23 and before 7/1/2023 | | | | |
| Underpayment on line 17 x Number of c | days on line 29 x '% 30 | \$ | \$ | \$ | \$ |
| 1 Number of days on line 20 after 6/30/20 | 23 and before 10/1/2023 31 | | | | |
| 2 Underpayment on line 17 x Number of c | | \$ | \$ | \$ | \$ |
| Number of days on line 20 after 9/30/20 | 23 and before 1/1/2024 33 | | | | |
| 4 Underpayment on line 17 x Number of c | days on line 33 x *% | \$ | \$ | \$ | \$ |
| Number of days on line 20 after 12/31/2 | 023 and before 3/16/2024 35 | | | i i | |
| 6 Underpayment on line 17 x Number of c | days on line 35 × *% | \$ | \$ | \$ | \$ |
| 7 Add lines 22, 24, 26, 28, 30, 32, 34, and | 37 | \$ | \$ | \$ | \$ |
| 8 Penalty. Add columns (a) throug | ph (d) of line 37. Enter the total h | | | 38 | \$ 9 |

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

Form 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

| ame(s) | | | | Identifying Numb | oer |
|------------------------|---------------|--------------------------------|-----------------------------------|--------------------------------|----------------|
| Hannaford C | haritable Fou | undation | | 01-0483 | 8892 |
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) - Daily Penalty Rate | (F) Penalty |
| | | :-0- | | | |
| 5/15/22 | 339. | 339. | 31 | .000109589 | |
| 06/15/22 | 339. | 678. | 15 | .000109589 | |
| 6/30/22 | 0. | 678. | 74 | .000136986 | |
| 9/12/22 | -1,600. | -922. | | | |
| 9/15/22 | 338. | -584. | | | |
| 9/30/22 | .0. | -584. | 76 | .000164384 | |
| 12/15/22 | 339. | -245. | | | |
| 12/31/22 | 0. | -245. | 135 | .000191781 | |
| | | | | | |
| | _ | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| alty Due (Sum of Colum | nn F) | | | | |

^{*} Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

| Form 990-PF Divid | lends | and Intere | est from Secu | rities | Statement 1 |
|---|----------|---|------------------------------------|---------------------------------|---|
| Gros Source Amou | | Capital Gains Dividends | (a) Revenue s Per Books | (b) Net Invest ment Incom | - |
| Vanguard Portfolios 15, | 509. | 4(| 0. 15,469 | . 15,469 | • |
| To Part I, line 4 15, | 509. | 4(| 15,469 | 15,469 | • |
| Form 990-PF | | Taxe | es | | Statement 2 |
| Description | | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes |
| Excise Taxes | S | 1,642. | 0. | | 0. |
| To Form 990-PF, Pg 1, ln 1 | .8 | 1,642. | 0. | _ | 0. |
| | | | | | |
| Form 990-PF | | Other E | xpenses | | Statement 3 |
| Form 990-PF Description | | Other E: (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable |
| | | (a) Expenses | (b) Net Invest- | (c) Adjusted | (d) Charitable |
| Description ———————————————————————————————————— | .ng _ | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted | (d) Charitable Purposes |
| Description Banking Fees Communications and Marketi To Form 990-PF, Pg 1, ln 2 | _ng | (a) Expenses Per Books 1,445. 5,094. | (b) Net Invest- ment Income 0. | (c) Adjusted Net Income | (d) Charitable Purposes 1,445. 5,094. |
| Description Banking Fees Communications and Marketi To Form 990-PF, Pg 1, ln 2 | ng 23 | (a) Expenses Per Books 1,445. 5,094. | (b) Net Invest- ment Income 0. 0. | (c) Adjusted Net Income | (d) Charitable Purposes 1,445. 5,094. 6,539. |
| Description Banking Fees Communications and Marketi To Form 990-PF, Pg 1, ln 2 Form 990-PF Other Increa | ing23 | (a) Expenses Per Books 1,445. 5,094. 6,539. | (b) Net Invest- ment Income 0. 0. | (c) Adjusted Net Income | (d) Charitable Purposes 1,445. 5,094. 6,539. Statement 4 |

| Form 990-PF | Corporate Stock | | State | ement 5 |
|---|--|------------|---------------------------------|----------------|
| Description | 4 | Book Value | | Market alue |
| 8752.760 shs VTSAX | | 814,88 | 32. | 814,882. |
| Total to Form 990-PF, Part I | II, line 10b | 814,88 | 32. | 814,882. |
| Form 990-PF | Corporate Bonds | | State | ement 6 |
| Description | | Book Value | | Market alue |
| 5280.651 shs VBTLX | | 50,06 | 51. | 50,061. |
| Total to Form 990-PF, Part I | II, line 10c | 50,06 | 51. | 50,061. |
| | List of Officers, Dies and Foundation Mana Title and Avrg Hrs/Wk | | Employee Ben Plan Contrib | |
| Todd Bullen P.O. Box 1000 Portland, ME 04104 | Director 0.50 | 0. | 0. | 0. |
| James Hamilton P.O. Box 1000 Portland, ME 04104 | Director (end 0.50 | 5/2022) | 0 . | 0. |
| Andrea Nickerson P.O. Box 1000 Portland, ME 04104 | Director 0.50 | 0. | 0 • | 0. |
| Peter Forester P.O. Box 1000 Portland, ME 04104 | President 0.50 | 0 * | 0. | 0. |
| Nicole Lewis P.O. Box 1000 Portland, ME 04104 | Vice President 0.50 | 0. | 0 . | 0. |

| Hannaford Charitable Founda | tion | | 01-0 | 483892 |
|---|-------------------|-----|------|--------|
| Chip Leighton P.O. Box 1000 Portland, ME 04104 | Treasurer 0.50 | 0. | 0. | 0. |
| Tammy Hansen P.O. Box 1000 Portland, ME 04104 | Secretary 0.50 | 0 🖟 | 0 . | 0. |
| Totals included on 990-PF, Pa | ge 6, Part VII | 0 • | 0. | 0. |

Form 990-PF Grant Application Submission Information Statement 8
Part XIV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

Tammy Hansen P.O. Box 1000 Portland, ME 04104

Telephone Number

Name of Grant Program

207-885-2223

Hannaford Charitable Giving

Email Address

hannafordcharitablefoundation@hannaford.com

Form and Content of Applications

Organizations interest in applying for funding may access the application at the following web address:

www.hannaford.com/about-us/hannaford-helps/charitable-foundation Completed applications should be submitted to the address and contact listed above. Applicants should be prepared to provide the following materials with their proposals: a narrative of the proposal, including its goals, social impact, need, budget, and sustainability; a description of the organization seeking funding, including a brief history of its operations and funding; copies of the applicant's operating budget, 501(c)(3) IRS Determination Letter, and the most recent Form 990; verification of the application's current exempt status; and a letter of agreement between the applicant and any collaborating organization on the proposal (if applicable).

Any Submission Deadlines

The Foundation considers applications as they are received.

Restrictions and Limitations on Awards

To apply to the Hannaford Charitable Foundation, your program or organization must: have an active and responsible board of trustees; exhibit ethical publicity methods and solicitation of funds; provide for an appropriate audit to reveal income and disbursements in reasonable detail; demonstrate long-term financial viability; and be a qualified tax-exempt organization. The Foundation will prioritize proposals that focus on food, education, and/or health related causes. The Foundation generally does not support individuals, political organizations, fraternal or religious institutions, or private foundations. Grants are not intended to fund operating budgets, scholarships, or public schools.