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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

7/01/08 For the 2008 calendar year, or tax year beginning , and ending 6/30/09 Check if applicable Please C Name of organization Employer identification number use IRS Address change Hammond for Hope Foundation, Inc The label or Attn: Debra Scott 20-5232025 Name change print or E Telephone number Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite See PO Box 67 Termination 912-644-2220 Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 Savannah GA 31402-0067 Application pending tions Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash Accrual G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) X if the organization is not Website: > N/A Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Organization type (check only one)— |X| = 501(c) ( 3 ) **◄** (insert no ) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return 51,633 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 1 6,653 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 25 4 Investment income 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch ) 5c **3 2010** Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ of contributions 44,955 reported on line 1) 29,094 6b Less direct expenses other than fundraising expenses 15,861 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7с 8 Other revenue (describe R 22,539 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 See Statement 1 21,585 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employed benefits C 12 12 Professional fees and other payments to independent contractors 723 13 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe 16 22,308 Total expenses. Add lines 10 through 16 17 17 **Net Assets** Excess or (deficit) for the year (Subtract line 1) from line 9) 231 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 50,369 19 19 20 Other changes in net assets or fund balances (attach explanation) 20 50,600 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II) (A) Beginning of year (B) End of year 50,369 50,600 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe 24 25 Total assets 50,369 25 50,600 01 26 26 Total liabilities (describe 50,369 50,600 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form **990-EZ** (2008)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008) Hammon	<u>d for Hope Foundation</u>	on, Inc The 20	)-5232025			Page <b>2</b>
Part III Statement of Pr	ogram Service Accomplishme	nts (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary ex	empt purpose?				(Required	d for 501(c)(3)
See Statement 2					and (4) o	rganizations
Describe what was achieved in carryi	ng out the organization's exempt purpos	es In a clear and concise	e manner,		and 4947	7(a)(1) trusts,
describe the services provided, the n	umber of persons benefited, or other rele	evant information for each	program title		optional f	for others )
28 Donation to Savannah Sp	eech & Hearing, Inc., purchase	of		[		
hearing aids, education	fees and supplies					
(Grants \$ 21,58	35) If this amount includes foreign gra	nts, check here	<u> </u>	28	a	21,585
29						
(Canada C	\		_			
(Grants \$	) If this amount includes foreign gra	nts, check here		29:	a	
(Grants \$	) If this amount includes foreign gra	nts, check here	<b>•</b>	30	a	·
31 Other program services (attach s				$\neg$		
(Grants \$	) If this amount includes foreign gra	nts, check here		31		
32 Total program service expense				<b>▶</b> 32		21,585
Part IV List of Officers, Dire	ectors, Trustees, and Key Employees.			e the inst	ructions fo	
(a)	Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	employee b	ributions to enefit plans & empensation	(e) Expense account and other allowances
Chris Hammond, IV	Savannah	President	enter -oj	ucieneo o	mpensation	Other allowances
602 E Latrop Ave	GA 31415	1165146116			0	0
Debra Scott	Savannah	Secretary		1		
602 E Latrop Ave	GA 31415	300200427	0		0	0
· · · · ·	· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·						
<u> </u>						
manyah approdusi da asar asar asar asar asar asar asar a						
	*					
				-		
	***************************************					
DAA		L	L	<u> </u>		orm <b>990-EZ</b> (2008)
						<del></del>

_	990-EZ (2008) Hammond for Hope Foundation, Inc The 20-5232025			P	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	F		res	No
33	description of each activity		33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	ļ ,	-	$\neg$	
J <b>4</b>	attach a conformed copy of the changes		34	i	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	}		$\neg \dashv$	
00	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	İ	1	Ì	
•	and proxy tax requirements?		35a	1	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	F	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"	Ì	330		
30	complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	ŀ	-30		
b	Did the organization file Form 1120-POL for this year?		37b	İ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	ŀ	3/6		
30a	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	İ	38a	İ	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved		30a		
39	Section 501(c)(7) organizations Enter				
ээ a	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities  39b				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under				
+va	section 4911 ►				
h	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			ĺ	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule				
	L, Part I		40b		X
_	Enter amount of tax imposed on organization managers or disqualified persons during		400		
·	the year under sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	<del></del>			
•	transaction? If "Yes," complete Form 8886-T	Ì	40e		X
41	List the states with which a copy of this return is filed. ▶ GA	L	406		
42a	The books are in care of Debra Scott  Telephone n	o ▶ 912	- 64	4-2	220
<b>4</b> 2a	602 E Lathrop Ave		0.1		
	Located at ► Savannah, GA ZIP+	₄ <b>▶</b> 314	15		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	, , , , , ,			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?	ſ	42b	163	X
	If "Yes," enter the name of the foreign country		725		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	1	х
·	If "Yes," enter the name of the foreign country	ı	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				<b>▶</b> □
73		43			<u>-</u> L
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ſ		163	140
	Form 990-EZ		44		Х

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

"Yes," Form 990 must be completed instead of Form 990-EZ

	0-EZ (2008) Hammond for Hope Foundation, 1					Page 4
Part '	, , , , , , , , , , , , , , , , , , , ,	(c)(3) organiza	ations must ar	nswer questions	46–49	
	and complete the tables for lines 50 and 51.					т——
	d the organization engage in direct or indirect political campaign activities on	benait of or in opp	position to	ſ	Yes	
	indidates for public office? If "Yes," complete Schedule C, Part I	O D-411			46	X
	d the organization engage in lobbying activities? If "Yes," complete Schedule		Cabadula E		47	X
	the organization operating a school as described in section 170(b)(1)(A)(ii)?	•	Schedule E	ŀ	48	X
	d the organization make any transfers to an exempt non-charitable related or	ganization?		ŀ	49a	X
	"Yes," was the related organization(s) a section 527 organization? omplete this table for the five highest compensated employees (other than of	floore directors to	ustoos and less	 	49b	
	ich received more than \$100,000 of compensation from the organization. If the		-	npioyees) wno		
Ca	ich received more than \$100,000 or compensation from the organization in the	iere is none, enter	None			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe	and
None	······································	devoted to position		deferred compensation	other allow	ances
None						
					<del></del> -	
				l		
		·. ·				
Total nu	mber of other employees paid over \$100,000					
51 C	omplete this table for the five highest compensated independent contractors	who each received	d more than \$100.	000 of	·	
	impensation from the organization. If there is none, enter "None."		,			
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	1
None						
						· · · · · · · · · · · · · · · · · · ·
	**************************************					
Total nu	mber of other independent contractors each receiving over \$100,000	<u> </u>		<del></del>		
	Under penalties of pergury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than or					
Sign	and belief, it is true, couged, and complete beclaration of preparer (other trial)	onicer) is based on ai	- 18 - 18	· · · · · · · · · · · · · · · · · · ·	wiedge	
Here	Car Ramon	<del>, , , , , , , , , , , , , , , , , , , </del>				
nere	Signature of officer , Lummond Pr	es, Jean	Date			
	Type or print name and title	esigepi				
<del></del>	C 1-0	Date	Check if	Preparer's Ident	lifving Number	(See instr.)
Paid	Preparer's CANAL -		self-		, ,	(200 11011 )
Paid Prepa	signature Steven M. Arkin, C.P.A.	1/12	2/10 employed			0405
Prepa Use O		C.			<u>8-259</u>	9496
use U	iii seii-eiiipioyed),			Phone	256	
	address, and ZIP+4 Savannah, GA 31406				<u>-356-</u>	$\overline{}$
May the	e IRS discuss this return with the preparer shown above? See instructions			<b>•</b>	Yes	No No
				Fo	rm <b>990-E</b>	<b>Z</b> (2008)

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hammond for Hope Foundation, Inc The

Employer identification number 20 - 5232025

			Accii. Debia							_	- 52320	<u> </u>	
	art I			Status (All organizations			e this	part.) (	see ir	nstruc	tions)		
The	orgai	nization is not	a private foundation becaus	e it is (Please check only one of	organizatio	on.)							
1	Ш	A church, cor	nvention of churches, or ass	ociation of churches described	ın section	170(b)(1	)(A)(i).						
2	Ц	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3	Ш	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170(	b)(1)(A)(i	iii). (Atta	ich Sche	edule H	.)			
4	Ш	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b	)(1)(A)(i	ii). Ente	r the ho	spital's nam	ıe,	
	_	city, and state											
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed ın			
			b)(1)(A)(iv). (Complete Part										
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A	)(v).						
7	X			substantial part of its support fro				from the	genera	d public			
		described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	$\Box$	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
9	$\Box$			1) more than 33 1/3 % of its sup	•	contribut	ions, me	embersh	ip fees.	and gro	oss		
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2	2) no mo	re than	33 1/3	% of its			
		_		nd unrelated business taxable in	•	•	•						
				0, 1975 See section 509(a)(2).	•			•					
10		An organizati	on organized and operated	exclusively to test for public safe	ety Sees	ection 50	)9(a)(4).	(see ins	struction	ns)			
11	П			exclusively for the benefit of, to									
		purposes of o	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	2) See	section	1		
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	mplete lu	nes 11e	through	11h.				
		a Type	I <b>b</b> Type Ii	c Type III–Function	ally Integr	ated	d	П Тур	e III–Ot	her			
е		By checking t	this box, I certify that the org	anization is not controlled direc	tly or indir	ectly by c	ne or m	ore disc	ualified				
		persons othe	r than foundation managers	and other than one or more put	olicly supp	orted org	janizatio	ns desc	rıbed ın	section	)		
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
			check this box						•				
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (	II)				Yes	No
		and (III) I	below, the governing body o	f the supported organization?							11g(	i)	
		(ii) A family	member of a person describ	ped in (i) above?							11g(		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(		
h		Provide the f	following information about t	he organizations the organization	n support	ts							
(i)	Name	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did	ou notify	(vi)	ls the	(vii) A	mount of	i i
( )		anization	<b>(.,,</b>	(described on lines 1-9		sted in your		nization in	organizat			pport	
				above or IRC section	governing	document?		of your		zed in the			
				(see instructions))	Yes	No	Yes	port? No	Yes	S? No			
					165	-	163	- 10	163	140		-	
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											·		
	_					ļ		<u> </u>					
	_				<u> </u>				<del> </del>				
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Total

Schedule	A (Form	990 or	990-	EZ) 2	2008	Нa	mmo	nd	for	Hope	Fou	ndat	ion, I	nc	The	20-5	<u>52</u> 3202	25

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 39,500 9,729 6,653 55,882 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-3 39,500 9,729 6,653 55,882 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 55,882 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 39,500 9,729 6,653 55,882 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 26 25 54 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 55,936 12 Gross receipts from related activities, etc. (see instructions) 12 113.630 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.9035 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 100.0000 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

050					r		
Part III Supp	or 990-EZ) 2008 Ham port Schedule for Or aplete only if you che	ganizations D	escribed in So	ection 509(a)(	nc The 20 2)	-5232025	Page 3
Section A. Public	Support	oned the box	<u> </u>	101.7			
	al year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contri membership fees re any "unusual grants	eceived (Do not include						
sold or services per	n admissions, merchandise formed, or facilities tivity that is related to the exempt purpose		_				
	n activities that are not an ousiness under section 513						
	d for the organization's vaid to or expended on						
5 The value of ser furnished by a go organization with	overnmental unit to the						
6 Total. Add lines	1-5						- <del>*</del>
	ed on lines 1, 2, and 3 squalified persons	_					
received from ot persons that exc							
	(Subtract line 7c from	_					
line 6)	,000,000,000,000,000			······································			
Section B. Total	Support	······				<u></u>	
	al year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from lir	ne 6	-					
payments receiv	om interest, dividends, red on securities loans, and income from similar						
	ess taxable income (less is) from businesses ine 30, 1975						
c Add lines 10a ar	nd 10b						
activities not incl	i unrelated business luded in line 10b, ne business is regularly		;				
	o not include gain or le of capital assets IV)						
3 Total support. (	Add lines 9, 10c, 11,						<del></del>
and 12)	[						
-	If the Form 990 is for the	•	, second, third, fou	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	_
	eck this box and stop here		<del></del>	<del> </del>		·	<u>▶</u>
	utation of Public Su					<del></del>	
• • •	ercentage for 2008 (line 8,		-	n (f))		15	%
	ercentage from 2007 Sche					16	%

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2008 Hammond for Hope Foundation, Inc The 20-5232025

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Hammond for Hope Foundation, Inc The Attn: Debra Scott

Employer identification number 20-5232025

Part I Fundraising Activities. Complete i	f the organizat	ion a	nsw	ered "Yes" to For	m 990, Part IV, lir	ne 17					
1 Indicate whether the organization raised funds through	any of the following	activ	ities	Check all that apply							
a Mail solicitations	e Solicitation	of no	n-gov	ernment grants							
b Email solicitations	f Solicitation	of go	vernm	ent grants							
c Phone solicitations	g Special fur	draisii	ng ev	ents							
d In-person solicitations											
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	vith any individual ( in connection with	ncludi profes	ing of	ficers, directors, truste il fundraising services	es ?	Yes No					
<b>b</b> If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table										
(i) Name of individual or entity (fundraiser)	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization									
		Yes	No								
<del></del>		-									
					<u>-</u>						
		-									
		+-									
Total			•								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	edule G (Form 990 or 990-EZ)  art II Fundraising E  more than \$15	2008 Hammond for vents. Complete if the orga,000 on Form 990-EZ, line	Hope Foundation anization answered "Yes"	to Form 990, Part IV, li	ne 18, or reported	
0	more than $\phi$ ,	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other Events  None (total number)	(d) Total Events (Add col (a) through col (c))	
Revenue	Gross receipts     Less Charitable     contributions	44,955			44,955	
	3 Gross revenue (line 1 minus line 2)	44,955			44,955	
	4 Cash prizes					
enses	5 Non-cash prizes					
Direct Expenses	6 Rent/facility costs	29,094			20.004	
◌	7 Other direct expenses	29,094				
	<u> </u>	<ul> <li>Add lines 4 through 7 in column ombine lines 3 and 8 in column (d)</li> </ul>	• •	•	( 29,094 <sub>)</sub> 15,861	
P	art III Gaming. Com	plete if the organization an		), Part IV, line 19, or rep		
	than \$15,000 c	on Form 990-EZ, line 6a.	(h) Dull to be floored	<u> </u>	(d) Tatal consum (Add	
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
- R	1 Gross revenue					
Ses	2 Cash prizes					
Direct Expenses	3 Non-cash prizes					
Direc	4 Rent/facility costs					
	5 Other direct expenses			 		
	6 Volunteer labor	Yes % X No	Yes %	X No		
	7 Direct expense summary	Add lines 2 through 5 in column	(d)	•	()	
	8 Net gaming income sum	mary Combine lines 1 and 7 in co	lumn (d)	<u> </u>		
9 a	, ,	e organization operates gaming ac o operate gaming activities in eacl			Yes No	
b						
10a b		o's gaming licenses revoked, suspo	ended or terminated during the ta	ıx year?	10a X	
11	•	te gaming activities with nonmemb		hor ontity	11 X	
12	formed to administer charitat	beneficiary or trustee of a trust or ole gaming?	a member of a partite strip of ot		12 X Form 990 or 990-EZ) 2008	

Sche	dule G (Form 990 or 990-EZ) 2008 Hammond for Hope Foundation, Inc The 20-5232	2025	Р	age 3
		<b></b>	Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	%		
þ	An outside facility	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶ Debra Scott			
	602 E Lathrop Ave			
	Address ► Savannah GA 31415			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			v
L	revenue?	15a	-	X
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address			
С	ii Tes, enter name and address		1	
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	178	<del>↓</del>	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶ \$	l	1	

Schedule G (Form 990 or 990-EZ) 2008

08050 Hammond for Hope Foundation, Inc The

20-5232025 FYE: 6/30/2009

**Federal Statements** 

# Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

	Purpose	
Date of Gift	FMV Explanation	
Class of Activity	Book Value Explanation	
hip ation	Book Value	
Relationship to Organization	Noncash Contribution	none
	Cash Contribution	1g, Inc. 20,000
Name and Address	Description of Property	Savannah Speech & Hearing, Inc.

1206 E 66th St

Savannah, GA 31404

Total

20,000

08050 Hammond for Hope Foundation, Inc The

**Federal Statements** 

FYE: 6/30/2009

20-5232025

## Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

## Description

Raise funds to benefit the Hearing Impaired. Pays for hearing aids, education and teacher training. Also, contributes funds to the Savannah Speech & Hearing Center, Inc, a non-profit listed in Pub 78.

Form. 8868 (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue			► File a separate application for each return.				
		tomatic 3-Month Extension,	, complete only Part I and check this box				<b>▶</b> X
			Month Extension, complete only Part II (on page 2	of this form)			•
			ranted an automatic 3-month extension on a previo		n 8868_		
Part I			of Time. Only submit original (no copies				
A corporation i	required to file	Form 990-T and requesting a	an automatic 6-month extension—check this box ai	nd complete			
Part I only		soo . and roquosing t	an adomatic o month extension and kind box at	na complete			▶ 🗌
All other corpo			ps, REMICs, and trusts must use Form 7004 to req	quest an exten	ision of		
Electronic Fili	ing (e-file). Ge	enerally, you can electronicall	ly file Form 8868 if you want a 3-month automatic e	extension of tir	ne to file	1	
			n required to file Form 990-T) However, you cannot				
electronically if	f (1) you want	the additional (not automatic)	) 3-month extension or (2) you file Forms 990-BL, 6	6069, or 8870,	group		
returns, or a co	omposite or co	onsolidated Form 990-T. Inste	ead, you must submit the fully completed and signe	ed page 2 (Par	rt II) of F	orm	
8868. For more	e details on th	e electronic filing of this form,	, visit www irs gov/efile and click on e-file for Charit	ies & Nonprof	its		
Type or		empt Organization		Er	mployer	identification nun	nber
print			indation, Inc The				
File by the due date for		Debra Scott	1	2	0-52	32025	
filing your	Number, str	eet, and room or suite no	Se Por Reg Instructions				
return See instructions	City town o	060 -46					
	Savanr	iah	Section address, see instructions				
Form 99	f return to be 90 90-Bl	r post office, state 3 nd 2 feet 1 a h second filed (file deep grafe a special from the control of the control	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust)			Form 4720 Form 5227	
X Form 99	0-EZ	WALE MY CHARLON	Form 990-T (trust other than above)			Form 6069	
Form 99	0-PF	CCORP	Form 1041-A			Form 8870	
Telephone If the orgal If this is fo for the whole galist with the r	e No ▶ 91 nization does or a Group Ret group, check ti names and Eli	urn, enter the organization's fi his box ► ☐ If it i Ns of all members the extensi	FAX No ▶ 912-644-216 f business in the United States, check this box four digit Group Exemption Number (GEN) sign part of the group, check this box bion will cover.	If this and atta	-		▶ 🗆
-		,	rporation required to file Form 990-T) extension of ti				
	rganization's i		ation return for the organization named above. The	extension is			
	calendar year						
	tax year begin		ending 6/30/08				
. Ш	,	, , , , , , , , , , , , , , , , , , , ,					
2 If this tax	x year is for le	ss than 12 months, check rea	ason: Initial return Final return	Change in a	ccountin	g period	
•		,	T, 4720, or 6069, enter the tentative tax,				_
		e credits See instructions			3a :	\$	
		r Form 990-PF or 990-1, ente ide any prior year overpaymer	er any refundable credits and estimated tax		26	œ	
			e your payment with this form, or, if required,		3b	\$	
			FTPS (Electronic Federal Tax Payment				
	See instructi	· · · · · · · · · · · · · · · · · · ·	o (Elociono i desidi tan'i aymon		3c	\$	
			drawal with this Form 8868, see Form 8453-EO and	d Form 8879-		·	

for payment instructions