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# SCANNED MAR 3 0 2010

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

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)

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 \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

**Open to Public** Inspection

A	For the	or the 2009 calendar year, or tax year beginning , and ending									
В	Check if applicable Please C Name of organization							D Employer identification number			
	Address change use IRS										
	Name ch	Name change   label or print o						-0400777			
	Initial ret	turn	type.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E		phone number			
i	Termination See 2650 WEST STATE ROAD 84							954-584-7600			
! '	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4		F	F Group Exemption				
: '_		ion pending	tions.	FT LAUDERDALE FL 33312	<del></del>	<u> </u>	Num	7 7 7			
	<ul><li>Sec</li></ul>	tion 501(c)(3		ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accountur	-					
				pleted Schedule A (Form 990 or 990-EZ).	Other (specify						
ı		te: ▶ <u>N/</u>		Transaction   1   1   1   1   1   1   1   1   1	H Check required t	o attac	of the h Sche	organization is <b>not</b> edule B (Form 990,			
7		empt status (ch									
K	Check			panization is not a section 509(a)(3) supporting organization and its g				ore than \$25,000 A			
_				uin is not required, but if the organization chooses to file a return, be		retui	n ▶ \$	51,668			
느				o determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 9		uctic					
	Part I			penses, and Changes in Net Assets or Fund Balanc	es (See the msu	ucuc	4	51,494			
	1	•		s, and similar amounts received		⊢	2	31,131			
	2	-		nue including government fees and contracts d assessments		⊢	3				
	3 4	Investment i		a assessments		F	4	174			
Revenue	5a			ale of assets other than inventory 5a		<u></u>	-				
	Ь			isis and sales expenses 5b			1				
	C			f assets other than inventory (Subtract line 5b from line 5a)	<del></del>		5c				
	6	` '		ties (complete applicable parts of Schedule G). If any amount is from gaming, c	heck here	1					
	1	a Gross revenue (not including \$ of contributions									
		reported on		1							
_	ь										
	c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
	7a										
	b	Less cost of		1							
	С	Gross profit		7c							
	8	Other reveni	ue (desci	ıbe ▶		. ) L	8				
	9	Total reveni	▶	9	51,668						
	10	Grants and s		10							
	11	Benefits paid	d to or fo			L	11	15,392			
S	12			ensalion and employee benefits		-	12				
enses	13	Professional	l fees and	other asymethe in the design of the contractions		-	13	975			
Expe	14			ies, and maintenance			14	39			
ш	1 .0	Printing, pub		.	15	17 001					
	16	Other expen	<u>.</u> )  -	16	17,221						
_	17	Total expen		17	33,627 18,041						
S.	18			the year (Subtract line 17 from line 9)	44	-	18	10,041			
SSe	19			lances at beginning of year (from line 27, column (A)) (must agree w	ıtn		40	86,714			
Net Assets	20			orted on prior year's return) assets or fund balances (attach explanation)		⊢	19 20	00,714			
ž	21	-	▶	21	104,755						
	art li			lances at end of year Combine lines 18 through 20 ets. If Total assets on line 25, column (B) are \$1,250,000 or more, fi	le Form 990 instead o	f Forn					
	<u> </u>	Dalani	oc one	(See the instructions for Part II )	(A) Beginning of yea		1	(B) End of year			
22	Cash, s	savings, and ii	nvestme	,	85,5		22	104,755			
		nd buildings					23				
		assets (descri	be 🕨	SEE STATEMENT 2	1,2	14	24				
	Total a	•	•		86,7		25	104,755			
		abilities (des	cribe 🕨	)		0	26	0			
27	Net ass	sets or fund l	balances	(line 27 of column (B) must agree with line 21)	86,7	14	27	104,755			
				Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)			

Form 990-EZ_(2009)	FUND, INCORPORATED	65	<u> -0400777</u>			Page 2
Part III Statement of Prog	ram Service Accomplishment	s (See the instruct	ions for Part II	l.)	Ε	xpenses
What is the organization's primary exemp	t purpose?				(Required	d for section
HELP POLICE OFFICERS WITH HAI	RDSHIPS				501(c)(3)	and 501(c)(4)
Describe what was achieved in carrying o					1 -	tions and section
manner, describe the services provided, t	the number of persons benefited, or other	er relevant information fo	or		4947(a)(	1) trusts, optional
each program title					for others	s)
28 DEFRAY EXPENSES FOR POLICE	MEN WITH HARDSHIPS		•			
				e 5		
(Grants \$	) If this amount includes foreign grants	, check here		<u> </u>	28a	7,292
29 SCHOLARSHIP FOR CHILDREN (	OF MEMBERS	•				
				L)		0 100
	) If this amount includes foreign grants				29a	8,100
30 CONTRIBUTE TO ATHLETIC EVE	ENTS INVOLVING POLICE OFFICERS	5				
				,,		
(Grants \$	) If this amount includes foreign grants	, check here	<u> </u>	<u> </u>	30a	
31 Other program services (attach sched	(elut					
	) If this amount includes foreign grants	, check here		<u> </u>	31a	15 200
32 Total program service expenses (a				<u> </u>	32	15,392
Part IV List of Officers, Directo	rs, Trustees, and Key Employees. List					
(a) Nan	ne and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to byee benefit plans	(e) Expense & account and
(2)		devoted to position	enter -0)	defe	rred compensation	other allowances
CORNELIUS VAUGHAN	FT LAUDERDALE	V PRESIDENT				
2650 W STATE ROAD 84	FL 33312	4.00	0	<u> </u>		0 0
PATRICK HANRAHAN	FT LAUDERDALE	PRESIDENT				
2650 W STATE ROAD 84	FL 33312	4.00	. 0	<u> </u>		0 0
JEFF MARANO	FT LAUDERDALE	SR V PRESIDE	IT			
2650 W STATE ROAD 84	FL 33312	4.00	0	├		0
RICHARD BRICKMAN	FT LAUDERDALE	PAST PRES				
2650 W STATE ROAD 84	FL 33312	4.00	0	├		0 0
DEBRA REGGIO	FT LAUDERDALE	TREASURER				
2650 W STATE ROAD 84	FL 33312	4.00	0	├—		0
RODNEY SKIRVIN	FT LAUDERDALE	SECRETARY				
2650 W STATE ROAD 84	FL 33312	4.00	0	<u> </u>		0
				├		1
<del></del>				_		
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						<del>                                     </del>
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		<del></del>	<del></del>	<del> </del>	<del></del>	<del> </del>
		]				
	<del>-</del>		<u> </u>	-		<del> </del> -

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

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

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

Form 990-EZ (2009)

44

X

X

45

Form 9	990-EZ (2009) THE HOPE FUND, INCORPORATED	65	5-0400777			Page 4
Par		a)(1) nonexempt	charitable tru	ists only. All se	ction	
r ai	501(c)(3) organizations and section 4947(a)(1) none					b
	and complete the tables for lines 50 and 51.	oxompt on a nac.	0 11 2010 111 211			
46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in onno	sition to		Yes	No
		in benan or or in oppo-	Sidon to		46	X
	candidates for public office? If "Yes," complete Schedule C, Part I	o C. Port II			47	$\frac{1}{x}$
	Did the organization engage in lobbying activities? If "Yes," complete Schedul		ahadula C		48	$\frac{x}{x}$
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)		cnedule E		49a	X
	Did the organization make any transfers to an exempt non-charitable related of	organization?			<del></del>	+~
	If "Yes," was the related organization a section 527 organization?				49b	ــــــــــــــــــــــــــــــــــــــ
	Complete this table for the organization's five highest compensated employee					
	employees) who each received more than \$100,000 of compensation from the	e organization If there			(a) Eypse	
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	employee benefit plans &	(e) Exper account a	
	than \$100,000	devoted to position		deferred compensation	other allowa	ances
NONE						
				ļ <u> </u>		
		İ				
						-
		İ				
f	Total number of other employees paid over \$100,000	•				
	\$100,000 of compensation from the organization. If there is none, enter "None  (a) Name and address of each independent contractor paid more than \$100,000.		Type of service	(c) C	ompensation	
		(5)		(0) 5	omponedaer.	
NON	E					
			·			
			·			
	Total number of other independent contractors each receiving over \$100,000	<b>•</b>				
d	Total number of other independent contractors each receiving over \$100,000					
	Under penalties of penury, I declare that I have examined this return, including	accompanying schodular	and statements, and	to the heat of my know	ulodge —	
	and belief, it is true, correct, and complete Declaration of preparer (other than					
Sign			1 2-24			
Here	Signature of officer		Date	270		
HICIE	2 PATRICK HANRAHAN PR	RSIDENT	Date			
	Type or print name and title	KOLDAN C	-, -			
		Date	Check if	Preparer's Ident	tifying Number (	See instr )
Daid	Preparer's		self-			
Paid	signature Cur Curl	02/24				
•	arer's Firm's name (or yours KANTOR, GEISLER & AS	SUCIATES, 1	гГС	EIN ▶ 2	0-2445	)T2/
Use (	in soil simpleyed),	0545		Phone	400	14.00
	address, and ZIP+4 HOLLYWOOD, FL 33024	-2515			<b>-432-</b> 3	
May ti	ne IRS discuss this return with the preparer shown above? See instructions				X Yes	No
				Fo	m 990-E2	<b>Z</b> (2009)

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE HOPE FUND, INCORPORATED

Employer Identification number 65-0400777

Par	t I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	structio	ons		
he or	gar	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only o	one box )							
1	-	A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(	A)(i).						
2	1	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	İ		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									•	
4		•	· · · · · · · · · · · · · · · · · · ·	_				)(A)(iii).	. Enter t	he hosp	ıtal's name,		
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's nicity, and state													
5	1	•	ganization operated for the benefit of a college or university owned or operated by a governmental unit described in										
J	_	=	b)(1)(A)(iv). (Complete Part II )										
e	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s												
6	1		_					m the a	aneral n	ublic			
7													
. !	1				13								
8	<b>.</b>	-		70(b)(1)(A)(vi). (Complete Part II	-	antribuition		horobin :	food or	d aross			
9 2	<u>r</u>	-		) more than 33 1/3 % of its supp									
				pt functions—subject to certain e									
			-	d unrelated business taxable inc			ii lax) i	ioni bus	iiiesse:	•			
40 F	- 1		•	), 1975 See section 509(a)(2). (		-	(a)(A)						
10	1	-	=	exclusively to test for public safet					ut tha				
11 [	┙	•		exclusively for the benefit of, to p				-		etion			
				ed organizations described in se						Clion			
		i i	( )	ie type of supporting organizatio		•	. 1	一 ·					
. г	1	a Type	<u> </u>	c Type III–Functions			d		e III–Ot	ner			
е				anization is not controlled directly and other than one or more publ				· ·		action			
		•	section 509(a)(2)	and other than one or more publ	iciy suppo	rieu organ	nzanons	describ	eu III st	CHOIT			
			, ,, ,	rmination from the IRS that it is a	Type I T	vne II. or	Type III (	cupportu	na				
f		-	check this box	mination nom the into that it is a	i Type I, I	ype II, OI	ype iii :	supporti	iig				[ ]
_		-		on accepted any gift or contribu	tion from r	ony of the							[]
g				on accepted any girt of continue	uon nom a	arry or the							
		following per		ntrole, outhor plane or together w	uth noroon	o donorib	ad in (ii)					Yes	No
		• • •	,	ntrols, either alone or together w	illi persor	is describi	eu III (II)				44-63	163	140
			below, the governing body of	-							11g(ı)	<del></del>	<u> </u>
			member of a person describe								11g(II)	<del></del>	
		* *	ontrolled entity of a person d	1, 1,							11g(III)	<u> </u>	L
<u>h</u>			ollowing information about th		(111) 1- 45-		64 04		6	- 45-	(edi) A		
		ne of supported (ii) EIN ganization		(iii) Type of organization (described on lines 1–9	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in				(vii) Amo supp		
	Ĭ			above or IRC section	governing document?		cot (i) of your			zed in the			
				(see instructions))	Yes	No	supp Yes	No	Yes	No No			
					165	140	105	140	165	110			
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otal					1								

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) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(d) 2008

(b) 2006

(c) 2007

(e) 2009

Page 3

(f) Total

Schedule A (Form 990 or 990-EZ) 2009 THE HOPE FUND, INCORPORATED Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	15,288	18,630	48,034	29,931	51,494	163,377
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						· · · · · · · · · · · · · · · · · · ·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	15,288	18,630	48,034	29,931	51,494	163,377
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		-				
	line 6)						163,377
	tion B. Total Support	,		· · · · · · · · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	15,288	18,630	48,034	29,931	51,494	163,377
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,051	2,718	2,718	732	174	8,393
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,051	2,718	2,718	732	174	8,393
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	941					941
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )	18,280	21,348	50,752	30,663	51,668	172,711
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourti	n, or fifth tax year a	as a section 501(c)(	(3)	<b>~</b> 1
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,	··		(f))	<del></del>	15	94.60%
16	Public support percentage from 2008 Sche	, ,	-	(' <i>11</i>		16	95.04%
	tion D. Computation of Investmen			-		1 10 1	33.0470
17	Investment income percentage for 2009 (Iir			olumn (f))		17	5 %
18	Investment income percentage from 2008 S			(,		18	4 %
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is m	ore than 33 1/3 %,		
	17 is not more than 33 1/3 %, check this bo						<b>▶</b>  X
b	33 1/3 % support tests—2008. If the organ		=				·
	line 18 is not more than 33 1/3 %, check the						▶
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		▶ [
DAA					Sch	edule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE HOPE FUND, INCORPORATED

65-0400777

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

**RAFFLE** 

\$

941

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return

OMB No 1545-0172 2009

attachment 67

Identifying number

THE HOPE FUND. 65-0400777 INCORPORATED Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 Listed property Enter the amount from line 29 R Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use only-see instructions) (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction period service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs Residential rental S/L 27 5 yrs MM property MM S/L 27 5 vrs MM Nonresidential real 39 угѕ S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-year ММ S/L С 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 39 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23

2/24/2010 1:20 PM

8155 The HOPE Fund, Incorporated 65-0400777

**Federal Statements** 

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
BANK CHARGES	273
FUNDRAISING EXPENSES	16,728
LICENSES & TAXES	75
PROMOTION	145
TOTAL	\$ 17,221

### Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	E	Beginning of Year	 End of Year
AFFILIATE FURNITURE & FIXTURES LESS ACCUMULATED DEPRECIATION	\$	1,175 3,440 3,401	\$ 3,440 3,440
		1,214	