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Form **990-EZ**

OMB No 1545-1150 2009

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

Open to Public Inspection

Α	For the	2009 calend	lar year,	or tax year beginning	07/01/09 ,aı	nd ending (06/3	30/10)			_
В	Check if	applicable	Please	C Name of organization						D E	mployer identification numb	er)
	Address	change	use IRS	Hammond for	Hope Found	dation,	Inc	The				
	Name ch	hange	label or print or	Attn: Debra	Scott					2	0-5232025	_
	Initial ret	turn	type.	Number and street (or P O I	box, if mail is not deliver	ed to street addr	ess)		Room/suite	E T	elephone number	
	Termina	ition	See	PO Box 67						9	12-644-2220	
	Amende	ed return	Specific Instruc-	City or town, state or country	, and ZIP + 4					F G	roup Exemption	
\Box	Applicati	ion pending	tions.	Savannah		GA 314	02-0	0067	·	N	umber 🕨	_
	• Sec	tion 501(c)(3) organi:	zations and 4947(a)(1) no	nexempt charitable	trusts must a	attach		G Accounting	metho	d X Cash Accrual	
			a con	npleted Schedule A (Forr	n 990 or 990-EZ).				Other (specify)			_
I	Websit	te: ▶ <u>N</u> /	<u>'A</u>						H Check	X ıf	the organization is not	
<u>J</u>	Tax-exe	empt status (ch	neck only on	e) — 🛛 🗓 501(c) (3) ◀ (insert no)	4947(a)(1) o	r	527	required to 990-EZ, or	attach 990-PF	the organization is not Schedule B (Form 990,	_
K	Check	•	if the or	ganization is not a section	509(a)(3) supporting	organization	and its	gross re	eceipts are nor	mally r	not more than \$25,000 A	
	Form 9	90-EZ or For	m 990 re	turn is not required, but if	the organization cho	oses to file a r	eturn, l	be sure	to file a comple	te retu	irn	
L	Add line	s 5b, 6b, and 7	b, to line 9	to determine gross receipts, if	f \$500,000 or more, file I	Form 990 instead	d of For	m 990-EZ			\$ 32,83	5
F	Part I	Rever	iue, Ex	penses, and Chang	es in Net Assets	s or Fund E	3alan	ces (S	ee the instr	uctio	ns for Part I.)	
	1			nts, and similar amounts receiv						1	5,65	5
	2	Program se	rvice rev	enue including governmen	it fees and contracts					2		
	3	Membership	dues ar	nd assessments						3		
	4	Investment	income							4	. 2	ō
	5a	Gross amou	int from :	sale of assets other than in	nventory		5a				···	_
	b	Less cost of	r other b	asis and sales expenses	•		5b					
	С	Gain or (loss)	from sale	of assets other than inventory	(Subtract line 5b from lii	ne 5a)				5	с	
e	6	Special event	s and activ	vities (complete applicable par	ts of Schedule G) If any	amount is from	gaming	, check h	nere 🕨 🗌			_
ē	a	Gross rever	nue (not i	ncluding \$	of con	tributions						
ું		reported on	line 1)	-			6a		27,16	0		
	b	10 745										
CENT Revenue	C									6	c 14,41	3
23	7a	Gross sales	of inven	tory, less returns and allow	wances		7a					_
	b	Less cost of	f goods	sold			7b					
	۱ ۵	Gross profit	or (loss)	from sales of inventory (S	Subtract line 7b from	line 7a)				7	С	
030	8	Other reven	ue (desc	ribe ►) 8		_
	1 3			lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8					9	20,08	8
E-7	1 10			mounts paid (attach sched					Stmt 1	_1	0 27,60	0
2	1 11	Benefits par	d to or fo	or members		RECE		-n	j	1	1	_
Expenses 2	12	Salaries, otl	her comp	ensation, and employee b	enefits		69 B			1:	2	
8	13	Professiona	I fees an	d other payments to indep	endent contractors	NOV 1	9 20	20 1		1:	3 73	3
ē	. 14	Occupancy,	rent, uti	lities, and maintenance	8	1404 1	ay 20			1	4	_
ũ	15	Printing, pul	blications	s, postage, and shipping		[}	X	_1	5	
	16	Other exper	nses (des	scribe - See Sta	tement 2	OGDE	MI I	IT	<u> </u>) 1	6 55	0
	17	Total exper	nses. Ad	d lines 10 through 16			10, 0	9 0		▶ 1	7 28,88	3
	18	Excess or (deficit) fo	r the year (Subtract line 1	7 from line 9)					1	8 -8,79	5
Net Assets	19	Net assets	or fund b	alances at beginning of ye	ear (from line 27, colu	ımn (A)) (must	t agree	with				
Ass		end-of-year	figure re	ported on prior year's retu	rn)					1	9 50,60	0
et	20	Other chang	ges in ne	t assets or fund balances	(attach explanation)					_ 2	0	
_	21	Net assets	or fund b	alances at end of year Co	ombine lines 18 throu	igh 20			I	▶ 2	1 41,80	5
ı	Part II	Balan	ce She	ets. If Total assets on lin	e 25, column (B) are	\$1,250,000 o	r more	, file For	m 990 instead	of Forr	m 990-EZ	
				(See the instructions for	Part II)			(A)	Beginning of year]	(B) End of year	
22	Cash,	savings, and	investme	ents			[50,60	0 2	41,80	5
23	Land a	ind buildings					[2	3	
24	Other a	assets (descr	ibe 🕨)[2	4	
	Total a					· · · · · · · · · · · · · · · · · · ·	[50,60	0 2	5 41,80	5
26	Total l	iabilities (des	scribe 🕨	· ·)[0 2		0
<u>27</u>	Net as	sets or fund	balance	s (line 27 of column (B) m	iust agree with line 2	1)	[50,60	0 2	7 41,80	5
				Reduction Act Notice, s					·		Form 990-EZ (200	09)

DAA

	nd for Hope Foundatio					Page 2
	Program Service Accomplishmer	nts (See the instruc	tions for Part II			penses
What is the organization's primary	exempt purpose?				-	for section
See Statement 3	rying out the organization's exempt purpose	os In a clear and concer				and 501(c)(4) ons and section
	vided, the number of persons benefited, or				-	trusts, optional
each program title.					or others	
	Speech & Hearing, Inc., purchase	of			1	
hearing aids, educati						
			,	_		
	600) If this amount includes foreign grai	nts, check here	>	28a		28,150
29						
(Grants \$) If this amount includes foreign grai	nte chaek hara	► 1	 29a		
30) II this amount molddes foreign grai	nts, check here		230		
(Grants \$) If this amount includes foreign grain	nts, check here	> [30a	1	
31 Other program services (attack	·			_		-
(Grants \$) If this amount includes foreign grain	nts, check here	>	31a		00 150
22 Total program service expen				▶ 32	•	28,150
Fatt 14 List of Officers, L	irectors, Trustees, and Key Employees. L	(b) Title and average	(c) Compensation	(d) Contri		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee be deferred cor		account and other allowances
Chris Hammond, IV	Savannah	President				
602 E Latrop Ave	GA 31415		0		0	0
Debra Scott	Savannah	Secretary				
602 E Latrop Ave	GA 31415		0		0	0
		İ				
						
						_
			<u> </u>			
						
						

Form **990-EZ** (2009)

	n 990-ÈZ (2009) Hammond for Hope Foundation, Inc The 20-523203 art V Other Information (Note the statement requirements in the instructions for Pa			Р	age 3
F	art V Other Information (Note the statement requirements in the instructions for Pa	<u>ii (</u>		. T	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not re	ported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		•	1 1	
-	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b			35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
-	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a					
b			37b	1 1	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		3,0		
, Ou	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	1	X
ь			500		
39	Section 501(c)(7) organizations Enter				
	Initiation fees and capital contributions included on line 9				
	Gross receipts, included on line 9, for public use of club facilities 39b				
40a					
+va	section 4911 ▶				
b		•			
U	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	•	:	1 1	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		х
	·		400		<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
_	4955, and 4958 Section 501(a)(4) are an experience for the constant of the experience 40a.				
ū	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
	reimbursed by the organization				
е			40-		х
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed GA		40e	لــــا	
41 42-		phone no ▶ 912	61	1 2	220
42a	602 E Lathrop Ave	phone no ▶ 912	-04	7-2	22(
		ZIP+4 ▶ 314	15		
_	·	ZIP + 4 P 313	13		
b	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			Vaa	N.
	account)?		42b	Yes	No X
	If "Yes," enter the name of the foreign country		420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	 			
	and Financial Accounts.				
_	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		420		Λ
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶ □
7.5	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	and enter the amount of tax-exempt interest received of accided duffing the tax year	F [49]			
				Yes	NI -
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			162	No
	Form 990-EZ		11		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		44		 ^
~~	is any related organization a controlled entity of the organization within the meaning of section 312(b)(13)?		l	1	1

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

	990-EZ (2009) Hammond for Hope Foundation,	Inc The 20)-523202 <u>5</u>		F	age 4
Par	t VI Section 501(c)(3) organizations and section 4947(a)(1) nonexemp	t charitable tr	usts only. All s	ection	
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitab	ole trusts must	answer question	ons 46-49)b
	and complete the tables for lines 50 and 51.	·		•		
46	Did the organization engage in direct or indirect political campaign activities o	n behalf of or in opi	position to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I	, ,			46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedul	e C. Part II			47	x
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii) ²		Schedule F		48	X
	Did the organization make any transfers to an exempt non-charitable related of		0011000110		49a	X
	If "Yes," was the related organization a section 527 organization?	organization -			49b	
	Complete this table for the organization's five highest compensated employee	e (other than office	are directore truet	ees and key	400	
	employees) who each received more than \$100,000 of compensation from the	· · ·		=		
		(b) Title and average	(c) Compensation		(e) Expen	nse
	(a) Name and address of each employee paid more than \$100,000	hours per week	(-,,	employee benefit plans &	account a	nd
		devoted to position		deferred compensation	other allowa	ances
None		i				
			[
		1		ļ <u></u>		
			İ			
					_	
f	Total number of other employees paid over \$100,000	▶ _		_		
51	Complete this table for the organization's five highest compensated independ	ent contractors who	each received m	ore than		
	\$100,000 of compensation from the organization. If there is none, enter "None	e "				
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	-
No	ne					
						
d	Total number of other independent contractors each receiving over \$100,000	>				
d						
d	Under penalties of pegury, I declare that I have examined this return, including	accompanying sched	lules and statements	and to the best of my	knowledge	
	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than	accompanying sched	lules and statements	and to the best of my	knowledge wledge	
Sigr	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than	accompanying sched	lules and statements	and to the best of my	knowledge wledge	
	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer	accompanying sched officer) is based on al	lules and statements Il information of which Date	and to the best of my preparer has any kno	knowledge wledge	
Sigr	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer	accompanying sched officer) is based on al	II information of which	and to the best of my	knowledge wledge	
Sigr	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer	accompanying sched officer) is based on al	II information of which	and to the best of my h preparer has any kno	knowledge wledge	
Sigr	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer Type or print name and title	accompanying sched officer) is based on al	Date Check if	n preparer has any kno	knowledge wledge	See instr)
Sigr	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer Type or print name and title	accompanying sched officer) is based on all	Date Check if self-	Preparer's Iden	wledge	See instr)
Sigr Here	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature Steven M. Arkin, C.P.A.	Date	Date Check if self-	Preparer's Iden	utifying Number (\$	
Sigr Here	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature Steven M. Arkin, C.P.A. Firm's name (or yours Arkin & Associates P.	Date	Date Check if self-	Preparer's Iden P0002 EIN 5	wledge	
Sigr Here	Under penalties of penury, I declare that I have examined this return, including and belief it is true correct, and complete declaration of preparer (other than Signature of officer Type or print name and title Preparer's signature Steven M. Arkin, C.P.A.	Date	Date Check if self-	Preparer's Iden P0002 EIN 5 Phone	utifying Number (\$	496

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

2009

Open to Public Inspection

	VEHICE DELVICE									
of t	he organization		_	,Inc	The				-	ntification number 2025
ırt I	Reaso	on for Public Charity	y Status (All organizations	must c	omplet	e this	part.) S	See in	struct	ions.
orgar	nization is not	a private foundation becau	use it is. (For lines 1 through 11, o	check only	one box	:)				
	A church, con	vention of churches, or as	ssociation of churches described i	ın section	170(b)(1	l)(A)(i).				
	A school desc	cribed in section 170(b)(1))(A)(ii). (Attach Schedule E)							
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state	!								
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
section 170(b)(1)(A)(iv). (Complete Part II)										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
X	An organization	on that normally receives	a substantial part of its support fro	om a gove	ernmental	l unit or f	rom the	genera	l public	
	described in s	ection 170(b)(1)(A)(vi). (Complete Part II)							
	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	H)						
	An organization	on that normally receives	(1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gr	oss
	receipts from	activities related to its exe	empt functions—subject to certain	exceptio	ns, and (2	2) no mo	re than	33 1/3 '	% of its	
	support from	gross investment income	and unrelated business taxable in	come (les	ss section	1 511 tax) from b	usines	ses	
_	acquired by th	ie organization after June	30, 1975 See section 509(a)(2).	. (Comple	te Part III)				
	An organization	on organized and operated	d exclusively to test for public safe	ety See s	ection 50	09(a)(4).				
	An organization	on organized and operated	d exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	9	
	• •		•				, ,,	•	section	
	509(a)(3). Ch	eck the box that describes	the type of supporting organizati	on and co	mplete li	nes 11e	through	11h		
		_ ··	•••	, ,		d				
	•	•	-	•						
	-	-	s and other than one or more put	olicly supp	orted org	anızatıo	ns desc	ribed in	section	1
			termination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting		
	_									
			ation accepted any gift or contrib	ution from	any of th	ne				
	٠.									
		•	*	with perso	ons descr	ribed in (II)			Yes No
			•							11g(i)
										11g(ii)
										[11g(ni)]
Alama				(nd) in the c		[64 D.4.		(4)	- 46-4	(rds) A 4 - 6
		(11) 5114	1	1 1 1				1		(vii) Amount of support
•			above or IRC section					(i) organi	zed in the	• •
							NOT#2			
			(see instructions))	Vos		- 	oort?	υ	S٦	
			(see instructions))	Yes	No	Yes	No			-
			(see instructions))	Yes		- 		υ	S٦	
			(see instructions))	Yes		- 		υ	S٦	
			(see instructions))	Yes		- 		υ	S٦	
			(see instructions))	Yes		- 		υ	S٦	
			(see instructions))	Yes		- 		υ	S٦	
			(see instructions))	Yes		- 		υ	S٦	
	Name	Art I Reason organization is not a A church, con A school described in Section 170(b). A federal, state described in Section 170(b). A federal, state described in Section 170(b). A federal, state described in Section 170(b). A norganization receipts from support fr	Attn: Debra Reason for Public Charity organization is not a private foundation becau A church, convention of churches, or as A school described in section 170(b)(1) A hospital or a cooperative hospital sen A medical research organization operate city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete Pa A federal, state, or local government or X An organization that normally receives described in section 170(b)(1)(A)(vi). (Complete Pa A community trust described in section An organization that normally receives receipts from activities related to its exessupport from gross investment income acquired by the organization after June An organization organized and operated An organization organized and operated purposes of one or more publicly supposes a Type I b Type II By checking this box, I certify that the opersons other than foundation manager 509(a)(1) or section 509(a)(2) If the organization received a written deorganization, check this box Since August 17, 2006, has the organization and (iii) below, the governing body (ii) A person who directly or indirectly and (iii) below, the governing body (iii) A family member of a person described following information about (iii) A 35% controlled entity of a person Provide the following information about	Reason for Public Charity Status (All organizations organization is not a private foundation because it is. (For lines 1 through 11, organization is not a private foundation because it is. (For lines 1 through 11, organization is not a private foundation because it is. (For lines 1 through 11, organization is not a private foundation because it is. (For lines 1 through 11, organization of churches described in A church, convention of churches, or association of churches described in set A hospital or a cooperative hospital service organization described in set A medical research organization operated in conjunction with a hospital city, and state An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described to its exempt functions—subject to certain support from gross investment income and unrelated business taxable in acquired by the organization after June 30, 1975 See section 509(a)(2). An organization organized and operated exclusively to test for public safe. An organization organized and operated exclusively for the benefit of, to purposes of one or more publicly supported organizations described in section 170(a)(a)(b)(b)(b)(b)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)	Reason for Public Charity Status (All organizations must organization is not a private foundation because it is. (For lines 1 through 11, check only A church, convention of churches, or association of churches described in section A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b) (A medical research organization operated in conjunction with a hospital described city, and state An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 17 An organization that normally receives a substantial part of its support from a government of section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from receipts from activities related to its exempt functions—subject to certain exceptio support from gross investment income and unrelated business taxable income (let acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part II) An organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 508(509(a)(3)). Check the box that describes the type of supporting organization and cate and properated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations not controlled directly or indirectly or indirectly or indirectly or indirectly or indirectly organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from following persons? (ii) A person who directly or indirectly controls, either alone or together with personal (iii) below, the governing body of the supported organization (iv) stite organization (iv) stite or	Reason for Public Charity Status (All organizations must complet organization is not a private foundation because it is. (For lines 1 through 11, check only one box A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A chorch, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv), and state An organization operated for the benefit of a college or university owned or operated by a gestion 170(b)(1)(A)(iv). (Complete Part II) A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributing receipts from activities related to its exempt functions—subject to certain exceptions, and (is support from gross investment income and unrelated business taxable income (less section acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(1) or 509(a)(3). Check the box that describes the type of supporting organization and complete line a Type I b Type II c Type III—Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A family member of a person described in (i) above? (ii)	Reason for Public Charity Status (All organizations must complete this organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or it described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, me receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no mo support from gross investment income and unrelated business taxable income (less section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(2) if the organization accepted on section 509(a)(1) or section 509(a)(2) if the organization received a written determination from the IRS that it is a Type II, Type III, or Type organization, check this box Since August 17, 2006, has the organization accepted any gift or cont	Attn: Debra Scott Int I Reason for Public Charity Status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations must complete this part.) status (All organizations of the section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A organization that normally receives (1) more than 33 1/3 % of its support from contributions, membersh receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than support from gross investment income and unrelated business taxable income (less section 591(a)(4). An organization organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry purposes of one or more publicity supported organizations adsorbed in section 509(a)(1) or section 509(a)(1) or section 509(a)(2) If the organization organization accepted and other than one or more publicity sup	Attn: Debra Scott Reson for Public Charity Status (All organizations must complete this part.) See in organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entercity, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1). An organization organized and operated exclusively to test for public safety See section 509(a)(2). See: 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type I b Type II c Type III or Type III or Section 509	Attn: Debra Scott Reason for Public Charity Status (All organizations must complete this part.) See instruct organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hocity, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 13% of its support from contributions, membership fees, and greeiphs from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h a

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Hammond for Hope Foundation, Inc The 20-5232025 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 39,500 9,729 6,653 5,655 61,537 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 through 3 39,500 9,729 6,653 5,655 61,537 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 61,537 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Amounts from line 4 39,500 9,729 6,653 5,655 61,537 Gross income from interest, dividends. 8 payments received on securities loans, rents, royalties and income from similar 26 25 20 74 sources Net income from unrelated business activities, whether or not the business is 13,413 13,413 regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 75,024 Gross receipts from related activities, etc. (see instructions) 12 12 140,790 13 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 82.02% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.90% 33 1/3 % support test—2009. 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 33 1/3 % support test-2008. 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 10%-facts-and-circumstances test-2009. 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

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

b 10%-facts-and-circumstances test—2008. 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

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

18

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an 3 unrelated trade or business under section 513 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 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3 % support tests—2009. 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 33 1/3 % support tests—2008. 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Hammond for Hope Foundation, Inc The 20-5232025

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.

Total

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Complete	organization Attach	on entered more that to Form 990 or Form	nan \$15 990-EZ.	,000 o	n Form 990-EZ, line 6a. e separate instructions.	51 13, 51 II the	Open To Public Inspection
	ammond for tn: Debra	Hope F			tification number			
	i <mark>ng Activities</mark> . (0-EZ filers are n					ered "Yes" to Fori	m 990, Part IV, lı	ne 17
1 Indicate whether the c			•			Check all that apply		
a Mail solicitations	ngamzation raided to	_	<u> </u>	•		ernment grants		
b Internet and emai	l solicitations				-	ent grants		
c Phone solicitation	s		g Special fu	ındraısı	ng ev	ents		
d In-person solicitat	tions							
2a Did the organization h or key employees liste						ficers, directors, truste Il fundraising services?		Yes No
b If "Yes," list the ten his to be compensated at			undraisers) pursu	ant to	agree	ments under which the	e fundraiser is	
• • • • • • • • • • • • • • • • • • • •	e of individual ty (fundraiser)		(ii) Activity	raise custo cont	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
				1				
					<u> </u>			
								

11

X

11

12

Does the organization operate gaming activities with nonmembers?

formed to administer chantable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sche	dule G'(Fo	rm 990 or 990-EZ) 2009	Hammond	for	Hope	Foundati	on, Inc	The	20-523	202	5	P	age 3
										_		Yes	No
13	Indicate t	he percentage of gaming activ	vity operated in								1		
а	The organ	nization's facility						13a		%			
b	An outsid	e facility						13b	<u> </u>	%			
14	Provide the	ne name and address of the p	erson who prepar	es the o	rganızatıon	i's gamıng/specia	I events book	s					
	and recor	ds											
	Name >	Debra Scott											
		602 E Lathrop Ave	•							- 1	1		
	Address ▶	Savannah						GA	31415				
15a	Does the revenue?	organization have a contract	with a third party f	rom who	om the orga	anization receives	s gaming				15a		x
b	If "Yes," e	enter the amount of gaming re	venue received by	the org	anization I	\$		and	the				
	amount o	f gaming revenue retained by	the third party	\$									
С	If "Yes," e	enter name and address of the	third party										
	Name ►												
	Address >												
16	Gaming r	nanager information											
	Name 🕨												
	Gaming r	nanager compensation > \$											
	Description	on of services provided >											
	Direc	ctor/officer Em	ployee	Ind	ependent o	contractor							
17	Mandator	y distributions											
а	Is the org	anization required under state	e law to make cha	ritable d	istributions	from the gaming	proceeds to						
	retain the	state gaming license?								ļ	17a		X
b	Enter the	amount of distributions require	red under state lav	v distrib	uted to oth	er exempt organı	zations or spe	ent					
	in the org	anization's own exempt activi	ties during the tax	year ▶	\$								

Schedule G (Form 990 or 990-EZ) 2009

11/9/2010 3:53 PM Explanation FM< Book Value Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations Book Value Noncash Contribution Federal Statements 25,000 25,000 Cash Contribution Class of Activity Description of Property 08050 Hammond for Hope Foundation, Inc The Savannah Speech & Hearing, Inc. Date of Gift Name and Address Savannah, GA 31404 1206 E 66th St FYE: 6/30/2010 20-5232025 Total

08050 Hammond for Hope Foundation, Inc The 20-5232025 **Federal Statements**

FYE: 6/30/2010

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	A	<u>mount</u>
Expenses	\$	
School Supplies		300
Auto Expense		250
Total	\$	550

11/9/2010 3:53 PM

08050 Hammond for Hope Foundation, Inc The

ne 11/9/2010 3:53 PM

20-5232025

Federal Statements

FYE: 6/30/2010

Statement 3 - 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

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

Internal Revenu	e Service					
If you are	filing for an Automa	tic 3-Month Extension, co	mplete only Part I and check this box			► X
 If you are 	filing for an Addition	nal (Not Automatic) 3-Mont	th Extension, complete only Part II (on page 2 of this fo	orm)		
Do not comp	lete Part II unless y	ou have already been grant	ed an automatic 3-month extension on a previously filed	Form 886	8	_
Part I	Automatic 3-I	Month Extension of T	ime. Only submit original (no copies neede	d).		
A compration	required to file Form	990-T and requesting an a	utomatic 6-month extension—check this box and compl	ata		
Part I only	required to the roth	1 000-1 and requesting an a	atomatic o-month extension—check this sox and compl	.c.c		▶ □
•	orationa (maluduna 1	130 C filoso), postposobjec i	DENICO and trusto must use Form 7004 to request on			٠ ـ
	come tax returns	120-C mers), partnerships, i	REMICs, and trusts must use Form 7004 to request an	extension c	וכ	
		lly you can alactropically file	e Form 8868 if you want a 3-month automatic extension	of time to	file.	
			quired to file Form 990-T) However, you cannot file For		me	
			nonth extension or (2) you file Forms 990-BL, 6069, or 8		o	
			you must submit the fully completed and signed page 2	_		
			it www irs gov/efile and click on e-file for Charities & No.	-		
Type or	Name of Exempt				er identification nu	mber
print		for Hope Found	lation, Inc The			
File by the		bra Scott	•	20-5	232025	
due date for	Number, street, a	nd room or suite no If a P (D box, see instructions			
filing your return See	PO Box 6	<u>7</u>				
instructions		office, state, and ZIP code	For a foreign address, see instructions			
	Savannah		GA 31402-0067		 	
Form 9		(file a separate application f			Form 4720	
Form 9			Form 990-T (corporation)		Form 5227	
X Form 9			Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		Form 6069	
Form 9			Form 1041-A		Form 8870	
Telephon If the orga If this is for the whole a list with the	e No ▶ 912-6 anization does not had been a Group Return, e group, check this both names and EINs of	ave an office or place of bus inter the organization's for ix Trit is for all members the skiensiers	FAX No (> 912-644-2166 Superson the United States, check this box Bight Graph Schipping Wurnber (GEN) State of the Graph Check this box and Bight County ATA TEXPRE	If this is I attach		▶□
1 I reques	st an automatic 3-me	onth (6 mounthe got a compara	tion required to file Form 990-T) extension of time			
until U	12/15/11 , to	file the exempt organization	retern for the organization named above. The extension	n is		
for the c						
	calendar year	or 07/01/09, and end	06/30/10			
-	tax year beginning	O / / O I / O J , and end	ng 00/30/10.			
2 If this ta	ax year is for less tha	an 12 months, check reason	Initial return Final return Change	e in accoun	iting period	
3a If this a	pplication is for Form	n 990-BL, 990-PF, 990-T, 4	720, or 6069, enter the tentative tax,	T		<u></u>
		dits See instructions		3a	\$	
b If this a	pplication is for Forn	n 990-PF or 990-T, enter an	y refundable credits and estimated tax			
		ly prior year overpayment al		3b	\$	
			ur payment with this form, or, if required,			
		, if required, by using EFTP	S (Electronic Federal Tax Payment			
). See instructions.	on electronic front with it	and with this Form 2000 and Form 2450 50 and 5	3c		
for payment ii		: an electronic tund withdrav 	val with this Form 8868, see Form 8453-EO and Form 8	0/9-EU		

OMB No 1545-1709