

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HUNTER'S HOPE FOUNDATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 643 City or town, state or country, and ZIP + 4 ORCHARD PARK, NY 14127 F Name and address of principal officer: JACQUE WAGGONER	D Employer identification number 16-1552315 E Telephone number 716-667-1200 G Gross receipts \$ 1,236,337. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.HUNTERSHOPE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: NY	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO INCREASE PUBLIC AWARENESS, TO SUPPORT & FUND RESEARCH EFFORTS TO FIND A CURE FOR KRABBE DISEASE			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		9
5	Total number of employees (Part V, line 2a)	5		11
6	Total number of volunteers (estimate if necessary)	6		200
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	827,078.	762,768.	
9	Program service revenue (Part VIII, line 2g)	21,607.	312,936.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,290.	14,395.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,323.	141,238.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,009,298.	1,231,337.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	426,889.	412,000.	
14	Benefits paid to or for members (Part IX, column (A), line 4)			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	390,529.	367,828.	
16a	Professional fundraising fees (Part IX, column (A), line 11e)			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,736.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	743,549.	371,177.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,560,967.	1,151,005.	
19	Revenue less expenses. Subtract line 18 from line 12	<551,669.>	80,332.	
20	Total assets (Part X, line 16)	937,381.	1,009,826.	
21	Total liabilities (Part X, line 26)	281,092.	226,004.	
22	Net assets or fund balances. Subtract line 21 from line 20	656,289.	783,822.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Type or print name and title _____	Date _____
Paid Preparer's Use Only	Preparer's signature: <i>Thom P. Dubey</i> Firm's name (or yours if self-employed), address, and ZIP + 4: CHIAMPOU TRAVIS BESAW & KERSHNER LLP 45 BRYANT WOODS NORTH AMHERST, NY 14228	Date: 5/11/10 Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): P00601313 EIN: ▶ 16-1468002 Phone no.: ▶ 716-630-2400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: See Schedule O for Continuation
Hunter's Hope Foundation was established to address the acute need for information and research with respect to Krabbe Disease and related Leukodystrophies. In addition, we strive to support and encourage those afflicted and their families as they struggle to endure, adjust

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 228,401. including grants of \$) (Revenue \$)
Education and Awareness - The Foundation strives to broaden public awareness of Krabbe Disease and other Leukodystrophies thus increasing the probability of early detection and treatment.

4b (Code:) (Expenses \$ 234,661. including grants of \$) (Revenue \$)
Family Assistance - The Foundation undertakes to gather and provide current, functional information and service linkages to families of children with Leukodystrophies.
The Foundation strives to establish an alliance of hope that will nourish, affirm and confront the urgent need for medical, financial and emotional support of family members and those afflicted with Leukodystrophies

4c (Code:) (Expenses \$ 437,607. including grants of \$ 312,936.) (Revenue \$)
Research - The Foundation's goal is to fund research efforts that will identify new treatments, therapies and ultimately, a cure for Krabbe Disease and other Leukodystrophies.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 900,669.