

Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**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)

P.O. BOX 643

Room/suite

City or town, state or country, and ZIP + 4

ORCHARD PARK, NY 14127

**F** Name and address of principal officer: JACQUE WAGGONER

same as C above

**D** Employer identification number

16-1552315

**E** Telephone number

716-667-1200

**G** Gross receipts \$ 822,712.**H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.HUNTERSHOPE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1998 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO INCREASE PUBLIC AWARENESS, TO SUPPORT &amp; FUND RESEARCH EFFORTS TO FIND A CURE FOR KRABBE DISEASE</b>	
	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) <span style="float: right;">3 9</span>	
	4	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 9</span>	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) <span style="float: right;">5 11</span>	
	6	Total number of volunteers (estimate if necessary) <span style="float: right;">6 100</span>	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0.</span>
b		Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;">7b 0.</span>	
8		Contributions and grants (Part VIII, line 1h) <span style="float: right;">Prior Year 897,123. Current Year 757,039.</span>	
9		Program service revenue (Part VIII, line 2g) <span style="float: right;">314,641. 15,499.</span>	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">23,352. 23,536.</span>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">133,795. 24,888.</span>	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">1,368,911. 820,962.</span>	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;">533,847. 218,537.</span>
		14	Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0. 0.</span>
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">394,178. 416,234.</span>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">0. 0.</span>	
	b	Total fundraising expenses (Part IX, column (D), line 25) <span style="float: right;">91,991.</span>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float: right;">405,498. 354,863.</span>	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">1,333,523. 989,634.</span>	
	19	Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">35,388. &lt;168,672.&gt;</span>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <span style="float: right;">Beginning of Current Year 1,068,724. End of Year 872,419.</span>	
	21	Total liabilities (Part X, line 26) <span style="float: right;">236,782. 225,250.</span>	
	22	Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">831,942. 647,169.</span>	

**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		Date
	JACQUE WAGGONER, CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Thomas P. Dobiesz		
	Firm's name	Firm's EIN	PTIN
	CHIAMPOU TRAVIS BESAW & KERSHNER LLP	16-1468002	P00601313
	Firm's address	Phone no.	
	45 BRYANT WOODS NORTH	716-630-2400	
	AMHERST, NY 14228		

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

See Schedule O for Organization Mission Statement Continuation

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

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 ☒ 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 ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 232,015. 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 \$ 308,182. 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 \$ 229,701. including grants of \$ ) (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 769,898.