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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

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)

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

A For the 2010 calendar year, or tax year beginning January 1, 2009, ~~2010~~, and ending December 31, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Coulter Hampton Foundation, Inc
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
113 Millstone Lane
 City or town, state or country, and ZIP + 4
Calhoun, GA 30701

D Employer identification number
20-3370927

E Telephone number
706-383-8939

G Gross receipts \$ _____

F Name and address of principal officer: Catherine N Hampton, President
113 Millstone Lane Calhoun, GA 30701

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.coulterhamptonfoundation.org

K Form of organization. Corporation Trust Association Other ▶

L Year of formation: 2006 **M** State of legal domicile GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Our mission is to support children and families in our area who are living with serious illnesses. Our most significant activities include our annual fundraiser in March. We meet with families throughout the year to determine how we can best assist them.</u>		
	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)	<u>3</u>	<u>4</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>0</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>150</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>200</u>	<u>200</u>
	9	Program service revenue (Part VIII, line 2g)	<u>16000</u>	<u>16000</u>
	10	Investment income (Part VIII, column (A), lines 3d and 7d)		<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>16200</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u>0</u>
	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)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>10,000</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12		<u>6200</u>
	20	Total assets (Part X, line 16)	<u>Beginning of Current Year</u> <u>500</u>	<u>End of Year</u> <u>500</u>
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20		<u>500</u>

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: Catherine N Hampton Date: 4/13/11
 Type or print name and title: Catherine N. Hampton, President

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

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

SCANNED MAY 11 2011

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