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**Return of Organization Exempt From Income Tax**

**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**, 2010, and ending **December 31**, 20 **10**

**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**

**1** Briefly describe the organization's mission or most significant activities: **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.**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>200</b>	<b>200</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16000</b>	<b>16000</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e-10e, and 11e)		<b>7000</b>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>23200</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>10,000</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>13200</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>500</b>	<b>500</b>
<b>21</b> Total liabilities (Part X, line 26)		
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>500</b>

**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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