



State of South Carolina  
Office of the Secretary of State  
The Honorable Mark Hammond

Jun 8, 2012

Harry R. E. Hampton Memorial Wildlife Fund, Inc.  
Mr. James R Goller  
PO Box 2641  
Columbia, SC 29202

RE: Registration Confirmation

Charity Public ID: P1478

Dear Mr. James R Goller :

This letter confirms that the Secretary of State's Office has received and accepted your Registration, therefore your charitable organization is in compliance with the registration requirement of the "South Carolina Solicitation of Charitable Funds Act." The registration of your charitable organization will expire on May 15, 2013. If any of the information on your Registration form changes throughout the course of the year, please contact our office to make updates. It is important that this information remain updated so that our office can keep you informed of any changes that may affect your charitable organization.

If you have not yet filed your annual financial report or an extension for the annual financial report, the annual financial report is still due 4 ½ months after the close of your fiscal year. Annual financial reports must either be submitted on the Internal Revenue Service Form 990 or 990-EZ or the Secretary of State's Annual Financial Report Form. There is no fee associated with filing an annual financial report with our office. If your organization files IRS Form 990 or 990-EZ and you wish to extend the filing of that form with us, please submit a copy of your IRS Form 8868. If your organization files the Secretary of State's Annual Financial Report Form, and you wish to extend the filing of that form with us, please submit a written request to the Division of Public Charities. **Failure to submit the annual financial report may result in an administrative fine of up to \$2,000.**

If you have any questions or concerns, please visit our Website at [www.scsos.com](http://www.scsos.com) and review the Public Charities section or contact our office at (803) 734-1790.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Wickersham", with a long horizontal line extending to the right.

Kimberly S. Wickersham  
Director, Division of Public Charities

**Return of Organization Exempt From Income Tax**

**2011**

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.

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> <b>HARRY HAMPTON WILDLIFE MEMORIAL FUND</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P O BOX 2641</b> City or town, state or country, and ZIP + 4 <b>COLUMBIA, SC 29202</b> <b>F Name and address of principal officer: JIM GOLLER</b> <b>79 SUNSET BLVD, BEAUFORT, SC 29907</b>	<b>D Employer identification number</b> <b>57-0727731</b> <b>E Telephone number</b> <b>(803) 734-4008</b> <b>G Gross receipts \$</b> <b>611,289.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.HAMPTONWILDLIFEFUND.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1981</b> <b>M State of legal domicile:</b> <b>SC</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE WILDLIFE &amp; MARINE EDUCATION &amp; CONSERVATION</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</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>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 271,396.	<b>Current Year</b> 170,962.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	425,230.	417,050.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	10,829.	-16,068.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	663.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	707,455.	572,607.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	46,152.	51,140.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	33,000.	33,000.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	418,022.	395,809.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	497,174.	479,949.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	210,281.	92,658.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 1,155,465.	<b>End of Year</b> 1,248,123.
	<b>21</b> Total liabilities (Part X, line 26) .....	0.	0.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,155,465.	1,248,123.

**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.

<b>Sign Here</b>	Signature of officer <b>JIM GOLLER, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRY R. BROWN</b>	Preparer's signature  
	Firm's name ▶ <b>BRITTINGHAM, BROWN, PRINCE &amp; HANCOCK LLC</b>	Date <b>08/15/12</b>
	Firm's address ▶ <b>P. O. BOX 5949 WEST COLUMBIA, SC 29171-5949</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00296147</b>
		Firm's EIN ▶ <b>20-1128912</b>
		Phone no. <b>803-739-3090</b>

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

Internal Revenue Service  
District Director

Department of the Treasury

Date: MAY 30 1984

Our Letter Dated:  
October 12, 1982  
Person to Contact:  
Cheryl Mable/eh  
Contact Telephone Number:  
(404) 221-4516  
Employer Identification Number:  
57-0727731  
File Folder Number:  
580016676

▷ Harry R. E. Hampton Memorial  
Wildlife Fund, Inc.  
P. O. Box 2641  
Columbia, SC 29202

Dear Sir:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section \* . Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section \* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section \* organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

\*170(b)(1)(A)(vi)&509(a)(1).

Sincerely yours,

  
District Director