

Filing Instructions

HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2020

Date Due: November 15, 2021

Remittance: None is required. Your Form 990 for the tax year ended 12/31/20 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

STEPHEN L. LUCAS, CPA, PA
PO Box 1357
Highlands, NC 28741-1357

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 2020, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax **HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC**

Taxpayer identification number
58-6001278

Name and title of officer or person subject to tax **Jennifer Stack Moore
Treasurer**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,201,755
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **STEPHEN L. LUCAS, CPA, PA** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } **05/10/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56057312345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Date } **05/10/21**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC		D Employer identification number 58-6001278
	Doing business as		E Telephone number 706-746-5718
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 339		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code RABUN GAP GA 30568		G Gross receipts \$ 1,257,049
	F Name and address of principal officer: Erica DeChicchis 772 San Antonio Drive Atlanta GA 30306		

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** www.hambidge.org **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **M** State of legal domicile: **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CENTER PROVIDES A RESIDENCY PROGRAM FOR ART AND SCIENCES		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	943,771	797,622
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,788	136,035
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,227	205,097
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255,187	63,001
		1,523,973	1,201,755
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	323,035	353,368
	16a Professional fundraising fees (Part IX, column (A), line 11e)	36,638	6,000
	b Total fundraising expenses (Part IX, column (D), line 25) u 21,454		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	337,865	249,550
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	697,538	608,918	
19 Revenue less expenses. Subtract line 18 from line 12	826,435	592,837	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,475,829	3,071,911
	22 Net assets or fund balances. Subtract line 21 from line 20	27,467	30,572
	2,448,362	3,041,339	

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
	Jennifer Stack Moore Type or print name and title	Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHERRY B. HOLT		11/11/21		P01050135
	Firm's name } STEPHEN L. LUCAS, CPA, PA	Firm's EIN } 56-1535659			
	Firm's address } PO Box 1357 Highlands, NC 28741-1357	Phone no. 828-526-2399			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

CENTER PROVIDES A RESIDENCY PROGRAM FOR ART AND SCIENCES

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 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 \$ **177,055** including grants of \$) (Revenue \$)

CENTER PROVIDES RESIDENCY PROGRAM FOR ART AND SCIENCES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ **4,250** including grants of \$) (Revenue \$)

4e Total program service expenses **u 181,305**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	34
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

Jamie Badoud

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Rabun Gap

GA 30568

706-746-7108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Judy Barber Director	2.00 0.00	X						0	0	0
(2) Michael Bishop Vice-Chair	4.00 0.00	X		X				0	0	0
(3) Luncinda W Bunn Trustee/Director	2.00 0.00	X						0	0	0
(4) Lucinda Chapman DIRECTOR	2.00 0.00	X						0	0	0
(5) Erica DeChicchis Chairman	4.00 0.00	X		X				0	0	0
(6) William Downs Trustee/Director	2.00 0.00	X						0	0	0
(7) Elizabeth Feichter Director	2.00 0.00	X						0	0	0
(8) Rachel K. Garceau Director	2.00 0.00	X						0	0	0
(9) Greg Head Trustee/ Director	2.00 0.00	X						0	0	0
(10) Caroline Howell DIRECTOR	2.00 0.00	X						0	0	0
(11) Bari Love DIRECTOR	2.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jennifer Stack Moore	4.00									
Treasurer	0.00	X		X			0	0	0	
(13) Andres Navia	2.00									
Trustee/Director	0.00	X					0	0	0	
(14) Kirk Rich	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) Karen Rolader	2.00									
Director	0.00	X					0	0	0	
(16) Anne Lambert Tracht	4.00									
Secretary	0.00	X		X			0	0	0	
(17) Gregor Turk	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) Marcia Weber	2.00									
Trustee/Director	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	151,200			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	646,422			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,961			
	h Total. Add lines 1a-1f	u	797,622			
Program Service Revenue	2a Admission fees	Business Code	75,785	75,785		
	b Host support		36,211	36,211		
	c Program fees		15,001	15,001		
	d Ticket sales		4,136	4,136		
	e Anagama fees		2,237	2,237		
	f All other program service revenue		2,665	2,665		
	g Total. Add lines 2a-2f	u	136,035			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	152,716	152,716	
4 Income from investment of tax-exempt bond proceeds		u				
5 Royalties		u				
6a Gross rents		(i) Real				
		(ii) Personal				
		6a				
b Less: rental expenses		6b				
c Rental inc. or (loss)		6c				
d Net rental income or (loss)		u				
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other		52,381		
		7a				
b Less: cost or other basis and sales exps.		7b				
c Gain or (loss)		7c		52,381		
d Net gain or (loss)		u		52,381	52,381	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	10a		116,280			
	b Less: cost of goods sold	10b	55,294			
	c Net income or (loss) from sales of inventory	u	60,986		60,986	
Miscellaneous Revenue	11a Miscellaneous revenue	Business Code	2,015	2,015		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	2,015			
12 Total revenue. See instructions	u	1,201,755	343,147	0	60,986	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	348,878		348,878	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,490	4,490		
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,792		6,792	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,000			6,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,133	1,133		
13 Office expenses				
14 Information technology	6,866	6,866		
15 Royalties				
16 Occupancy	28,648	28,648		
17 Travel	5,264	5,264		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,645	26,645		
23 Insurance	21,202	21,202		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food exp.	26,965	26,965		
b Electricity	18,414		18,414	
c Supplies	17,279	17,279		
d Building Campaign Fundrai	15,454			15,454
e All other expenses	74,888	42,813	32,075	
25 Total functional expenses. Add lines 1 through 24e	608,918	181,305	406,159	21,454
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	461,569	1	222,419
	2 Savings and temporary cash investments	469,029	2	898,835
	3 Pledges and grants receivable, net	6,500	3	41,500
	4 Accounts receivable, net	4,042	4	15,442
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,573	8	4,315
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,070,699		
	b Less: accumulated depreciation	10b 443,286	502,020	10c 627,413
	11 Investments—publicly traded securities	916,191	11	1,261,987
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	110,905	15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,475,829	16	3,071,911	
Liabilities	17 Accounts payable and accrued expenses	27,467	17	22,934
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	7,638
	26 Total liabilities. Add lines 17 through 25	27,467	26	30,572
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,448,362	27	3,041,339
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,448,362	32	3,041,339	
33 Total liabilities and net assets/fund balances	2,475,829	33	3,071,911	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,201,755
2	Total expenses (must equal Part IX, column (A), line 25)	2	608,918
3	Revenue less expenses. Subtract line 2 from line 1	3	592,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,448,362
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	140
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,041,339

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**HAMBIDGE CENTER FOR CREATIVE ARTS
AND SCIENCES, INC**

Employer identification number

58-6001278

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	440,184	609,210	477,238	943,771	797,622	3,268,025
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	154,667	301,634	118,241	499,584	290,766	1,364,892
3 Gross receipts from activities that are not an unrelated trade or business under section 513	220,562	247,975	209,770	132,913	116,280	927,500
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	815,413	1,158,819	805,249	1,576,268	1,204,668	5,560,417
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						5,560,417

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	815,413	1,158,819	805,249	1,576,268	1,204,668	5,560,417
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	815,413	1,158,819	805,249	1,576,268	1,204,668	5,560,417
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage for 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage for 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC	Employer identification number 58-6001278
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

HAMBIDGE CENTER FOR CREATIVE ARTS

Employer identification number

58-6001278

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lucinda Bunnen 3910 Randall Mill Rd NW Atlanta GA 30327	\$ 230,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PNC Foundation 1075 Peachtree St. NE, Suite 1800 Atlanta GA 30309	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Barb & Thom Williams 346 Pine Tree Dr NE Atlanta GA 30305	\$ 11,810	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Fulton County Arts Council Grant 141 Pryor St SW Suite 2030 Atlanta GA 30303	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Kirk Rich 683 Sherwood Rd NE Atlanta GA 30324	\$ 25,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anthony and Margaret Echols 2881 Peachtree Rd NE Atlanta GA 30305	\$ 29,545	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

58-6001278

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Lucinda and Bob Chapman 47 Atwood Ave Sausalito CA 94965	\$ 7,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MailChimp 675 Ponce de Leon Ave NE Atlanta GA 30308	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Woodie & Steve Wisebrai 4552 Rebel Valley Vw SE Atlanta GA 30339	\$ 15,138	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Georgia Council for the Arts 260 14th Street Suite 401 Atlanta GA 30318	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Whitfield County PO Box 248 Dalton GA 30722	\$ 186,930	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Alston& Bird LLP 1 Atlantic Circle Atlanta GA 30309	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAMBIDGE CENTER FOR CREATIVE ARTS

Employer identification number

58-6001278

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	National Endowment for the Arts 1100 Pennsylvania Ave NW Washington DC 20004	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BNY Mellon Wealth Management 3290 Northside Parkway Ste 950 Atlanta GA 30327	\$ 36,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	North Georgia Community Foundation 615 Oak Street Ste 1300 Atlanta GA 30501	\$ 30,574	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Community Foundation for Greater Atl 191 Peachtree St NE Ste 1000 Atlanta GA 30303	\$ 25,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Fidelity Charitable PO Box 770001 Cincinnati OH 45277	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Ford-Hutchinson 1497 Grant Dr NE Brookhaven GA 30319	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAMBIDGE CENTER FOR CREATIVE ARTS

Employer identification number

58-6001278

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Ms. Ladd Mr. Peace 1066 Briarcliff Rd NE Atlanta GA 30306	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Suntrust Bank 26 Peachtree St NW Atlanta GA 30303	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Merrill Lynch 200 Park Ave 13th Floor New York NY 10166	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Schwab Charitable PO Box 628298 Orlando FL 32862	\$ 10,766	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC

Employer identification number

58-6001278

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Term endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,028		29,028
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,041,671	443,286	598,385
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				627,413

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Sales tax payable	7,638
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 7,638

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization	HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC	Employer identification number	58-6001278
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Form 990, Part III, Line 4d - All Other Accomplishments

CENTER PROVIDES RESIDENCY PROGRAM FOR ART AND SCIENCES

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Treasurer

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Reguarly and consistently monitor and enforce compliance.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation is approved by the board of directors. The use contemporaneously recording the deliberation and decision.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Avilable at office of the Center.

Form 990, Part IX, Line 24e - Other Expenses

Description

	Tot/Prog Service	Mgt & General	Fundraising
Telephone	\$ 12,673	\$ 0	\$ 0
Technical consultants	\$ 0	\$ 11,515	\$ 0
Cost & sales exp. on inve	\$ 0	\$ 11,152	\$ 0

Name of the organization HAMBIDGE CENTER FOR CREATIVE ARTS	Employer identification number 58-6001278
--	---

Stipends

\$ 9,450 \$ 0 \$ 0

Contract labor

\$ 9,430 \$ 0 \$ 0

Property taxes

\$ 0 \$ 5,555 \$ 0

Postage

\$ 4,960 \$ 0 \$ 0

Printing

\$ 2,635 \$ 0 \$ 0

Fees & memberships

\$ 0 \$ 2,123 \$ 0

Shipping

\$ 1,828 \$ 0 \$ 0

Auction consultants

\$ 0 \$ 1,730 \$ 0

Development consultant

\$ 1,250 \$ 0 \$ 0

Staff development

\$ 277 \$ 0 \$ 0

Miscellaneous exp.

\$ 141 \$ 0 \$ 0

Equipment leases

\$ 94 \$ 0 \$ 0

Equipment maintenance

\$ 75 \$ 0 \$ 0

Total

Name of the organization

Employer identification number

HAMBIDGE CENTER FOR CREATIVE ARTS

58-6001278

..... **\$ 42,813** **\$ 32,075** **\$ 0**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC** Identifying number **58-6001278**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,395

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		10,352	7.0	MQ	S/L	924
d 10-year property		30,794	10.0	MQ	S/L	669
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	01/15/20	110,892	39 yrs.	MM	S/L	2,657

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,645
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

58-6001278

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
7-year GDS Property:									
187	7 bed sets	6/02/20	10,352			10,352	7 MQ S/L	0	924
			<u>10,352</u>			<u>10,352</u>		<u>0</u>	<u>924</u>
10-year GDS Property:									
188	Blinds	12/31/20	11,258			11,258	10 MQ S/L	0	141
190	Architect fees _Antionori Village	6/30/20	4,389			4,389	10 MQ S/L	0	274
191	Plumbing Hambidge HOUse	8/26/20	2,599			2,599	10 MQ S/L	0	97
192	West Wing	10/29/20	9,320			9,320	10 MQ S/L	0	117
193	HVAC	11/23/20	3,228			3,228	10 MQ S/L	0	40
			<u>30,794</u>			<u>30,794</u>		<u>0</u>	<u>669</u>
Non-Residential Real Property:									
189	Addition	1/15/20	110,892			110,892	39 MMS/L	0	2,657
			<u>110,892</u>			<u>110,892</u>		<u>0</u>	<u>2,657</u>
Prior MACRS:									
1	PURCHASES 1991	7/01/91	809			809	5 HY S/L	809	0
2	PURCHASES 1992	7/01/92	3,461			3,461	5 HY S/L	3,461	0
3	ADDITIONS 1993	7/01/93	253			253	5 HY S/L	253	0
4	HEATERS (3)	7/01/95	1,057			1,057	5 HY S/L	1,057	0
5	GALLERY LIGHTS	4/30/95	523			523	10 HY S/L	523	0
6	GALLERY AIRCONDITIONING	7/19/95	379			379	7 HY S/L	379	0
7	FREEZER	7/06/95	400			400	15 HY S/L	400	0
8	REFRIGERATORS (3)	8/30/95	1,164			1,164	15 HY S/L	1,164	0
9	CHAIN SAW	11/10/95	385			385	3 HY S/L	385	0
10	PROJECTOR	6/15/95	532			532	10 HY S/L	532	0
15	Copier	1/08/97	1,000			1,000	5 HY S/L	1,000	0
26	WEAVE HOUSE NEW ROOF	2/13/95	2,100			2,100	20 HY S/L	2,100	0
27	GARDEN STUDIO DOORS	3/16/95	1,654			1,654	20 HY S/L	1,654	0
33	PURCHASES 1991	7/01/91	5,169			5,169	10 HY S/L	5,169	0
34	PURCHASES 1992	7/01/92	453			453	10 HY S/L	453	0
36	DISPLAYS	7/01/95	1,118			1,118	10 HY S/L	1,118	0
45	ADDITIONS 1998	7/01/98	20,717			20,717	10 HY S/L	20,717	0
62	DELL COMPUTER	7/01/99	1,996			1,996	10 HY S/L	1,996	0
65	CHANDELIER	7/01/99	171			171	15 HY S/L	171	0
67	1989 MITSUBISHI TRUCK	7/01/99	2,100			2,100	5 HY S/L	2,100	0
100	Refrigerator Son Studio	3/15/05	353			353	7 HY S/L	353	0
101	Frigidaire freezer rock house	3/15/05	588			588	7 HY S/L	588	0
102	Heat pump Son Studio	3/15/05	2,048			2,048	5 HY S/L	2,048	0
150	AC garden studio	7/25/12	2,300		X	1,150	5 HY 200DB	2,300	0
151	Pottery equipment	5/10/12	731		X	365	7 HY 200DB	731	0
			<u>51,461</u>			<u>49,945</u>		<u>51,461</u>	<u>0</u>
Other Depreciation:									
11	COMPUTER	6/01/96	500			500	5 MO S/L	500	0
12	JET PRINTER	7/18/96	338			338	5 MO S/L	338	0
13	FENCES	7/01/96	667			667	15 MO S/L	667	0
14	WOOD FIRED KILN	7/01/96	4,265			4,265	15 MO S/L	4,265	0
16	Computer and monitor	11/16/97	1,670			1,670	5 MO S/L	1,670	0
17	ROCK HOUSE IMPROVEMENTS	7/01/93	803			803	60 MO S/L	355	13
18	HAMBIDGE HOUSE IMPROVEMENTS	7/01/93	553			553	60 MO S/L	244	10
19	FISHER STUDIO IMPROVEMENTS	7/01/93	332			332	60 MO S/L	147	5
20	SUN STUDIO IMPROVEMENTS	7/01/93	5,979			5,979	60 MO S/L	2,641	99
21	ROCK HOUSE IMPROVEMENTS	7/01/94	1,846			1,846	60 MO S/L	785	30
22	WEAVE SHED IMPROVEMENTS	7/01/94	606			606	60 MO S/L	258	10
23	SON STUDIO IMPROVEMENTS	7/01/94	458			458	60 MO S/L	195	7
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387			387	60 MO S/L	164	7
25	OFF BGT IMPROVEMENTS	7/01/94	1,668			1,668	60 MO S/L	709	28
28	ROCK HOUSE IMPROVEMENTS 1996	7/01/96	22,807			22,807	60 MO S/L	8,933	380
29	BRENA COTTAGE	7/01/96	40,760			40,760	60 MO S/L	15,964	680
30	WATER SYSTEM IMPROVEMENTS	7/01/96	4,804			4,804	45 MO S/L	2,509	106

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
31	Weave Shed improvements	7/15/97	21,353			21,353	40 MO S/L	11,989	534
32	Brena Cottage improvements	6/15/97	23,282			23,282	40 MO S/L	13,120	582
35	ADDITIONS 1994	7/01/94	1,417			1,417	5 MO S/L	1,417	0
37	HEATERS TUGALO GAS	5/15/96	1,053			1,053	10 MO S/L	1,053	0
38	DISHWASHER VAIIEY SUPPLY	6/20/96	424			424	7 MO S/L	424	0
39	AIR CONDITIONERS	7/25/96	601			601	7 MO S/L	601	0
40	ROCKING CHAIRS	8/02/96	1,066			1,066	12 MO S/L	1,066	0
41	BOOK BED THOMPSON	10/31/96	650			650	12 MO S/L	650	0
42	Rock House chairs	4/16/97	1,627			1,627	5 MO S/L	1,627	0
43	Heater	2/12/97	300			300	5 MO S/L	300	0
44	Roadwork	3/18/97	2,160			2,160	7 MO S/L	2,160	0
46	ROCK HOUSE	7/01/36	2,000			2,000	60 MO S/L	2,000	0
47	MILL	7/01/36	2,118			2,118	60 MO S/L	2,118	0
48	Hambidge	7/01/38	7,131			7,131	60 MO S/L	7,131	0
49	POTTERY SHED	7/01/40	1,303			1,303	60 MO S/L	1,303	0
50	GARAGE	7/01/40	474			474	60 MO S/L	474	0
51	CONFERENCE CENTER	7/01/40	4,401			4,401	60 MO S/L	4,401	0
52	PAINTING SHED	7/01/40	625			625	60 MO S/L	625	0
53	WEAVING SHED	7/01/40	11,033			11,033	60 MO S/L	11,033	0
54	SON STUDIO	7/01/55	2,638			2,638	60 MO S/L	2,638	0
55	SON HOUSE	7/01/55	12,975			12,975	60 MO S/L	12,975	0
56	FOXFIRE	7/01/66	8,635			8,635	60 MO S/L	7,556	144
57	MELLINGER	7/01/84	19,705			19,705	60 MO S/L	11,330	329
58	ROCK HOUSE IMPROVEMENTS	7/01/91	9,950			9,950	60 MO S/L	4,768	165
59	WEAVER SHED IMPROVEMENTS	7/01/91	951			951	60 MO S/L	456	16
60	WEAVER SHED IMPROVEMENTS	7/01/92	1,500			1,500	60 MO S/L	688	25
61	FISHER STUDIO	7/01/92	33,059			33,059	60 MO S/L	15,152	551
63	OVEN	7/01/99	1,285			1,285	15 MO S/L	1,285	0
64	HEATER	7/01/99	306			306	7 MO S/L	306	0
66	PHOTOGRAPHY STUDIO	7/01/99	1,955			1,955	60 MO S/L	668	32
68	PRINTERS	7/01/00	1,041			1,041	10 MO S/L	1,041	0
69	2 FILE CABINETS	7/01/00	400			400	10 MO S/L	400	0
70	4 AIR CONDITIONERS	7/01/00	500			500	5 MO S/L	500	0
71	RESTORATION STEINWAY PIANO	7/01/00	4,025			4,025	10 MO S/L	4,025	0
72	ROCK HOUSE IMPROVEMENTS	7/01/00	2,173			2,173	60 MO S/L	706	36
73	ADDITIONS TO F & F 2001	7/01/01	13,958			13,958	10 MO S/L	13,958	0
74	OFFICE EQUIPMENT 2001	7/01/01	1,962			1,962	10 MO S/L	1,962	0
75	ROCK HOUSE IMPROVEMENTS	7/01/01	8,821			8,821	40 MO S/L	4,080	220
76	FISHER COTTAGE IMPROVEMENTS	7/01/01	918			918	10 MO S/L	918	0
77	HAMBIDGE HOUSE IMPROVEMENTS	7/01/01	8,762			8,762	40 MO S/L	4,052	219
78	WEAVE HOUSE IMPROVEMENTS	7/01/01	496			496	10 MO S/L	496	0
79	NOTEBOOK COMPUTER	7/01/02	1,300			1,300	5 MO S/L	1,300	0
80	REFRIGERATOR	7/01/02	389			389	10 MO S/L	389	0
81	TRACTOR LAWNMOWER	7/01/02	1,069			1,069	7 MO S/L	1,069	0
82	NEW FLOOR ROCK HOUSE	7/01/02	3,257			3,257	20 MO S/L	2,850	163
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842			21,842	30 MO S/L	12,741	728
84	WEAVE SHED / NEW ROOF	7/01/02	1,400			1,400	20 MO S/L	1,225	70
85	SEPTIC SYSTEM IMPROVEMENTS	7/01/02	4,180			4,180	40 MO S/L	1,829	104
86	OTHER FURNISHINGS AND EQUIP STU	7/01/02	2,560			2,560	10 MO S/L	2,560	0
87	UNIDENTIFIED ADDITION	7/01/02	1,500			1,500	5 MO S/L	1,500	0
88	POTTERY STUDIO BUILDING	7/01/03	87,211			87,211	60 MO S/L	23,611	1,453
89	POTTERY STUDIO EQUIPMENT	7/01/03	28,359			28,359	15 MO S/L	28,359	0
90	HOOPER 16' TRAILER	7/01/03	1,250			1,250	10 MO S/L	1,250	0
91	BUCKEYE RENOVATION SEPTIC & RO	7/01/03	4,747			4,747	25 MO S/L	3,133	190
92	DELL LAPTOP COMPUTER	7/01/03	1,315			1,315	4 MO S/L	1,315	0
93	ROAD IMPROVEMENTS BY HAMBIDG	7/01/03	4,200			4,200	10 MO S/L	4,200	0
94	ADDITIONS TO POTTERY STUDIO	7/01/04	1,230			1,230	40 MO S/L	476	31
95	RAKU KILN FOR POTTERY STUDIO	7/01/04	717			717	10 MO S/L	717	0
96	FURNACE/AIR CONDITIONER HAMBII	7/01/04	3,000			3,000	10 MO S/L	3,000	0
97	PROPANE GAS HEATER BRENA STUDI	7/01/04	692			692	10 MO S/L	692	0
98	HUSQVARNA COMMERCIAL MOWER	7/01/04	3,700			3,700	5 MO S/L	3,700	0
99	CENTRAL HYDRAULIC WOOD SPLITT	7/01/04	900			900	5 MO S/L	900	0
103	Garden Studio-New Roof	7/01/06	4,676			4,676	10 MO S/L	4,676	0
105	New floor- Rock House	7/01/06	2,304			2,304	20 MO S/L	1,555	115
106	Roof repairs- Rock House	7/01/06	1,248			1,248	20 MO S/L	842	63
107	Refrigerator- Fisher Studio	7/01/06	351			351	15 MO S/L	316	23
108	Dell computer	7/01/06	480			480	10 MO S/L	480	0
110	Mellinger - New Floor	7/01/07	863			863	60 MO S/L	180	14
111	Foxfire - New Roof	7/01/07	1,197			1,197	20 MO S/L	748	60
112	Weaver Shed - new bath,water heater gas he	7/01/07	654			654	10 MO S/L	654	0
113	Rock House - water heater	7/01/07	212			212	10 MO S/L	212	0

58-6001278

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
114	Whirlpool Refrigerator - Rock House	7/01/07	961			961	20 MO S/L	601	48
115	Frigidare Refrigerator - Rock House	7/01/07	586			586	20 MO S/L	367	29
116	Electric Range - Fisher Studio	7/01/07	321			321	20 MO S/L	201	16
117	Barker's creek mill - dam & wheel repair	7/01/08	14,705			14,705	20 MO S/L	8,455	735
118	Brena - Gutters	7/01/08	581			581	20 MO S/L	334	29
119	Fisher - lighting paint	7/01/08	1,226			1,226	20 MO S/L	705	61
120	Garden - new porch bath tub	7/01/08	1,145			1,145	25 MO S/L	527	45
121	HH Pavilion - windows	7/01/08	312			312	25 MO S/L	144	12
122	Mellinger - new doors, paint	7/01/08	1,212			1,212	25 MO S/L	558	48
123	Son House - gutters, porch , paint, plumbing	7/01/08	1,290			1,290	25 MO S/L	593	52
124	Son Studio - floors, bath fixtures, cabinets	7/01/08	1,917			1,917	25 MO S/L	882	77
125	Weave Shad - Windows	7/01/08	1,053			1,053	25 MO S/L	485	42
126	Rock House - gutters, paint	7/01/08	662			662	25 MO S/L	305	26
127	Pressure washer	7/01/08	320			320	5 MO S/L	320	0
128	Holiday 20" electric range Son Studio	7/01/08	662			662	20 MO S/L	381	33
129	BRENA STUDIO IMPROVEMENTS	7/01/09	1,826			1,826	25 MO S/L	767	73
130	FISHER STUDIO IMPROVEMENTS	7/01/09	940			940	25 MO S/L	395	38
131	GARDEN STUDIO IMPROVEMENTS	7/01/09	4,182			4,182	40 MO S/L	1,098	104
132	HAMBIDGE HOUSE	7/01/09	2,248			2,248	40 MO S/L	590	56
133	STUDIO	7/01/09	9,211			9,211	60 MO S/L	1,612	153
134	MELLINGER STUDIO	7/01/09	941			941	40 MO S/L	247	23
135	BARKERS CREED MILL	7/01/09	1,475			1,475	40 MO S/L	387	37
136	LUCINDA'S ROCK HOUSE	7/01/09	6,135			6,135	60 MO S/L	1,074	102
137	SON HOUSE	7/01/09	3,221			3,221	60 MO S/L	564	53
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287			287	15 MO S/L	201	19
139	SON HOUSE WP REFRIGERATOR	7/01/09	383			383	15 MO S/L	268	26
140	MICROWAVE/ELECTRIC RANGE	7/01/09	408			408	15 MO S/L	286	27
141	4 TENTS & TABLES BRENA 30 GA LOW	7/01/09	1,004			1,004	10 MO S/L	1,004	0
142	WATER HEATER	7/01/09	329			329	15 MO S/L	230	22
143	300 TANK HH PAVILLION	7/01/09	443			443	25 MO S/L	186	18
144	REFURBISHED MACBOOK PRO 17 INC	1/27/10	2,105			2,105	5 MO S/L	2,105	0
145	1999 FORD RANGER (GIFT)	12/30/10	5,600			5,600	5 MO S/L	5,600	0
146	unidentified improvement	7/01/10	11,600			11,600	60 MO S/L	1,837	193
147	Improvement to Rock House	6/30/11	1,436			1,436	60 MO S/L	203	24
148	1.17 Acres for McCaw family	9/23/11	21,528			21,528	0 -- Land	0	0
149	All-American Golf Cart	6/14/11	4,100			4,100	10 MO S/L	3,519	410
153	Webb Heating HVAC garden studio	6/04/13	337			337	7 MO S/L	317	20
154	Lowes Dishwasher Rock House	11/17/13	306			306	7 MO S/L	266	40
155	Lowes Grill	8/17/13	398			398	7 MO S/L	360	38
156	Desktop Dell computer	11/20/13	844			844	5 MO S/L	844	0
157	Roof Rock House & Pavilion	8/01/14	15,445			15,445	30 MO S/L	2,789	515
158	Dryer Sears	2/27/14	578			578	10 MO S/L	337	58
159	Heat Pump Cove Cottage	10/01/14	2,000			2,000	15 MO S/L	700	133
160	Dell Desktop Computer	10/10/14	544			544	7 MO S/L	408	78
161	Macbook pro Communication Der	6/26/15	3,030			3,030	5 MO S/L	2,727	303
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747			1,747	10 MO S/L	859	175
163	Macbook pro Exed Director	12/10/15	2,537			2,537	5 MO S/L	2,072	465
164	Bed for Studio	6/09/15	546			546	12 MO S/L	208	46
165	Rock House adding pillar supports	7/01/16	13,500			13,500	50 MO S/L	945	270
166	Couch for Rock House	7/01/16	433			433	10 MO S/L	152	43
167	Leaf Blower	7/01/16	541			541	5 MO S/L	379	108
168	Land from Luke Garland	7/01/16	7,500			7,500	0 -- Land	0	0
169	MATTRESSES & LINEN	3/10/17	1,528			1,528	7 MO S/L	619	218
170	SHARK VACUUM FOR ROSA	3/10/17	267			267	5 MO S/L	151	54
171	TOYOTA CAMRY SOLARA	10/27/17	4,000			4,000	5 MO S/L	1,733	800
172	KITCHEN RENOVATION	12/31/17	116,475			116,475	40 MO S/L	5,824	2,912
174	BUILDING EXCAVATING	5/08/18	350			350	7 MO S/L	83	50
175	OUTDOOR KITCHEN	10/23/18	14,230			14,230	40 MO S/L	415	356
176	ROOF-SON HOUSE	10/23/18	7,350			7,350	10 MO S/L	858	735
177	BUILDING DESIGN FEE	12/31/18	27,782			27,782	40 MO S/L	695	694
178	GRILL	7/10/18	1,444			1,444	5 MO S/L	433	289
179	LED LIGHTS-ANTINORI	12/17/18	2,733			2,733	5 MO S/L	547	546
180	LED LIGHTS-MARGARET STUDIO	12/17/18	1,426			1,426	5 MO S/L	285	285
181	LED LIGHTS-ANTINORI OUTSIDE	12/17/18	435			435	5 MO S/L	87	87
182	LED LIGHTS-ANAGAMA KILN	12/17/18	959			959	5 MO S/L	192	191
183	HVAC SON, COVE FISHER, BERNA, ME	10/18/19	33,738			33,738	12 MO S/L	469	2,811
184	REFIGERATOR COVE	4/16/19	358			358	12 MO S/L	20	30
185	STIHL CHAINSAW & WEEDEATER	5/25/19	577			577	7 MO S/L	48	82
186	COMPUTER & MONOITOR	5/21/19	628			628	7 MO S/L	52	90

58-6001278

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>865,200</u>			<u>865,200</u>		<u>363,180</u>	<u>22,395</u>
	Total ACRS and Other Depreciation		<u>865,200</u>			<u>865,200</u>		<u>363,180</u>	<u>22,395</u>
Listed Property:									
152	Volvo	12/31/12	<u>2,000</u>		X	<u>1,000</u>	5 HY 200DB	<u>2,000</u>	<u>0</u>
			<u>2,000</u>			<u>1,000</u>		<u>2,000</u>	<u>0</u>
	Grand Totals		1,070,699			1,068,183		416,641	26,645
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,070,699</u>			<u>1,068,183</u>		<u>416,641</u>	<u>26,645</u>

58-6001278

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
150	AC garden studio	7/25/12	2,300		0	0	1,150	1,150
151	Pottery equipment	5/10/12	731		0	0	366	365
152	Volvo	12/31/12	2,000	100	0	0	1,000	1,000
Grand Total			<u>5,031</u>		<u>0</u>	<u>0</u>	<u>2,516</u>	<u>2,515</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

58-6001278

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	PURCHASES 1991	7/01/91	809	0	0
2	PURCHASES 1992	7/01/92	3,461	0	0
3	ADDITIONS 1993	7/01/93	253	0	0
4	HEATERS (3)	7/01/95	1,057	0	0
5	GALLERY LIGHTS	4/30/95	523	0	0
6	GALLERY AIRCONDITIONING	7/19/95	379	0	0
7	FREEZER	7/06/95	400	0	0
8	REFRIGERATORS (3)	8/30/95	1,164	0	0
9	CHAIN SAW	11/10/95	385	0	0
10	PROJECTOR	6/15/95	532	0	0
15	Copier	1/08/97	1,000	0	0
26	WEAVE HOUSE NEW ROOF	2/13/95	2,100	0	0
27	GARDEN STUDIO DOORS	3/16/95	1,654	0	0
33	PURCHASES 1991	7/01/91	5,169	0	0
34	PURCHASES 1992	7/01/92	453	0	0
36	DISPLAYS	7/01/95	1,118	0	0
45	ADDITIONS 1998	7/01/98	20,717	0	0
62	DELL COMPUTER	7/01/99	1,996	0	0
65	CHANDELIER	7/01/99	171	0	0
67	1989 MITSUBISHI TRUCK	7/01/99	2,100	0	0
100	Refrigerator Son Studio	3/15/05	353	0	0
101	Frigidaire freezer rock house	3/15/05	588	0	0
102	Heat pump Son Studio	3/15/05	2,048	0	0
150	AC garden studio	7/25/12	2,300	0	0
151	Pottery equipment	5/10/12	731	0	0
187	7 bed sets	6/02/20	10,352	1,479	0
188	Blinds	12/31/20	11,258	1,126	0
189	Addition	1/15/20	110,892	2,772	0
190	Architect fees _Antionori Village	6/30/20	4,389	439	0
191	Plumbing Hambidge HOuse	8/26/20	2,599	260	0
192	West Wing	10/29/20	9,320	932	0
193	HVAC	11/23/20	3,228	323	0
			<u>203,499</u>	<u>7,331</u>	<u>0</u>

Other Depreciation:

11	COMPUTER	6/01/96	500	0	0
12	JET PRINTER	7/18/96	338	0	0
13	FENCES	7/01/96	667	0	0
14	WOOD FIRED KILN	7/01/96	4,265	0	0
16	Computer and monitor	11/16/97	1,670	0	0
17	ROCK HOUSE IMPROVEMENTS	7/01/93	803	13	0
18	HAMBIDGE HOUSE IMPROVEMENTS	7/01/93	553	9	0
19	FISHER STUDIO IMPROVEMENTS	7/01/93	332	6	0
20	SUN STUDIO IMPROVEMENTS	7/01/93	5,979	100	0
21	ROCK HOUSE IMPROVEMENTS	7/01/94	1,846	31	0
22	WEAVE SHED IMPROVEMENTS	7/01/94	606	10	0
23	SON STUDIO IMPROVEMENTS	7/01/94	458	8	0
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387	6	0
25	OFF BGT IMPROVEMENTS	7/01/94	1,668	28	0
28	ROCK HOUSE IMPROVEMENTS 1996	7/01/96	22,807	380	0
29	BRENA COTTAGE	7/01/96	40,760	679	0
30	WATER SYSTEM IMPROVEMENTS	7/01/96	4,804	107	0
31	Weave Shed improvements	7/15/97	21,353	533	0
32	Brena Cottage improvements	6/15/97	23,282	582	0
35	ADDITIONS 1994	7/01/94	1,417	0	0
37	HEATERS TUGALO GAS	5/15/96	1,053	0	0
38	DISHWASHER VALLEY SUPPLY	6/20/96	424	0	0
39	AIR CONDITIONERS	7/25/96	601	0	0
40	ROCKING CHAIRS	8/02/96	1,066	0	0
41	BOOK BED THOMPSON	10/31/96	650	0	0
42	Rock House chairs	4/16/97	1,627	0	0
43	Heater	2/12/97	300	0	0
44	Roadwork	3/18/97	2,160	0	0
46	ROCK HOUSE	7/01/36	2,000	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
47	MILL	7/01/36	2,118	0	0
48	Hambidge	7/01/38	7,131	0	0
49	POTTERY SHED	7/01/40	1,303	0	0
50	GARAGE	7/01/40	474	0	0
51	CONFERENCE CENTER	7/01/40	4,401	0	0
52	PAINTING SHED	7/01/40	625	0	0
53	WEAVING SHED	7/01/40	11,033	0	0
54	SON STUDIO	7/01/55	2,638	0	0
55	SON HOUSE	7/01/55	12,975	0	0
56	FOXFIRE	7/01/66	8,635	144	0
57	MELLINGER	7/01/84	19,705	328	0
58	ROCK HOUSE IMPROVEMENTS	7/01/91	9,950	166	0
59	WEAVER SHED IMPROVEMENTS	7/01/91	951	15	0
60	WEAVER SHED IMPROVEMENTS	7/01/92	1,500	25	0
61	FISHER STUDIO	7/01/92	33,059	551	0
63	OVEN	7/01/99	1,285	0	0
64	HEATER	7/01/99	306	0	0
66	PHOTOGRAPHY STUDIO	7/01/99	1,955	33	0
68	PRINTERS	7/01/00	1,041	0	0
69	2 FILE CABINETS	7/01/00	400	0	0
70	4 AIR CONDITIONERS	7/01/00	500	0	0
71	RESTORATION STEINWAY PIANO	7/01/00	4,025	0	0
72	ROCK HOUSE IMPROVEMENTS	7/01/00	2,173	37	0
73	ADDITIONS TO F & F 2001	7/01/01	13,958	0	0
74	OFFICE EQUIPMENT 2001	7/01/01	1,962	0	0
75	ROCK HOUSE IMPROVEMENTS	7/01/01	8,821	221	0
76	FISHER COTTAGE IMPROVEMENTS	7/01/01	918	0	0
77	HAMBIDGE HOUSE IMPROVEMENTS	7/01/01	8,762	220	0
78	WEAVE HOUSE IMPROVEMENTS	7/01/01	496	0	0
79	NOTEBOOK COMPUTER	7/01/02	1,300	0	0
80	REFRIGERATOR	7/01/02	389	0	0
81	TRACTOR LAWNMOWER	7/01/02	1,069	0	0
82	NEW FLOOR ROCK HOUSE	7/01/02	3,257	163	0
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842	729	0
84	WEAVE SHED / NEW ROOF	7/01/02	1,400	70	0
85	SEPTIC SYSTEM IMPROVEMENTS	7/01/02	4,180	105	0
86	OTHER FURNISHINGS AND EQUIP STUDIO	7/01/02	2,560	0	0
87	UNIDENTIFIED ADDITION	7/01/02	1,500	0	0
88	POTTERY STUDIO BUILDING	7/01/03	87,211	1,454	0
89	POTTERY STUDIO EQUIPMENT	7/01/03	28,359	0	0
90	HOOPER 16' TRAILER	7/01/03	1,250	0	0
91	BUCKEYE RENOVATION SEPTIC & ROOF	7/01/03	4,747	190	0
92	DELL LAPTOP COMPUTER	7/01/03	1,315	0	0
93	ROAD IMPROVEMENTS BY HAMBIDGE H	7/01/03	4,200	0	0
94	ADDITIONS TO POTTERY STUDIO	7/01/04	1,230	31	0
95	RAKU KILN FOR POTTERY STUDIO	7/01/04	717	0	0
96	FURNACE/AIR CONDITIONER HAMBIDGE	7/01/04	3,000	0	0
97	PROPANE GAS HEATER BRENA STUDIO	7/01/04	692	0	0
98	HUSQVARNA COMMERCIAL MOWER	7/01/04	3,700	0	0
99	CENTRAL HYDRAULIC WOOD SPLITTER	7/01/04	900	0	0
103	Garden Studio-New Roof	7/01/06	4,676	0	0
105	New floor- Rock House	7/01/06	2,304	115	0
106	Roof repairs- Rock House	7/01/06	1,248	62	0
107	Refrigerator- Fisher Studio	7/01/06	351	12	0
108	Dell computer	7/01/06	480	0	0
110	Mellinger - New Floor	7/01/07	863	15	0
111	Foxfire - New Roof	7/01/07	1,197	60	0
112	Weaver Shed - new bath,water heater gas heat	7/01/07	654	0	0
113	Rock House - water heater	7/01/07	212	0	0
114	Whirlpool Refrigerator - Rock House	7/01/07	961	48	0
115	Frigidare Refrigerator - Rock House	7/01/07	586	29	0
116	Electric Range - Fisher Studio	7/01/07	321	16	0
117	Barker's creek mill - dam & wheel repair	7/01/08	14,705	736	0
118	Brena - Gutters	7/01/08	581	29	0
119	Fisher - lighting paint	7/01/08	1,226	61	0
120	Garden - new porch bath tub	7/01/08	1,145	46	0
121	HH Pavilion - windows	7/01/08	312	12	0
122	Mellinger - new doors, paint	7/01/08	1,212	49	0
123	Son House - gutters, porch , paint, plumbing	7/01/08	1,290	51	0
124	Son Studio - floors, bath fixtures, cabinets	7/01/08	1,917	76	0
125	Weave Shad - Windows	7/01/08	1,053	42	0

Asset	Description	Date In Service	Cost	Tax	AMT
126	Rock House - gutters, paint	7/01/08	662	27	0
127	Pressure washer	7/01/08	320	0	0
128	Holiday 20" electric range Son Studio	7/01/08	662	33	0
129	BRENA STUDIO IMPROVEMENTS	7/01/09	1,826	73	0
130	FISHER STUDIO IMPROVEMENTS	7/01/09	940	37	0
131	GARDEN STUDIO IMPROVEMENTS	7/01/09	4,182	105	0
132	HAMBIDGE HOUSE	7/01/09	2,248	57	0
133	STUDIO	7/01/09	9,211	154	0
134	MELLINGER STUDIO	7/01/09	941	24	0
135	BARKERS CREED MILL	7/01/09	1,475	37	0
136	LUCINDA'S ROCK HOUSE	7/01/09	6,135	102	0
137	SON HOUSE	7/01/09	3,221	54	0
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287	19	0
139	SON HOUSE WP REFRIGERATOR	7/01/09	383	25	0
140	MICROWAVE/ELECTRIC RANGE	7/01/09	408	27	0
141	4 TENTS & TABLES BRENA 30 GA LOWBO'	7/01/09	1,004	0	0
142	WATER HEATER	7/01/09	329	22	0
143	300 TANK HH PAVILLION	7/01/09	443	17	0
144	REFURBISHED MACBOOK PRO 17 INCH 2.0	1/27/10	2,105	0	0
145	1999 FORD RANGER (GIFT)	12/30/10	5,600	0	0
146	unidentified improvement	7/01/10	11,600	193	0
147	Improvement to Rock House	6/30/11	1,436	24	0
148	1.17 Acres for McCaw family	9/23/11	21,528	0	0
149	All-American Golf Cart	6/14/11	4,100	171	0
153	Webb Heating HVAC garden studio	6/04/13	337	0	0
154	Lowes Dishwasher Rock House	11/17/13	306	0	0
155	Lowes Grill	8/17/13	398	0	0
156	Desktop Dell computer	11/20/13	844	0	0
157	Roof Rock House & Pavilion	8/01/14	15,445	514	0
158	Dryer Sears	2/27/14	578	58	0
159	Heat Pump Cove Cottage	10/01/14	2,000	134	0
160	Dell Desktop Computer	10/10/14	544	58	0
161	Macbook pro Communication Der	6/26/15	3,030	0	0
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747	174	0
163	Macbook pro Exed Director	12/10/15	2,537	0	0
164	Bed for Studio	6/09/15	546	45	0
165	Rock House adding pillar supports	7/01/16	13,500	270	0
166	Couch for Rock House	7/01/16	433	43	0
167	Leaf Blower	7/01/16	541	54	0
168	Land from Luke Garland	7/01/16	7,500	0	0
169	MATTRESSES & LINEN	3/10/17	1,528	218	0
170	SHARK VACUUM FOR ROSA	3/10/17	267	53	0
171	TOYOTA CAMRY SOLARA	10/27/17	4,000	800	0
172	KITCHEN RENOVATION	12/31/17	116,475	2,911	0
174	BUILDING EXCAVATING	5/08/18	350	50	0
175	OUTDOOR KITCHEN	10/23/18	14,230	356	0
176	ROOF-SON HOUSE	10/23/18	7,350	735	0
177	BUILDING DESIGN FEE	12/31/18	27,782	695	0
178	GRILL	7/10/18	1,444	288	0
179	LED LIGHTS-ANTINORI	12/17/18	2,733	547	0
180	LED LIGHTS-MARGARET STUDIO	12/17/18	1,426	286	0
181	LED LIGHTS-ANTINORI OUTSIDE	12/17/18	435	87	0
182	LED LIGHTS-ANAGAMA KILN	12/17/18	959	192	0
183	HVAC SON, COVE FISHER, BERNA, MELLIT	10/18/19	33,738	2,812	0
184	REFIGERATOR COVE	4/16/19	358	29	0
185	STIHL CHAINSAW & WEEDEATER	5/25/19	577	83	0
186	COMPUTER & MONOITOR	5/21/19	628	90	0
	Total Other Depreciation		<u>865,200</u>	<u>21,216</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>865,200</u>	<u>21,216</u>	<u>0</u>

Listed Property:

152	Volvo	12/31/12	2,000	0	0
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Future Depreciation Report **FYE: 12/31/21**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
			<u>2,000</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,070,699</u>	<u>28,547</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2020
Description SALE OF ART WORKS		

Name HAMBIDGE CENTER FOR CREATIVE ARTS	Taxpayer Identification Number 58-6001278
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>116,280</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>116,280</u>
8. Cost of Goods Sold	8. <u>55,294</u>
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. <u>55,294</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>60,986</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	5,573
Purchases	43,876
Labor	_____
Section 263A costs	_____
Other costs	10,160
Ending inventory	4,315
Total Cost of Goods Sold	55,294

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**HAMBIDGE CENTER FOR CREATIVE ARTS
AND SCIENCES, INC**
58-6001278

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 913,615	646,422	-267,193
	2. Membership dues and assessments	2. 156		-156
	3. Government contributions and grants	3. 30,000	151,200	121,200
	4. Program service revenue	4. 170,788	136,035	-34,753
	5. Investment income	5. 137,491	152,716	15,225
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 16,736	52,381	35,645
	8. Net income or (loss) from fundraising events	8. 55,797		-55,797
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 8,085	60,986	52,901
	11. Other revenue	11. 191,305	2,015	-189,290
	12. Total revenue. Add lines 1 through 11	12. 1,523,973	1,201,755	-322,218
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 323,035	353,368	30,333
	17. Professional fundraising fees	17. 36,638	6,000	-30,638
	18. Other professional fees	18. 11,127	6,792	-4,335
	19. Occupancy, rent, utilities, and maintenance	19. 19,144	28,648	9,504
	20. Depreciation and Depletion	20. 20,457	26,645	6,188
	21. Other expenses	21. 287,137	187,465	-99,672
	22. Total expenses. Add lines 13 through 21	22. 697,538	608,918	-88,620
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 826,435	592,837	-233,598
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 1,523,973	1,201,755	-322,218
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 580,202	404,133	-176,069
	27. Total assets	27. 2,475,829	3,071,911	596,082
	28. Total liabilities	28. 27,467	30,572	3,105
	29. Retained earnings	29. 2,448,362	3,041,339	592,977
	30. Number of voting members of governing body	30. 15	18	
31. Number of independent voting members of governing body	31. 15	18		
32. Number of employees	32. 11	9		
33. Number of volunteers	33.			

Form 990	Tax Return History	2020
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Name HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC	Employer Identification Number 58-6001278
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	440,184	609,210	477,238	943,615	797,622	
Membership dues				156		
Program service revenue	107,665	103,294	106,256	170,788	136,035	
Capital gain or loss		32,863	8,844	16,736	52,381	
Investment income	40,005	76,433	-30,337	137,491	152,716	
Fundraising revenue (income/loss)				55,797		
Gaming revenue (income/loss)						
Other revenue	61,494	132,160	252,092	199,390	63,001	
Total revenue	649,348	953,960	814,093	1,523,973	1,201,755	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	298,800	330,982	328,965	323,035	353,368	
Professional fees	3,417	3,188	127,177	47,765	12,792	
Occupancy costs	13,573	26,576	17,218	19,144	28,648	
Depreciation and depletion	15,272	15,291	18,137	20,457	26,645	
Other expenses	238,052	209,327	191,624	287,137	187,465	
Total expenses	569,114	585,364	683,121	697,538	608,918	
Excess or (Deficit)	80,234	368,596	130,972	826,435	592,837	
Total exempt revenue	649,348	953,960	814,093	1,523,973	1,201,755	
Total unrelated revenue						
Total excludable revenue	209,164	344,750	336,855	580,202	404,133	
Total Assets	1,180,032	1,551,318	1,691,622	2,475,829	3,071,911	
Total Liabilities	57,673	60,363	69,695	27,467	30,572	
Net Fund Balances	1,122,359	1,490,955	1,621,927	2,448,362	3,041,339	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 633					
Total	\$ 633					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends	\$ 21,014					
Total	\$ 21,014					

58-6001278

Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Telephone	\$ 12,673	\$ 12,673	\$	\$
Technical consultants	11,515		11,515	
Cost & sales exp. on inve	11,152		11,152	
Stipends	9,450	9,450		
Contract labor	9,430	9,430		
Property taxes	5,555		5,555	
Postage	4,960	4,960		
Printing	2,635	2,635		
Fees & memberships	2,123		2,123	
Shipping	1,828	1,828		
Auction consultants	1,730		1,730	
Development consultant	1,250	1,250		
Staff development	277	277		
Miscellaneous exp.	141	141		
Equipment leases	94	94		
Equipment maintenance	75	75		
Total	<u>\$ 74,888</u>	<u>\$ 42,813</u>	<u>\$ 32,075</u>	<u>\$ 0</u>

58-6001278

Federal Statements

FYE: 12/31/2020

Schedule A, Part III, Line 1(e)

Description	Amount
Georgia Council grants	\$ 5,000
Fulton county grants	35,000
Federal Gov't grant	111,200
Individual contributions	53,793
Corp. & business grants	47,200
Designated contributions	231,577
Foundation & trust grants	233,500
Designated endowment income	25,700
Donated services	1,961
Board related contributions	52,691
Total	\$ <u>797,622</u>

Schedule A, Part III, Line 2(e)

Description	Amount
Admission fees	\$ 75,785
Program fees	15,001
Meals & lodgings fees	65
Anagama fees	2,237
Pottery studio fees	1,600
Host support	36,211
Ticket sales	4,136
Membership/ renewal	1,000
Interest	633
Dividends	21,014
Change in market value	131,069
Miscellaneous revenue	2,015
Total	\$ <u>290,766</u>

58-6001278

Federal Statements

FYE: 12/31/2020

Schedule A, Part III, Line 3(e)

Description

Amount

SALE OF ART WORKS

\$ 116,280

FUNDRAISERS

Total

\$ 116,280