

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**u Do not enter social security numbers on this form as it may be made public.**  
**u Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization: **HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC**

Doing business as: \_\_\_\_\_

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 305680339**

**D** Employer identification number: **58-6001278**

**E** Telephone number: **706-746-5718**

**G** Gross receipts \$: **815,413**

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

**Douglas Foltz**  
**785 Longwood Drive**  
**Atlanta GA 30305**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

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

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CENTER PROVIDES A RESIDENCY PROGRAM FOR ART AND SCIENCES</b>	
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>11</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: <b>277,588</b> Current Year: <b>440,184</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	Prior Year: <b>79,992</b> Current Year: <b>107,665</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: <b>1,539</b> Current Year: <b>40,005</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: <b>100,376</b> Current Year: <b>61,494</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: <b>459,495</b> Current Year: <b>649,348</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		Current Year: <b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		Current Year: <b>308,926</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		Current Year: <b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>0</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		Current Year: <b>238,233</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	Current Year: <b>547,159</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	Current Year: <b>-87,664</b> End of Year: <b>80,234</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: <b>1,063,168</b> End of Year: <b>1,180,032</b>
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year: <b>21,043</b> End of Year: <b>57,673</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: <b>1,042,125</b> End of Year: <b>1,122,359</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **Douglas Foltz** Date: \_\_\_\_\_

Type or print name and title: **Charmain**

**Paid Preparer Use Only**

Print/Type preparer's name: **STEPHEN L. LUCAS** Preparer's signature: \_\_\_\_\_ Date: **11/13/17** Check  if self-employed PTIN: **P01049767**

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 \$ **211,390** including grants of \$ ) (Revenue \$ )

**CENTER PROVIDES RESIDENCY PROGRAM FOR ART AND SCIENCES**

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

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

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

(Expenses \$ **22,839** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 234,229**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in 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
<b>1a</b>	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 in Schedule O.	<b>23</b>	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>23</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 in Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</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?		

**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 (or 1024 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 in Schedule O)
- 19** Describe in 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**  
**Rabun Gap**

**P O BOX 339**

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (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) <b>Cyndae Arendale</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) <b>Lucinda W. Bunn</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) <b>Lucinda Chapman</b>	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) <b>Steve Clark</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>Bethany Collins</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>George Cooke</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>Dallas Denny</b>	4.00									
Treasurer	0.00	X		X			0	0	0	
(8) <b>Jessica Eames</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>Elizabeth Feichter</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>Douglas Foltz</b>	4.00									
Charmain	0.00	X		X			0	0	0	
(11) <b>Jennifer Garrentt</b>	2.00									
DIRECTOR	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 (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) Sarah Gillespie	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) Laura Heard	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) Arturo Lindsay	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) Lindsey Mann	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) Kirk Rich	4.00									
Vice Chair	0.00	X		X			0	0	0	
(17) Paula Francis Rogers	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) Michael Rooks	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) Jane Fickling Skinner	2.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>									<b>u</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>									<b>u</b>	
<b>d Total (add lines 1b and 1c)</b>									<b>u</b>	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	25,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	415,184			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	440,184			
<b>Program Service Revenue</b>	<b>2a</b> Admission fees	Busn. Code	62,230	62,230		
	<b>b</b> Host support		26,475	26,475		
	<b>c</b> Program fees		9,396	9,396		
	<b>d</b> Anagama fees		5,425	5,425		
	<b>e</b> Pottery studio fees		2,900	2,900		
	<b>f</b> All other program service revenue		1,239	1,239		
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	107,665			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	40,005	40,005		
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	220,562				
	<b>b</b> Less: cost of goods sold	<b>b</b>	166,065			
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	54,497		54,497	
Miscellaneous Revenue		Busn. Code				
<b>11a</b> Miscellaneous rev.			6,997	6,997		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>		6,997			
<b>12 Total revenue.</b> See instructions.	<b>u</b>		649,348	154,667	0	54,497

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>298,800</b>		<b>298,800</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>3,417</b>		<b>3,417</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>439</b>	<b>439</b>		
<b>13</b> Office expenses				
<b>14</b> Information technology	<b>9,908</b>	<b>9,908</b>		
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>13,573</b>	<b>13,573</b>		
<b>17</b> Travel	<b>9,532</b>	<b>9,532</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>15,272</b>	<b>15,272</b>		
<b>23</b> Insurance	<b>21,736</b>	<b>21,736</b>		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Stipends	<b>31,800</b>	<b>31,800</b>		
<b>b</b> Event Food	<b>22,839</b>	<b>22,839</b>		
<b>c</b> Wetlands consultants	<b>20,839</b>	<b>20,839</b>		
<b>d</b> Food exp.	<b>18,527</b>	<b>18,527</b>		
<b>e</b> All other expenses	<b>102,432</b>	<b>69,764</b>	<b>32,668</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>569,114</b>	<b>234,229</b>	<b>334,885</b>	<b>0</b>
<b>26</b> 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	
<b>Assets</b>	1	Cash—non-interest bearing	54,016	1	154,192
	2	Savings and temporary cash investments	100,421	2	96,270
	3	Pledges and grants receivable, net		3	5,000
	4	Accounts receivable, net	28,954	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	4,079
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	704,381		
	10b	Less: accumulated depreciation	362,756		
	10c		334,923		341,625
	11	Investments—publicly traded securities	544,854	11	578,866
	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		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,063,168	16	1,180,032	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	21,043	17	57,673
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	
	26	<b>Total liabilities.</b> Add lines 17 through 25	21,043	26	57,673
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,042,125	27	1,122,359
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,042,125	33	1,122,359	
34	<b>Total liabilities and net assets/fund balances</b>	1,063,168	34	1,180,032	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>649,348</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>569,114</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>80,234</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,042,125</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,122,359</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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		<b>X</b>
<b>2c</b>	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 in Schedule O.		
<b>3a</b>	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?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours 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			
(20) <b>Mary Callan Thomas</b> ..... <b>Secretary</b>	<b>4.00</b> ..... <b>0.00</b>			<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(21) <b>Kathy Willams</b> ..... <b>DIRECTOR</b>	<b>2.00</b> ..... <b>0.00</b>							<b>0</b>	<b>0</b>	<b>0</b>
(22) <b>Woodie Jones Wisebram</b> ..... <b>DIRECTOR</b>	<b>2.00</b> ..... <b>0.00</b>			<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
(23) <b>Marcia Weber</b> ..... <b>DIRECTOR</b>	<b>2.00</b> ..... <b>0.00</b>			<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>1b Sub-total</b> .....							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>			

**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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> 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> .....		

**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**

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**u Attach to Form 990 or Form 990-EZ.**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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)						
<b>Total</b>						

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five 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 2016 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175,215	241,357	231,971	277,588	440,184	1,366,315
<b>2</b> 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	265,323	306,791	264,393	81,531	154,667	1,072,705
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	70,301	120,441	120,847	198,489	220,562	730,640
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	510,839	668,589	617,211	557,608	815,413	3,169,660
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,169,660

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6	510,839	668,589	617,211	557,608	815,413	3,169,660
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	510,839	668,589	617,211	557,608	815,413	3,169,660
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	99.62 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** 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—2015.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 (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 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

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

- |                    |  |
|--------------------|--|
| <b>Filers of:</b>  | <b>Section:</b>  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation<br><input type="checkbox"/> 527 political organization |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation<br><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation<br><input type="checkbox"/> 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 33<sup>1</sup>/<sub>3</sub> % 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, 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).

<b>Name of organization</b> HAMBIDGE CENTER FOR CREATIVE ARTS	<b>Employer identification number</b> 58-6001278
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**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	JUDY & SCOTT LAMPERT 620 RIVER CHASE POINT  ATLANTA GA 30328	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	St Anton Foundation C/O Lucinda Enderby Treasurer P O Box 547 Houghton MI 49931	\$ 82,105	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	The Lubo Fund 3910 Randall Mill Rd NW  Atlanta GA 30327	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Mary & Sam Thomas 3081 Peachtree Dr  Atlanta GA 30305	\$ 5,515	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jennifer & Bowman Garrett 136 Westminster Dr. NE  Atlanta GA 30309	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Massey Charitable Trust 1370 Washington Pike, Suite 306  Bridgeville PA 15017	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>HAMBIDGE CENTER FOR CREATIVE ARTS</b>	Employer identification number <b>58-6001278</b>
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**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	PNC Foundation 1075 Peachtree St. NE, Suite 1800 Atlanta GA 30309	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Norman Foundation 147 East 48th St. New York NY 10017	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	A T & T Foundation P O Box 771159 St. Louis MO 63178	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Kirk Rich 683 Sherwood Rd. NE Atlanta GA 30324	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Woodie & Steve Wisebram 225 Peachtree St. NE Atlanta GA 30303	\$ 13,390	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.)



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 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
  - 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:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 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  Yes  No

**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 Temporarily restricted 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)		<b>X</b>
3a(ii)		<b>X</b>
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 .....		<b>29,028</b>		<b>29,028</b>
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....		<b>675,353</b>	<b>362,756</b>	<b>312,597</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>341,625</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

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

Employer identification number

**58-6001278**

**Form 990, Part III, Line 4d - All Other Accomplishment**

**CENTER PROVIDES RESIDENCY PROGRAM FOR ART AND SCIENCES**

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

Beginning in 2011 the 990 is to be reviewed by Board before filing. Send copy by email.

**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**

**Program Service**

**Mgt & General**

**Fundraising**

**Supplies**

\$ 13,937

\$ 0

\$ 0

**Electricity**

\$ 0

\$ 12,345

\$ 0

**Development consultant**

Name of the organization

Employer identification number

**HAMBIDGE CENTER FOR CREATIVE ARTS****58-6001278**

\$	11,675	\$	0	\$	0
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**Printing**

\$	11,179	\$	0	\$	0
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**Telephone**

\$	9,197	\$	0	\$	0
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**Contract labor**

\$	8,706	\$	0	\$	0
----	-------	----	---	----	---

**Technical consultants**

\$	0	\$	8,045	\$	0
----	---	----	-------	----	---

**Equipment leases**

\$	6,589	\$	0	\$	0
----	-------	----	---	----	---

**Cost & sales exp. on inve**

\$	0	\$	6,064	\$	0
----	---	----	-------	----	---

**Property taxes**

\$	0	\$	4,708	\$	0
----	---	----	-------	----	---

**Auction consultants**

\$	3,600	\$	0	\$	0
----	-------	----	---	----	---

**Postage**

\$	3,215	\$	0	\$	0
----	-------	----	---	----	---

**Fees & memberships**

\$	0	\$	1,506	\$	0
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**Shipping**

\$	1,050	\$	0	\$	0
----	-------	----	---	----	---

**Equipment maintenance**

\$	616	\$	0	\$	0
----	-----	----	---	----	---

**Total**

\$	69,764	\$	32,668	\$	0
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Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

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	<b>500,000</b>
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	<b>2,010,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 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 2017. 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	<b>14,991</b>

**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 2016	17	<b>166</b>
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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 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						
d 10-year property						
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>115</b>
22	<b>Total.</b> 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	<b>15,272</b>
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.**



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .....								<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use:											
<b>Volvo</b>	<b>12/31/12</b>	<b>100.00 %</b>	<b>2,000</b>	<b>1,000</b>	<b>5.0</b>	<b>200DBHY</b>	<b>115</b>				
		%									
<b>27</b> Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....								<b>28</b>		<b>115</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....										<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year .....					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>

58-6001278

**Federal Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
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	2,101	133
151	Pottery equipment	5/10/12	731			X	365	7	HY 200DB	617	33
			<u>51,461</u>				<u>49,945</u>			<u>51,148</u>	<u>166</u>
<b>Other Depreciation:</b>											
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	301	13
18	HAMBIDGE HOUSE IMPROVEMENTS	7/01/93	553				553	60	MO S/L	207	10
19	FISHER STUDIO IMPROVEMENTS	7/01/93	332				332	60	MO S/L	124	6
20	SUN STUDIO IMPROVEMENTS	7/01/93	5,979				5,979	60	MO S/L	2,242	100
21	ROCK HOUSE IMPROVEMENTS	7/01/94	1,846				1,846	60	MO S/L	662	30
22	WEAVE SHED IMPROVEMENTS	7/01/94	606				606	60	MO S/L	217	10
23	SON STUDIO IMPROVEMENTS	7/01/94	458				458	60	MO S/L	164	8
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387				387	60	MO S/L	138	7
25	OFF BGT IMPROVEMENTS	7/01/94	1,668				1,668	60	MO S/L	598	28
28	ROCK HOUSE IMPROVEMENTS 1996	7/01/96	22,807				22,807	60	MO S/L	7,412	380
29	BRENA COTTAGE	7/01/96	40,760				40,760	60	MO S/L	13,247	679
30	WATER SYSTEM IMPROVEMENTS	7/01/96	4,804				4,804	45	MO S/L	2,082	106
31	Weave Shed improvements	7/15/97	21,353				21,353	40	MO S/L	9,853	534
32	Brena Cottage improvements	6/15/97	23,282				23,282	40	MO S/L	10,792	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 VALLEY 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	2,616	22
55	SON HOUSE	7/01/55	12,975				12,975	60	MO S/L	12,867	108
56	FOXFIRE	7/01/66	8,635				8,635	60	MO S/L	6,980	144

58-6001278

**Federal Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date		Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
		In Service	Cost								
57	MELLINGER	7/01/84	19,705				19,705	60	MO S/L	10,017	328
58	ROCK HOUSE IMPROVEMENTS	7/01/91	9,950				9,950	60	MO S/L	4,104	166
59	WEAVER SHED IMPROVEMENTS	7/01/91	951				951	60	MO S/L	392	16
60	WEAVER SHED IMPROVEMENTS	7/01/92	1,500				1,500	60	MO S/L	588	25
61	FISHER STUDIO	7/01/92	33,059				33,059	60	MO S/L	12,948	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	538	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	561	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	3,198	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	3,176	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	2,199	163
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842				21,842	30	MO S/L	9,829	728
84	WEAVE SHED / NEW ROOF	7/01/02	1,400				1,400	20	MO S/L	945	70
85	SEPTIC SYSTEM IMPROVEMENTS	7/01/02	4,180				4,180	40	MO S/L	1,411	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	17,797	1,453
89	POTTERY STUDIO EQUIPMENT	7/01/03	28,359				28,359	15	MO S/L	23,632	1,891
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	2,374	189
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	354	30
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	4,442	234
105	New floor- Rock House	7/01/06	2,304				2,304	20	MO S/L	1,094	115
106	Roof repairs- Rock House	7/01/06	1,248				1,248	20	MO S/L	593	62
107	Refrigerator- Fisher Studio	7/01/06	351				351	15	MO S/L	222	24
108	Dell computer	7/01/06	480				480	10	MO S/L	456	24
110	Mellinger - New Floor	7/01/07	863				863	60	MO S/L	122	15
111	Foxfire - New Roof	7/01/07	1,197				1,197	20	MO S/L	509	60
112	Weaver Shed - new bath,water heater gas he	7/01/07	654				654	10	MO S/L	556	65
113	Rock House - water heater	7/01/07	212				212	10	MO S/L	180	21
114	Whirlpool Refrigerator - Rock House	7/01/07	961				961	20	MO S/L	408	48
115	Frigidare Refrigerator - Rock House	7/01/07	586				586	20	MO S/L	249	30
116	Electric Range - Fisher Studio	7/01/07	321				321	20	MO S/L	137	16
117	Barker's creek mill - dam & wheel repair	7/01/08	14,705				14,705	20	MO S/L	5,514	735
118	Brena - Gutters	7/01/08	581				581	20	MO S/L	218	29
119	Fisher - lighting paint	7/01/08	1,226				1,226	20	MO S/L	460	61
120	Garden - new porch bath tub	7/01/08	1,145				1,145	25	MO S/L	343	46
121	HH Pavilion - windows	7/01/08	312				312	25	MO S/L	94	12
122	Mellinger - new doors, paint	7/01/08	1,212				1,212	25	MO S/L	364	48
123	Son House - gutters, porch , paint, plumbing	7/01/08	1,290				1,290	25	MO S/L	387	51
124	Son Studio - floors, bath fixtures, cabinets	7/01/08	1,917				1,917	25	MO S/L	575	77
125	Weave Shad - Windows	7/01/08	1,053				1,053	25	MO S/L	316	42
126	Rock House - gutters, paint	7/01/08	662				662	25	MO S/L	199	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	248	34
129	BRENA STUDIO IMPROVEMENTS	7/01/09	1,826				1,826	25	MO S/L	475	73
130	FISHER STUDIO IMPROVEMENTS	7/01/09	940				940	25	MO S/L	244	38
131	GARDEN STUDIO IMPROVEMENTS	7/01/09	4,182				4,182	40	MO S/L	680	104
132	HAMBIDGE HOUSE	7/01/09	2,248				2,248	40	MO S/L	365	57
133	STUDIO	7/01/09	9,211				9,211	60	MO S/L	998	153
134	MELLINGER STUDIO	7/01/09	941				941	40	MO S/L	153	23
135	BARKERS CREED MILL	7/01/09	1,475				1,475	40	MO S/L	240	37

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**Federal Asset Report**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
136	LUCINDA'S ROCK HOUSE	7/01/09	6,135				6,135	60 MO S/L	665	102
137	SON HOUSE	7/01/09	3,221				3,221	60 MO S/L	349	54
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287				287	15 MO S/L	124	19
139	SON HOUSE WP REFRIGERATOR	7/01/09	383				383	15 MO S/L	166	26
140	MICROWAVE/ELECTRIC RANGE	7/01/09	408				408	15 MO S/L	177	27
141	4 TENTS & TABLES BRENA 30 GA LOW	7/01/09	1,004				1,004	10 MO S/L	653	100
142	WATER HEATER	7/01/09	329				329	15 MO S/L	142	22
143	300 TANK HH PAVILLION	7/01/09	443				443	25 MO S/L	115	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	1,063	194
147	Improvement to Rock House	6/30/11	1,436				1,436	60 MO S/L	108	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	1,879	410
153	Webb Heating HVAC garden studio	6/04/13	337				337	7 MO S/L	124	48
154	Lowes Dishwasher Rock House	11/17/13	306				306	7 MO S/L	91	44
155	Lowes Grill	8/17/13	398				398	7 MO S/L	133	57
156	Desktop Dell computer	11/20/13	844				844	5 MO S/L	352	169
157	Roof Rock House & Pavilion	8/01/14	15,445				15,445	30 MO S/L	729	515
158	Dryer Sears	2/27/14	578				578	10 MO S/L	106	58
159	Heat Pump Cove Cottage	10/01/14	2,000				2,000	15 MO S/L	167	133
160	Dell Desktop Computer	10/10/14	544				544	7 MO S/L	97	78
161	Macbook pro Communication Der	6/26/15	3,030				3,030	5 MO S/L	303	606
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747				1,747	10 MO S/L	160	175
163	Macbook pro Exed Director	12/10/15	2,537				2,537	5 MO S/L	42	508
164	Bed for Studio	6/09/15	546				546	12 MO S/L	27	45
165	Rock House adding pillar supports	7/01/16	13,500				13,500	50 MO S/L	0	135
166	Couch for Rock House	7/01/16	433				433	10 MO S/L	0	22
167	Leaf Blower	7/01/16	541				541	5 MO S/L	0	54
168	Land from Luke Garland	7/01/16	7,500				7,500	0 -- Land	0	0
<b>Total Other Depreciation</b>			<u>650,920</u>				<u>650,920</u>		<u>294,509</u>	<u>14,991</u>
<b>Total ACRS and Other Depreciation</b>			<u>650,920</u>				<u>650,920</u>		<u>294,509</u>	<u>14,991</u>
<b>Listed Property:</b>										
152	Volvo	12/31/12	2,000			X	1,000	5 HY 200DB	1,827	115
			<u>2,000</u>				<u>1,000</u>		<u>1,827</u>	<u>115</u>
<b>Grand Totals</b>			704,381				701,865		347,484	15,272
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>704,381</u>				<u>701,865</u>		<u>347,484</u>	<u>15,272</u>

58-6001278

**Bonus Depreciation Report**

FYE: 12/31/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
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
	<b>Form 990, Page 1</b>		<u>5,031</u>		<u>0</u>	<u>0</u>	<u>2,516</u>	<u>2,515</u>
	<b>Grand Total</b>		<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: 12/31/17**

FYE: 12/31/2016

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
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	66	0
151	Pottery equipment	5/10/12	731	32	0
			<u>51,461</u>	<u>98</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	14	0
18	HAMBIDGE HOUSE IMPROVEMENTS	7/01/93	553	9	0
19	FISHER STUDIO IMPROVEMENTS	7/01/93	332	5	0
20	SUN STUDIO IMPROVEMENTS	7/01/93	5,979	99	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	7	0
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387	6	0
25	OFF BGT IMPROVEMENTS	7/01/94	1,668	27	0
28	ROCK HOUSE IMPROVEMENTS 1996	7/01/96	22,807	380	0
29	BRENA COTTAGE	7/01/96	40,760	680	0
30	WATER SYSTEM IMPROVEMENTS	7/01/96	4,804	107	0
31	Weave Shed improvements	7/15/97	21,353	534	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
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

Asset	Description	Date In Service	Cost	Tax	AMT
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	329	0
58	ROCK HOUSE IMPROVEMENTS	7/01/91	9,950	166	0
59	WEAVER SHED IMPROVEMENTS	7/01/91	951	16	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	219	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	162	0
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842	728	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	1,891	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	116	0
106	Roof repairs- Rock House	7/01/06	1,248	63	0
107	Refrigerator- Fisher Studio	7/01/06	351	23	0
108	Dell computer	7/01/06	480	0	0
110	Mellinger - New Floor	7/01/07	863	14	0
111	Foxfire - New Roof	7/01/07	1,197	59	0
112	Weaver Shed - new bath,water heater gas heat	7/01/07	654	33	0
113	Rock House - water heater	7/01/07	212	11	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	13	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	52	0
124	Son Studio - floors, bath fixtures, cabinets	7/01/08	1,917	77	0
125	Weave Shad - Windows	7/01/08	1,053	42	0
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	38	0
131	GARDEN STUDIO IMPROVEMENTS	7/01/09	4,182	105	0
132	HAMBIDGE HOUSE	7/01/09	2,248	56	0



Asset	Description	Date In Service	Cost	Tax	AMT
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	53	0
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287	20	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	100	0
142	WATER HEATER	7/01/09	329	22	0
143	300 TANK HH PAVILLION	7/01/09	443	18	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	410	0
153	Webb Heating HVAC garden studio	6/04/13	337	48	0
154	Lowes Dishwasher Rock House	11/17/13	306	44	0
155	Lowes Grill	8/17/13	398	57	0
156	Desktop Dell computer	11/20/13	844	168	0
157	Roof Rock House & Pavilion	8/01/14	15,445	515	0
158	Dryer Sears	2/27/14	578	57	0
159	Heat Pump Cove Cottage	10/01/14	2,000	133	0
160	Dell Desktop Computer	10/10/14	544	78	0
161	Macbook pro Communication Der	6/26/15	3,030	606	0
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747	175	0
163	Macbook pro Exed Director	12/10/15	2,537	507	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	108	0
168	Land from Luke Garland	7/01/16	7,500	0	0
<b>Total Other Depreciation</b>			<b>650,920</b>	<b>14,775</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>650,920</b>	<b>14,775</b>	<b>0</b>
<b>Listed Property:</b>					
152	Volvo	12/31/12	2,000	58	0
			<u>2,000</u>	<u>58</u>	<u>0</u>
<b>Grand Totals</b>			<b>704,381</b>	<b>14,931</b>	<b>0</b>

Form <b>990</b>		<b>Two Year Comparison Report</b>			<b>2015 &amp; 2016</b>
Name		For calendar year 2016, or tax year beginning			, ending
Taxpayer Identification Number					
Name		<b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>			<b>58-6001278</b>
			<b>2015</b>	<b>2016</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>250,588</b>	<b>415,184</b>	<b>164,596</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	<b>27,000</b>	<b>25,000</b>	<b>-2,000</b>
	4. Program service revenue	4.	<b>79,992</b>	<b>107,665</b>	<b>27,673</b>
	5. Investment income	5.	<b>1,539</b>	<b>40,005</b>	<b>38,466</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	<b>100,376</b>	<b>54,497</b>	<b>-45,879</b>
	11. Other revenue	11.		<b>6,997</b>	<b>6,997</b>
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>459,495</b>	<b>649,348</b>	<b>189,853</b>
<b>Expenses</b>	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.	<b>308,926</b>	<b>298,800</b>	<b>-10,126</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>3,340</b>	<b>3,417</b>	<b>77</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>15,477</b>	<b>13,573</b>	<b>-1,904</b>
	20. Depreciation and Depletion	20.	<b>15,913</b>	<b>15,272</b>	<b>-641</b>
	21. Other expenses	21.	<b>203,503</b>	<b>238,052</b>	<b>34,549</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>547,159</b>	<b>569,114</b>	<b>21,955</b>
<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-87,664</b>	<b>80,234</b>	<b>167,898</b>	
<b>Other Information</b>	24. Total exempt revenue	24.	<b>459,495</b>	<b>649,348</b>	<b>189,853</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>181,907</b>	<b>209,164</b>	<b>27,257</b>
	27. Total assets	27.	<b>1,063,168</b>	<b>1,180,032</b>	<b>116,864</b>
	28. Total liabilities	28.	<b>21,043</b>	<b>57,673</b>	<b>36,630</b>
	29. Retained earnings	29.	<b>1,042,125</b>	<b>1,122,359</b>	<b>80,234</b>
	30. Number of voting members of governing body	30.	<b>19</b>	<b>23</b>	
31. Number of independent voting members of governing body	31.	<b>19</b>	<b>23</b>		
32. Number of employees	32.	<b>15</b>	<b>11</b>		
33. Number of volunteers	33.				

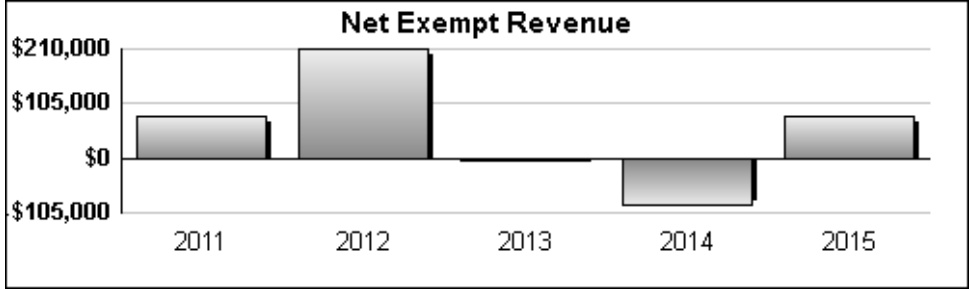
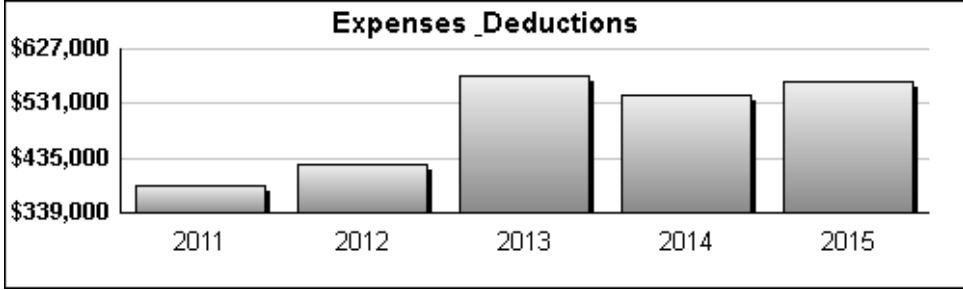
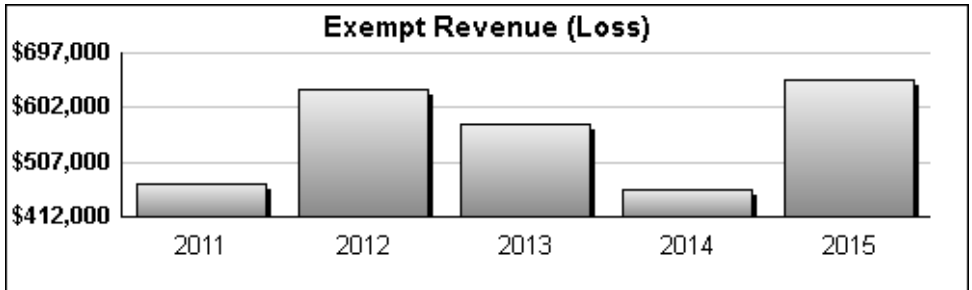
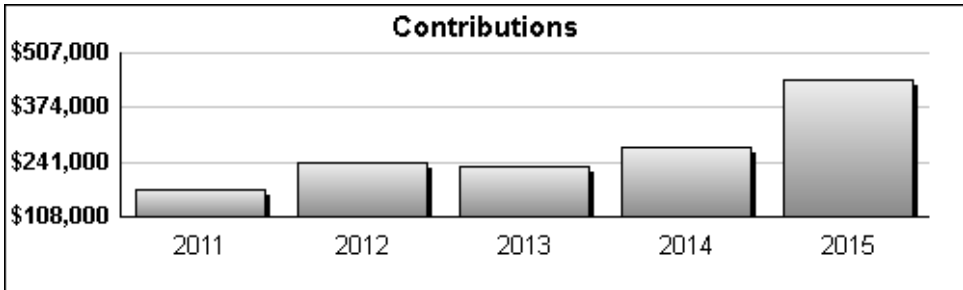
Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
Name <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>		Employer Identification Number <b>58-6001278</b>

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....	175,215	241,357	231,971	277,588	440,184	
Membership dues .....						
Program service revenue .....	141,570	110,097	156,054	79,992	107,665	
Capital gain or loss .....						
Investment income .....	153,155	52,110	34,957	1,539	40,005	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	-1,802	231,116	150,138	100,376	61,494	
<b>Total revenue</b> .....	<b>468,138</b>	<b>634,680</b>	<b>573,120</b>	<b>459,495</b>	<b>649,348</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	214,999	221,173	310,083	308,926	298,800	
Professional fees .....		3,057	748	3,340	3,417	
Occupancy costs .....	39,533	17,559	15,001	15,477	13,573	
Depreciation and depletion .....	18,822	16,149	15,835	15,913	15,272	
Other expenses .....	113,606	165,696	236,234	203,503	238,052	
<b>Total expenses</b> .....	<b>386,960</b>	<b>423,634</b>	<b>577,901</b>	<b>547,159</b>	<b>569,114</b>	
<b>Excess or (Deficit)</b> .....	<b>81,178</b>	<b>211,046</b>	<b>-4,781</b>	<b>-87,664</b>	<b>80,234</b>	
<b>Total exempt revenue</b> .....	<b>468,138</b>	<b>634,680</b>	<b>573,120</b>	<b>459,495</b>	<b>649,348</b>	
Total unrelated revenue .....						
Total excludable revenue .....	468,138	393,323	341,149	181,907	209,164	
Total Assets .....	960,039	1,166,157	1,153,535	1,063,168	1,180,032	
Total Liabilities .....	36,515	31,587	23,746	21,043	57,673	
Net Fund Balances .....	923,524	1,134,570	1,129,789	1,042,125	1,122,359	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>	Employer Identification Number <b>58-6001278</b>
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

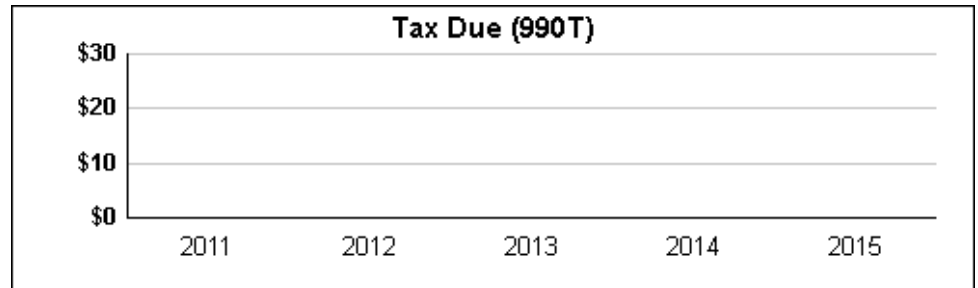
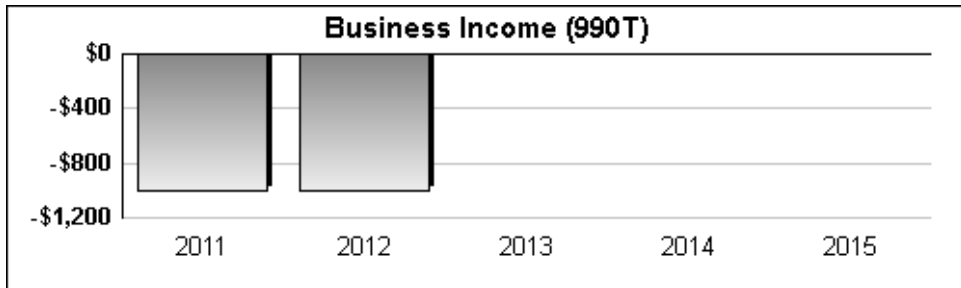
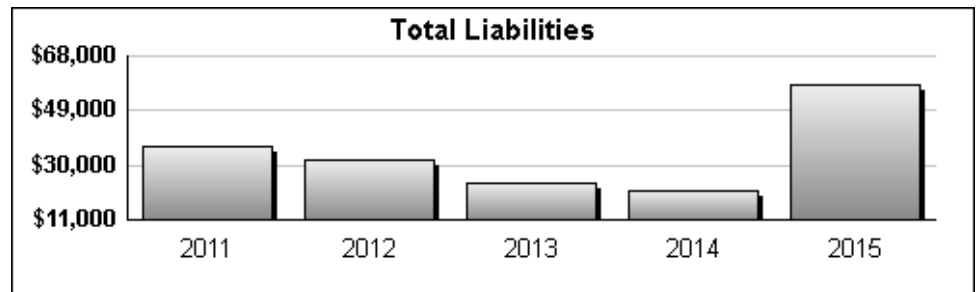
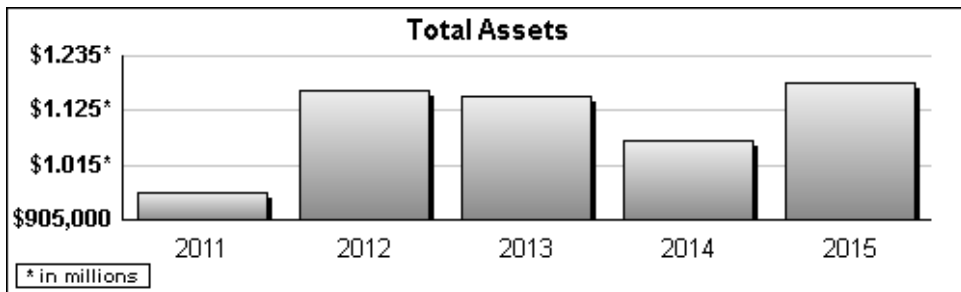


Form <b>990T</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>	Employer Identification Number <b>58-6001278</b>
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	2012	2013	2014	2015	2016	2017
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000	1,000				
Income after expense and deductions .....	-1,000	-1,000				
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 236					
Total	\$ 236					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends	\$ 7,105					
Total	\$ 7,105					

58-6001278

**Federal Statements**

FYE: 12/31/2016

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Supplies	\$ 13,937	\$ 13,937	\$	\$
Electricity	12,345		12,345	
Development consultant	11,675	11,675		
Printing	11,179	11,179		
Telephone	9,197	9,197		
Contract labor	8,706	8,706		
Technical consultants	8,045		8,045	
Equipment leases	6,589	6,589		
Cost & sales exp. on inve	6,064		6,064	
Property taxes	4,708		4,708	
Auction consultants	3,600	3,600		
Postage	3,215	3,215		
Fees & memberships	1,506		1,506	
Shipping	1,050	1,050		
Equipment maintenance	616	616		
Total	<u>\$ 102,432</u>	<u>\$ 69,764</u>	<u>\$ 32,668</u>	<u>\$ 0</u>

**Federal Statements****Schedule A, Part III, Line 1(e)**

Description	Amount
Georgia Council grants	\$ 15,000
Fulton county grants	10,000
Individual contributions	3,722
Board general	11,694
Board- host	26,001
Board- designated	17,150
Designated contributions	78,904
Board - related	4,203
JUDY & SCOTT LAMPERT	
Cash Contribution	6,250
St Anton Foundation	
Cash Contribution	82,105
The Lubo Fund	
Cash Contribution	100,000
Mary & Sam Thomas	
Cash Contribution	5,515
Jennifer & Bowman Garrett	
Cash Contribution	5,250
Massey Charitable Trust	
Cash Contribution	5,000
PNC Foundation	
Cash Contribution	35,000
Norman Foundation	
Cash Contribution	11,000
A T & T Foundation	
Cash Contribution	5,000
Kirk Rich	
Cash Contribution	5,000
Woodie & Steve Wisebram	
Cash Contribution	13,390
Total	<u>\$ 440,184</u>



58-6001278

**Federal Statements**

FYE: 12/31/2016

**Schedule A, Part III, Line 2(e)**

<u>Description</u>	<u>Amount</u>
Admission fees	\$ 62,230
Program fees	9,396
Meals & lodgings fees	695
Host support	26,475
Merchandise	
Anagama fees	5,425
Pottery studio fees	2,900
Membership/ renewal	544
Interest	236
Dividends	7,105
Change in market value	32,664
Miscellaneous rev.	6,997
Total	\$ <u>154,667</u>

**Schedule A, Part III, Line 3(e)**

<u>Description</u>	<u>Amount</u>
SALE OF ART WORKS	\$ 220,562
FUNDRAISERS	
Total	\$ <u>220,562</u>