

## Filing Instructions

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

#### Exempt Organization Tax Return

#### Taxable Year Ended December 31, 2021

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

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

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

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

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

Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

# 2021

Department of the Treasury  
Internal Revenue Service

Name of filer

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

EIN or SSN

**58-6001278**

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

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>2,990,287</b>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

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

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } **11/10/22**

#### Part III Certification and Authentication

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

**56057312345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Date } **11/10/22**

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

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

## A For the 2021 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

<b>C</b> Name of organization <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>		<b>D</b> Employer identification number <b>58-6001278</b>
Doing business as		<b>E</b> Telephone number <b>706-746-5718</b>
Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 339</b>		<b>G</b> Gross receipts\$ <b>3,049,973</b>
Room/suite	City or town, state or province, country, and ZIP or foreign postal code <b>RABUN GAP GA 30568</b>	

<b>F</b> Name and address of principal officer: <b>James Badoud</b> <b>2310 Cottage Grove Ave SE</b> <b>Atlanta GA 30317</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: **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"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>797,622</b>	Current Year <b>1,090,716</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>136,035</b>	<b>167,510</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>205,097</b>	<b>170,714</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>63,001</b>	<b>1,561,347</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,201,755</b>	<b>2,990,287</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)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>353,368</b>	<b>452,012</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>6,000</b>	<b>2,645</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>2,645</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>249,550</b>	<b>343,444</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>608,918</b>	<b>798,101</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>592,837</b>	<b>2,192,186</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>3,071,911</b>	End of Year <b>5,261,763</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>30,572</b>	<b>28,238</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,041,339</b>	<b>5,233,525</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.

<b>Sign Here</b>	<b>Jennifer Stack Moore</b> Type or print name and title	Date
	<b>Treasurer</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SHERRY B. HOLT</b>	Preparer's signature	Date <b>11/14/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01050135</b>
	Firm's name } <b>STEPHEN L. LUCAS, CPA, PA</b>	Firm's EIN } <b>56-1535659</b>			
	Firm's address } <b>PO Box 1357 Highlands, NC 28741-1357</b>	Phone no. <b>828-526-2399</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **317,337** including grants of \$ ) (Revenue \$ )

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

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

**N/A**

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

**N/A**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 317,337**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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, Part 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 on 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	32
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<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>2a</b>	<b>14</b>		
<b>b</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.	<b>2b</b>			<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<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)?	<b>4a</b>			<b>X</b>
<b>b</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?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</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>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<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>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<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>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</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>13a</b>			
<b>b</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>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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 on Schedule O		X

**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?		X
<b>10b</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?		X
<b>11b</b>	Describe on 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	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<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?		X
<b>16b</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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**James Badoud** **2310 Cottage Grove Ave SE** **GA 30317** **706-746-5718**  
**Atlanta**



**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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>Judy Barber</b> ..... Director	2.00 0.00	X						0	0	0
(2) <b>Michael Bishop</b> ..... Director	2.00 0.00	X		X				0	0	0
(3) <b>Rutu Chaudhari</b> ..... Director	2.00 0.00	X						0	0	0
(4) <b>William Downs</b> ..... Director	2.00 0.00	X						0	0	0
(5) <b>Rachel K. Garceau</b> ..... Director	2.00 0.00	X						0	0	0
(6) <b>Caroline Howell</b> ..... Director	2.00 0.00	X						0	0	0
(7) <b>Bari Love</b> ..... Director	2.00 0.00	X		X				0	0	0
(8) <b>Jennifer Stack Moore</b> ..... Treasurer	4.00 0.00	X		X				0	0	0
(9) <b>Lynn Pollard</b> ..... Director	2.00 0.00	X						0	0	0
(10) <b>Karen Rolander</b> ..... Director	2.00 0.00	X						0	0	0
(11) <b>Yusef Sullivan</b> ..... Director	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Anne Lambert	Tracht									
Secretary	2.00 0.00	X		X				0	0	
(13) Gregor Turk	2.00 0.00	X						0	0	
Director										
<b>1b Subtotal</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, 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>	93,200				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	997,516				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,090,716				
<b>Program Service Revenue</b>	<b>2a</b> Admission fees	Business Code	109,064	109,064			
	<b>b</b> Host support		38,022	38,022			
	<b>c</b> Program fees		14,631	14,631			
	<b>d</b> Pottery studio fees		2,744	2,744			
	<b>e</b> Membership/ renewal		1,600	1,600			
	<b>f</b> All other program service revenue		1,449	1,449			
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	167,510				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	76,570	76,570		
<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		<b>6a</b>	(i) Real				
			(ii) Personal				
<b>b</b> Less: rental expenses		<b>6b</b>					
<b>c</b> Rental inc. or (loss)		<b>6c</b>					
<b>d</b> Net rental income or (loss)		<b>u</b>					
<b>7a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities				
			(ii) Other	94,144			
<b>b</b> Less: cost or other basis and sales exps.		<b>7b</b>					
<b>c</b> Gain or (loss)		<b>7c</b>	94,144				
<b>d</b> Net gain or (loss)		<b>u</b>	94,144	94,144			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</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>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</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>10a</b>		123,597				
			59,686				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	63,911			63,911		
<b>Miscellaneous Revenue</b>	<b>11a</b> Mitigation bank revenue	Business Code	1,511,604	1,511,604			
	<b>b</b> Mitigation bank expense		-14,168	-14,168			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	1,497,436				
<b>12 Total revenue.</b> See instructions	<b>u</b>	2,990,287	1,835,660	0	63,911		

**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>431,752</b>		<b>431,752</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>20,260</b>	<b>20,260</b>		
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>10,815</b>		<b>10,815</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	<b>2,645</b>			<b>2,645</b>
<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>1,356</b>	<b>1,356</b>		
<b>13</b> Office expenses				
<b>14</b> Information technology	<b>11,654</b>	<b>11,654</b>		
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>49,479</b>	<b>49,479</b>		
<b>17</b> Travel	<b>9,341</b>	<b>9,341</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>37,233</b>	<b>37,233</b>		
<b>23</b> Insurance	<b>37,973</b>	<b>37,973</b>		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Food exp.	<b>41,339</b>	<b>41,339</b>		
<b>b</b> Supplies	<b>30,299</b>	<b>30,299</b>		
<b>c</b> Stipends	<b>24,150</b>	<b>24,150</b>		
<b>d</b> Contract labor	<b>21,397</b>	<b>21,397</b>		
<b>e</b> All other expenses	<b>68,408</b>	<b>32,856</b>	<b>35,552</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>798,101</b>	<b>317,337</b>	<b>478,119</b>	<b>2,645</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>	<b>1</b> Cash—non-interest-bearing .....	<b>222,419</b>	<b>1</b>	<b>131,881</b>	
	<b>2</b> Savings and temporary cash investments .....	<b>898,835</b>	<b>2</b>	<b>2,603,421</b>	
	<b>3</b> Pledges and grants receivable, net .....	<b>41,500</b>	<b>3</b>		
	<b>4</b> Accounts receivable, net .....	<b>15,442</b>	<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	<b>4,315</b>	<b>8</b>	<b>3,962</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a 1,178,618</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b 480,519</b>	<b>627,413</b>	<b>10c</b>	<b>698,099</b>
	<b>11</b> Investments—publicly traded securities .....	<b>1,261,987</b>	<b>11</b>	<b>1,417,051</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	<b>407,349</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>3,071,911</b>	<b>16</b>	<b>5,261,763</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>22,934</b>	<b>17</b>	<b>18,340</b>	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	<b>7,638</b>	<b>25</b>	<b>9,898</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>30,572</b>	<b>26</b>	<b>28,238</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	<b>3,041,339</b>	<b>27</b>	<b>5,233,525</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> Total net assets or fund balances .....	<b>3,041,339</b>	<b>32</b>	<b>5,233,525</b>		
<b>33</b> Total liabilities and net assets/fund balances .....	<b>3,071,911</b>	<b>33</b>	<b>5,261,763</b>		

**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>2,990,287</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>798,101</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,192,186</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,041,339</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 on 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 32, column (B))	<b>10</b>	<b>5,233,525</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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

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

Employer identification number

**58-6001278**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 331/3% 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 on 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**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

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

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

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

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	609,210	477,238	943,771	797,622	1,090,716	3,918,557
<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	301,634	118,241	499,584	290,766	1,741,516	2,951,741
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	247,975	209,770	132,913	116,280	123,597	830,535
<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	1,158,819	805,249	1,576,268	1,204,668	2,955,829	7,700,833
<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.)						7,700,833

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	1,158,819	805,249	1,576,268	1,204,668	2,955,829	7,700,833
<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 on 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.)	1,158,819	805,249	1,576,268	1,204,668	2,955,829	7,700,833
<b>14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	100.00 %

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2021.** 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—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<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 governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer lines 2a and 2b 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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b 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>If "Yes" or "No," 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.

<b>Section A – Adjusted Net Income</b>		(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	

<b>Section B – Minimum Asset Amount</b>		(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 ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)**

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			



**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2021**

Name of the organization <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>	Employer identification number <b>58-6001278</b>
--	---

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	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	<input type="checkbox"/> 527 political organization	
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	<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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lucinda Bunnen 3910 Randall Mill Rd NW Atlanta GA 30327	\$ 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PNC Foundation 1075 Peachtree St. NE, Suite 1800 Atlanta GA 30309	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Barb & Thom Williams 346 Pine Tree Dr NE Atlanta GA 30305	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Fulton County Arts Council Grant 141 Pryor St SW Suite 2030 Atlanta GA 30303	\$ 32,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Kirk Rich 683 Sherwood Rd NE Atlanta GA 30324	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anthony and Margaret Echols 2881 Peachtree Rd NE Atlanta GA 30305	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Lucinda and Bob Chapman 47 Atwood Ave Sausalito CA 94965	\$ 8,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MailChimp 675 Ponce de Leon Ave NE Atlanta GA 30308	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Georgia Council for the Arts 260 14th Street Suite 401 Atlanta GA 30318	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	National Endowment for the Arts 1100 Pennsylvania Ave NW Washington DC 20004	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Anne Johnson/BYN Mellon 3290 Northside Parkway Ste 950 Atlanta GA 30327	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Community Foundation for Greater Atl 191 Peachtree St NE Ste 1000 Atlanta GA 30303	\$ 27,088	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AAC McKnight Consortium PO Box 23212 Providence RI 02903	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Antinori Foundation 258 The Pardo NE Atlanta GA 30309	\$ 205,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Bari and Russell Love 191 Peachtree St NE Ste 100 Atlanta GA 30305	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Dallas and Margaret Denny 340 Jesse Jewel Pkwy SE Ste 605 Atlanta GA 30501	\$ 14,088	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Daniel P Amos Family Foundation PO Box 5346 Columbus GA 31906	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Massey Charitable Trust 1370 Washington Pike Ste 306 Bridgeville PA 15017	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Sarah and James Kennedy 2724 Peachtree St NW Apt 300 Atlanta GA 30309	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Sherry and Jeff Cohen 615 Oak Ste 1300 Gainesville GA 30501	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	SlideRoom/Liaison International 12001 N Central Expy Ste 1120 Dallas TX 75243	\$ 15,791	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	The Lambert Family 3290 Northside Pkwy NW Ste 950 Atlanta GA 30327	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Wingate Charitable Foundation 6323 Ranch Dr Ste B Little Rock AR 72223	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Fickling Family Foundation PO Box 1976 Macon GA 31202	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Helen C Griffin 3455 Peachtree Rd NE Atlanta GA 30326	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Jennifer and Bowman Garrett 431 Rowland Rd FAirfield CT 06824	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Kathy and David Williwms 3280 Peachtree Rd NE Apt 1601 Atlanta GA 30305	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	W. Barnett Howell, Jr 4200 Norhtside Pkwy NW Ste 950 Atlanta GA 30327	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Richard Rosenthal 1551 Calamar CT Los Angeles CA 90024	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Rick and Lyn Asbill 3290 Northside Pkwy Atlanta GA 30327	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HAMBIDGE CENTER FOR CREATIVE ARTS**

Employer identification number

**58-6001278**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Shaidnagle Luckey Family PO Box 70001 Cincinnati OH 45277	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Helen Ballard 340 Jesse Jewell Prky SE Ste 605 Gainesville GA 30501	\$ 9,996	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	March and Ron Martin P O Box 331298 Atlantic Beach FL 32233	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and expenses.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

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

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**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
<b>1a</b> Land .....		<b>29,028</b>		<b>29,028</b>
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>1,149,590</b>	<b>480,519</b>	<b>669,071</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>698,099</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) <b>Construction in process</b>	<b>407,349</b>
(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 407,349</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) <b>Accured expense</b>	<b>10,275</b>
(3) <b>Sales tax payable</b>	<b>-377</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 9,898</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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII





**Part XIII** **Supplemental Information** *(continued)*

---

*(This area is reserved for supplemental information. It contains horizontal dotted lines for text entry.)*

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization	<b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>	Employer identification number <b>58-6001278</b>
--------------------------	--	---

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

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

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

**The 990 is reviewed by the Treasurer**

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

**Reguarly and consistently monitor and enforce compliance.**

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

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

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

**Avilable at office of the Center.**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

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>1,050,000</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>2,620,000</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 2020 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 2022. 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>21,216</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 2021	17	<b>7,331</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 2021 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	<b>2,033</b>	<b>5.0</b>	<b>MQ</b>	<b>200DB</b>	<b>508</b>
c	7-year property	<b>49,419</b>	<b>7.0</b>	<b>MQ</b>	<b>200DB</b>	<b>7,030</b>
d	10-year property	<b>8,562</b>	<b>10.0</b>	<b>MQ</b>	<b>S/L</b>	<b>749</b>
e	15-year property	<b>47,905</b>	<b>15.0</b>	<b>MQ</b>	<b>S/L</b>	<b>399</b>
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 2021 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<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>37,233</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.

Form **4562** (2021)

DAA

**There are no amounts for Page 2**

58-6001278

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
207	Computer	5/07/21	2,033			2,033	5 MQ200DB	0	508
			<u>2,033</u>			<u>2,033</u>		<u>0</u>	<u>508</u>
<b>7-year GDS Property:</b>									
199	Shades	1/21/21	2,454			2,454	7 MQ200DB	0	613
200	Kardiell 2 lounges	2/07/21	2,816			2,816	7 MQ200DB	0	704
201	Dance Floor	4/05/21	1,593			1,593	7 MQ200DB	0	284
202	Appliances	12/31/21	2,110			2,110	7 MQ200DB	0	75
203	2 chairs Rockhouse	12/31/21	2,816			2,816	7 MQ200DB	0	101
204	Polaris	4/06/21	14,808			14,808	7 MQ200DB	0	2,644
205	Maytag washer	5/04/21	962			962	7 MQ200DB	0	172
206	Roof for ATV	5/05/21	466			466	7 MQ200DB	0	83
208	Tractor	7/22/21	12,000			12,000	7 MQ200DB	0	1,286
209	Washer	9/01/21	962			962	7 MQ200DB	0	103
210	Refridgerator	12/22/21	624			624	7 MQ200DB	0	22
211	Electric Range	12/31/21	818			818	7 MQ200DB	0	29
212	Desk and chair	2/07/21	695			695	7 MQ200DB	0	174
213	Home Depot	8/11/21	1,557			1,557	7 MQ200DB	0	167
214	Cotsco (miscellaneous)	8/11/21	2,001			2,001	7 MQ200DB	0	214
215	Westeim \$\$\$plus	8/11/21	1,811			1,811	7 MQ200DB	0	194
216	The Dump	4/05/21	926			926	7 MQ200DB	0	165
			<u>49,419</u>			<u>49,419</u>		<u>0</u>	<u>7,030</u>
<b>10-year GDS Property:</b>									
194	Units at Marys	3/10/21	4,800			4,800	10 MQ S/L	0	420
195	Garden Studio HVAC	3/30/21	3,762			3,762	10 MQ S/L	0	329
			<u>8,562</u>			<u>8,562</u>		<u>0</u>	<u>749</u>
<b>15-year GDS Property:</b>									
196	ADA bathroom	12/31/21	13,390			13,390	15 MQ S/L	0	112
197	Cove ADA bathroom.kitchen, poarch	12/31/21	24,500			24,500	15 MQ S/L	0	204
198	Brena ADA bathroom	12/31/21	10,015			10,015	15 MQ S/L	0	83
			<u>47,905</u>			<u>47,905</u>		<u>0</u>	<u>399</u>
<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	2,300	0
151	Pottery equipment	5/10/12	731		X	365	7 HY 200DB	731	0
187	7 bed sets	6/02/20	10,352			10,352	7 MQ S/L	924	1,479

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
188	Blinds	12/31/20	11,258			11,258	10 MQ S/L	141	1,126
189	Addition	1/15/20	110,892			110,892	39 MMS/L	2,657	2,772
190	Architect fees _Antionori Village	6/30/20	4,389			4,389	10 MQ S/L	274	439
191	Plumbing Hambidge HOUse	8/26/20	2,599			2,599	10 MQ S/L	97	260
192	West Wing	10/29/20	9,320			9,320	10 MQ S/L	117	932
193	HVAC	11/23/20	3,228			3,228	10 MQ S/L	40	323
			<u>203,499</u>			<u>201,983</u>		<u>55,711</u>	<u>7,331</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	368	13
18	HAMBIDGE HOUSE IMPROVEMENTS	7/01/93	553			553	60 MO S/L	254	9
19	FISHER STUDIO IMPROVEMENTS	7/01/93	332			332	60 MO S/L	152	6
20	SUN STUDIO IMPROVEMENTS	7/01/93	5,979			5,979	60 MO S/L	2,740	100
21	ROCK HOUSE IMPROVEMENTS	7/01/94	1,846			1,846	60 MO S/L	815	31
22	WEAVE SHED IMPROVEMENTS	7/01/94	606			606	60 MO S/L	268	10
23	SON STUDIO IMPROVEMENTS	7/01/94	458			458	60 MO S/L	202	8
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387			387	60 MO S/L	171	6
25	OFF BGT IMPROVEMENTS	7/01/94	1,668			1,668	60 MO S/L	737	28
28	ROCK HOUSE IMPROVEMENTS 1996	7/01/96	22,807			22,807	60 MO S/L	9,313	380
29	BRENA COTTAGE	7/01/96	40,760			40,760	60 MO S/L	16,644	679
30	WATER SYSTEM IMPROVEMENTS	7/01/96	4,804			4,804	45 MO S/L	2,615	107
31	Weave Shed improvements	7/15/97	21,353			21,353	40 MO S/L	12,523	533
32	Brena Cottage improvements	6/15/97	23,282			23,282	40 MO S/L	13,702	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 VAIEY SUPPLY	6/20/96	424			424	7 MO S/L	424	0
39	AIR CONDITIONERS	7/25/96	601			601	7 MO S/L	601	0
40	ROCKING CHAIRS	8/02/96	1,066			1,066	12 MO S/L	1,066	0
41	BOOK BED THOMPSON	10/31/96	650			650	12 MO S/L	650	0
42	Rock House chairs	4/16/97	1,627			1,627	5 MO S/L	1,627	0
43	Heater	2/12/97	300			300	5 MO S/L	300	0
44	Roadwork	3/18/97	2,160			2,160	7 MO S/L	2,160	0
46	ROCK HOUSE	7/01/36	2,000			2,000	60 MO S/L	2,000	0
47	MILL	7/01/36	2,118			2,118	60 MO S/L	2,118	0
48	Hambidge	7/01/38	7,131			7,131	60 MO S/L	7,131	0
49	POTTERY SHED	7/01/40	1,303			1,303	60 MO S/L	1,303	0
50	GARAGE	7/01/40	474			474	60 MO S/L	474	0
51	CONFERENCE CENTER	7/01/40	4,401			4,401	60 MO S/L	4,401	0
52	PAINTING SHED	7/01/40	625			625	60 MO S/L	625	0
53	WEAVING SHED	7/01/40	11,033			11,033	60 MO S/L	11,033	0
54	SON STUDIO	7/01/55	2,638			2,638	60 MO S/L	2,638	0
55	SON HOUSE	7/01/55	12,975			12,975	60 MO S/L	12,975	0
56	FOXFIRE	7/01/66	8,635			8,635	60 MO S/L	7,700	144
57	MELLINGER	7/01/84	19,705			19,705	60 MO S/L	11,659	328
58	ROCK HOUSE IMPROVEMENTS	7/01/91	9,950			9,950	60 MO S/L	4,933	166
59	WEAVER SHED IMPROVEMENTS	7/01/91	951			951	60 MO S/L	472	15
60	WEAVER SHED IMPROVEMENTS	7/01/92	1,500			1,500	60 MO S/L	713	25
61	FISHER STUDIO	7/01/92	33,059			33,059	60 MO S/L	15,703	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	700	33
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	742	37
73	ADDITIONS TO F & F 2001	7/01/01	13,958			13,958	10 MO S/L	13,958	0
74	OFFICE EQUIPMENT 2001	7/01/01	1,962			1,962	10 MO S/L	1,962	0
75	ROCK HOUSE IMPROVEMENTS	7/01/01	8,821			8,821	40 MO S/L	4,300	221
76	FISHER COTTAGE IMPROVEMENTS	7/01/01	918			918	10 MO S/L	918	0
77	HAMBIDGE HOUSE IMPROVEMNENTS	7/01/01	8,762			8,762	40 MO S/L	4,271	220
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

58-6001278

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
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	3,013	163
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842			21,842	30 MO S/L	13,469	729
84	WEAVE SHED / NEW ROOF	7/01/02	1,400			1,400	20 MO S/L	1,295	70
85	SEPTIC SYSTEM IMPROVEMENTS	7/01/02	4,180			4,180	40 MO S/L	1,933	105
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	25,064	1,454
89	POTTERY STUDIO EQUIPMENT	7/01/03	28,359			28,359	15 MO S/L	28,359	0
90	HOOPER 16' TRAILER	7/01/03	1,250			1,250	10 MO S/L	1,250	0
91	BUCKEYE RENOVATION SEPTIC & RO	7/01/03	4,747			4,747	25 MO S/L	3,323	190
92	DELL LAPTOP COMPUTER	7/01/03	1,315			1,315	4 MO S/L	1,315	0
93	ROAD IMPROMEMENTS 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	507	31
95	RAKU KILM 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 SPLITTI	7/01/04	900			900	5 MO S/L	900	0
103	Garden Studio-New Roof	7/01/06	4,676			4,676	10 MO S/L	4,676	0
105	New floor- Rock House	7/01/06	2,304			2,304	20 MO S/L	1,670	115
106	Roof repairs- Rock House	7/01/06	1,248			1,248	20 MO S/L	905	62
107	Refrigerator- Fisher Studio	7/01/06	351			351	15 MO S/L	339	12
108	Dell computer	7/01/06	480			480	10 MO S/L	480	0
110	Mellinger - New Floor	7/01/07	863			863	60 MO S/L	194	15
111	Foxfire - New Roof	7/01/07	1,197			1,197	20 MO S/L	808	60
112	Weaver Shed - new bath,water heater gas he	7/01/07	654			654	10 MO S/L	654	0
113	Rock House - water heater	7/01/07	212			212	10 MO S/L	212	0
114	Whirlpool Refrigerator - Rock House	7/01/07	961			961	20 MO S/L	649	48
115	Frigidare Refrigerator - Rock House	7/01/07	586			586	20 MO S/L	396	29
116	Electric Range - Fisher Studio	7/01/07	321			321	20 MO S/L	217	16
117	Barker's creek mill - dam & wheel repair	7/01/08	14,705			14,705	20 MO S/L	9,190	736
118	Brena - Gutters	7/01/08	581			581	20 MO S/L	363	29
119	Fisher - lighting paint	7/01/08	1,226			1,226	20 MO S/L	766	61
120	Garden - new porch bath tub	7/01/08	1,145			1,145	25 MO S/L	572	46
121	HH Pavilion - windows	7/01/08	312			312	25 MO S/L	156	12
122	Mellinger - new doors, paint	7/01/08	1,212			1,212	25 MO S/L	606	49
123	Son House - gutters, porch , paint, plumbing	7/01/08	1,290			1,290	25 MO S/L	645	51
124	Son Studio - floors, bath fixtures, cabinets	7/01/08	1,917			1,917	25 MO S/L	959	76
125	Weave Shad - Windows	7/01/08	1,053			1,053	25 MO S/L	527	42
126	Rock House - gutters, paint	7/01/08	662			662	25 MO S/L	331	27
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	414	33
129	BRENA STUDIO IMPROVEMENTS	7/01/09	1,826			1,826	25 MO S/L	840	73
130	FISHER STUDIO IMPROVEMENTS	7/01/09	940			940	25 MO S/L	433	37
131	GARDEN STUDIO IMPROVEMENTS	7/01/09	4,182			4,182	40 MO S/L	1,202	105
132	HAMBIDGE HOUSE	7/01/09	2,248			2,248	40 MO S/L	646	57
133	STUDIO	7/01/09	9,211			9,211	60 MO S/L	1,765	154
134	MELLINGER STUDIO	7/01/09	941			941	40 MO S/L	270	24
135	BARKERS CREED MILL	7/01/09	1,475			1,475	40 MO S/L	424	37
136	LUCINDA'S ROCK HOUSE	7/01/09	6,135			6,135	60 MO S/L	1,176	102
137	SON HOUSE	7/01/09	3,221			3,221	60 MO S/L	617	54
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287			287	15 MO S/L	220	19
139	SON HOUSE WP REFRIGERATOR	7/01/09	383			383	15 MO S/L	294	25
140	MICROWAVE/ELECTRIC RANGE	7/01/09	408			408	15 MO S/L	313	27
141	4 TENTS & TABLES BRENA 30 GA LOW	7/01/09	1,004			1,004	10 MO S/L	1,004	0
142	WATER HEATER	7/01/09	329			329	15 MO S/L	252	22
143	300 TANK HH PAVILLION	7/01/09	443			443	25 MO S/L	204	17
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	2,030	193
147	Improvement to Rock House	6/30/11	1,436			1,436	60 MO S/L	227	24
148	1.17 Acres for McCaw family	9/23/11	21,528			21,528	0 -- Land	0	0
149	All-American Golf Cart	6/14/11	4,100			4,100	10 MO S/L	3,929	171
153	Webb Heating HVAC garden studio	6/04/13	337			337	7 MO S/L	337	0
154	Lowes Dishwasher Rock House	11/17/13	306			306	7 MO S/L	306	0
155	Lowes Grill	8/17/13	398			398	7 MO S/L	398	0
156	Desktop Dell computer	11/20/13	844			844	5 MO S/L	844	0
157	Roof Rock House & Pavilion	8/01/14	15,445			15,445	30 MO S/L	3,304	514
158	Dryer Sears	2/27/14	578			578	10 MO S/L	395	58
159	Heat Pump Cove Cottage	10/01/14	2,000			2,000	15 MO S/L	833	134

58-6001278

**Federal Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
160	Dell Desktop Computer	10/10/14	544			544	7 MO S/L	486	58
161	Macbook pro Communication Der	6/26/15	3,030			3,030	5 MO S/L	3,030	0
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747			1,747	10 MO S/L	1,034	174
163	Macbook pro Exed Director	12/10/15	2,537			2,537	5 MO S/L	2,537	0
164	Bed for Studio	6/09/15	546			546	12 MO S/L	254	45
165	Rock House adding pillar supports	7/01/16	13,500			13,500	50 MO S/L	1,215	270
166	Couch for Rock House	7/01/16	433			433	10 MO S/L	195	43
167	Leaf Blower	7/01/16	541			541	5 MO S/L	487	54
168	Land from Luke Garland	7/01/16	7,500			7,500	0 -- Land	0	0
169	MATTRESSES & LINEN	3/10/17	1,528			1,528	7 MO S/L	837	218
170	SHARK VACUUM FOR ROSA	3/10/17	267			267	5 MO S/L	205	53
171	TOYOTA CAMRY SOLARA	10/27/17	4,000			4,000	5 MO S/L	2,533	800
172	KITCHEN RENOVATION	12/31/17	116,475			116,475	40 MO S/L	8,736	2,911
174	BUILDING EXCAVATING	5/08/18	350			350	7 MO S/L	133	50
175	OUTDOOR KITCHEN	10/23/18	14,230			14,230	40 MO S/L	771	356
176	ROOF-SON HOUSE	10/23/18	7,350			7,350	10 MO S/L	1,593	735
177	BUILDING DESIGN FEE	12/31/18	27,782			27,782	40 MO S/L	1,389	695
178	GRILL	7/10/18	1,444			1,444	5 MO S/L	722	288
179	LED LIGHTS-ANTINORI	12/17/18	2,733			2,733	5 MO S/L	1,093	547
180	LED LIGHTS-MARGARET STUDIO	12/17/18	1,426			1,426	5 MO S/L	570	286
181	LED LIGHTS-ANTINORI OUTSIDE	12/17/18	435			435	5 MO S/L	174	87
182	LED LIGHTS-ANAGAMA KILN	12/17/18	959			959	5 MO S/L	383	192
183	HVAC SON, COVE FISHER, BERNA, ME	10/18/19	33,738			33,738	12 MO S/L	3,280	2,812
184	REFIGERATOR COVE	4/16/19	358			358	12 MO S/L	50	29
185	STIHL CHAINSAW & WEEDEATER	5/25/19	577			577	7 MO S/L	130	83
186	COMPUTER & MONOITOR	5/21/19	628			628	7 MO S/L	142	90
	<b>Total Other Depreciation</b>		<u>865,200</u>			<u>865,200</u>		<u>385,575</u>	<u>21,216</u>
	<b>Total ACRS and Other Depreciation</b>		<u>865,200</u>			<u>865,200</u>		<u>385,575</u>	<u>21,216</u>
<b>Listed Property:</b>									
152	Volvo	12/31/12	2,000		X	1,000	5 HY 200DB	2,000	0
			<u>2,000</u>			<u>1,000</u>		<u>2,000</u>	<u>0</u>
	<b>Grand Totals</b>		1,178,618			1,176,102		443,286	37,233
	<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>1,178,618</u>			<u>1,176,102</u>		<u>443,286</u>	<u>37,233</u>



58-6001278

**Bonus Depreciation Report**

FYE: 12/31/2021

**Form 990, Page 1**

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

There are no assets that meet the criteria of this report

58-6001278

**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**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	0	0
151	Pottery equipment	5/10/12	731	0	0
187	7 bed sets	6/02/20	10,352	1,479	0
188	Blinds	12/31/20	11,258	1,125	0
189	Addition	1/15/20	110,892	2,772	0
190	Architect fees _Antionori Village	6/30/20	4,389	439	0
191	Plumbing Hambidge HOuse	8/26/20	2,599	260	0
192	West Wing	10/29/20	9,320	932	0
193	HVAC	11/23/20	3,228	323	0
194	Units at Marys	3/10/21	4,800	480	0
195	Garden Studio HVAC	3/30/21	3,762	376	0
196	ADA bathroom	12/31/21	13,390	892	0
197	Cove ADA bathroom.kitchen, poarch	12/31/21	24,500	1,634	0
198	Brena ADA bathroom	12/31/21	10,015	668	0
199	Shades	1/21/21	2,454	526	0
200	Kardiell 2 lounges	2/07/21	2,816	604	0
201	Dance Floor	4/05/21	1,593	374	0
202	Appliances	12/31/21	2,110	582	0
203	2 chairs Rockhouse	12/31/21	2,816	775	0
204	Polaris	4/06/21	14,808	3,476	0
205	Maytag washer	5/04/21	962	226	0
206	Roof for ATV	5/05/21	466	110	0
207	Computer	5/07/21	2,033	610	0
208	Tractor	7/22/21	12,000	3,061	0
209	Washer	9/01/21	962	245	0
210	Refridgerator	12/22/21	624	172	0
211	Electric Range	12/31/21	818	225	0
212	Desk and chair	2/07/21	695	149	0
213	Home Depot	8/11/21	1,557	397	0
214	Cotsco (miscellaneous)	8/11/21	2,001	511	0
215	Westeim \$\$\$plus	8/11/21	1,811	462	0
216	The Dump	4/05/21	926	218	0
			<u>311,418</u>	<u>24,103</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

Asset	Description	Date In Service	Cost	Tax	AMT
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	100	0
21	ROCK HOUSE IMPROVEMENTS	7/01/94	1,846	31	0
22	WEAVE SHED IMPROVEMENTS	7/01/94	606	10	0
23	SON STUDIO IMPROVEMENTS	7/01/94	458	7	0
24	GARDEN STUDIO IMPROVEMENTS	7/01/94	387	7	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	679	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 VALIEY 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
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	143	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	36	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	220	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	81	0
83	HAMBIDGE HOUSE RENOVATION	7/01/02	21,842	728	0
84	WEAVE SHED / NEW ROOF	7/01/02	1,400	35	0
85	SEPTIC SYSTEM IMPROVEMENTS	7/01/02	4,180	104	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	1,453	0
89	POTTERY STUDIO EQUIPMENT	7/01/03	28,359	0	0
90	HOOPER 16' TRAILER	7/01/03	1,250	0	0
91	BUCKEYE RENOVATION SEPTIC & ROOF	7/01/03	4,747	190	0
92	DELL LAPTOP COMPUTER	7/01/03	1,315	0	0
93	ROAD IMPROVEMENTS BY HAMBIDGE H	7/01/03	4,200	0	0
94	ADDITIONS TO POTTERY STUDIO	7/01/04	1,230	31	0
95	RAKU KILM 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

58-6001278

**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
98	HUSQVARNA COMMERCIAL MOWER	7/01/04	3,700	0	0
99	CENTRAL HYDRAULIC WOOD SPLITTER	7/01/04	900	0	0
103	Garden Studio-New Roof	7/01/06	4,676	0	0
105	New floor- Rock House	7/01/06	2,304	115	0
106	Roof repairs- Rock House	7/01/06	1,248	63	0
107	Refrigerator- Fisher Studio	7/01/06	351	0	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	60	0
112	Weaver Shed - new bath,water heater gas heate	7/01/07	654	0	0
113	Rock House - water heater	7/01/07	212	0	0
114	Whirlpool Refrigerator - Rock House	7/01/07	961	48	0
115	Frigidare Refrigerator - Rock House	7/01/07	586	29	0
116	Electric Range - Fisher Studio	7/01/07	321	16	0
117	Barker's creek mill - dam & wheel repair	7/01/08	14,705	735	0
118	Brena - Gutters	7/01/08	581	29	0
119	Fisher - lighting paint	7/01/08	1,226	62	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	48	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	26	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	104	0
132	HAMBIDGE HOUSE	7/01/09	2,248	56	0
133	STUDIO	7/01/09	9,211	154	0
134	MELLINGER STUDIO	7/01/09	941	24	0
135	BARKERS CREED MILL	7/01/09	1,475	37	0
136	LUCINDA'S ROCK HOUSE	7/01/09	6,135	102	0
137	SON HOUSE	7/01/09	3,221	54	0
138	MELLINGER - RP ELECTRIC RANGE	7/01/09	287	19	0
139	SON HOUSE WP REFRIGERATOR	7/01/09	383	26	0
140	MICROWAVE/ELECTRIC RANGE	7/01/09	408	27	0
141	4 TENTS & TABLES BRENA 30 GA LOWBO'	7/01/09	1,004	0	0
142	WATER HEATER	7/01/09	329	22	0
143	300 TANK HH PAVILLION	7/01/09	443	18	0
144	REFURBISHED MACBOOK PRO 17 INCH 2.6	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	194	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	0	0
153	Webb Heating HVAC garden studio	6/04/13	337	0	0
154	Lowes Dishwasher Rock House	11/17/13	306	0	0
155	Lowes Grill	8/17/13	398	0	0
156	Desktop Dell computer	11/20/13	844	0	0
157	Roof Rock House & Pavilion	8/01/14	15,445	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	0	0
161	Macbook pro Communication Der	6/26/15	3,030	0	0
162	Kitchen upgrade pan, knives & racks	2/06/15	1,747	175	0
163	Macbook pro Exed Director	12/10/15	2,537	0	0
164	Bed for Studio	6/09/15	546	46	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	0	0
168	Land from Luke Garland	7/01/16	7,500	0	0
169	MATTRESSES & LINEN	3/10/17	1,528	218	0
170	SHARK VACUUM FOR ROSA	3/10/17	267	9	0
171	TOYOTA CAMRY SOLARA	10/27/17	4,000	667	0
172	KITCHEN RENOVATION	12/31/17	116,475	2,912	0
174	BUILDING EXCAVATING	5/08/18	350	50	0
175	OUTDOOR KITCHEN	10/23/18	14,230	355	0
176	ROOF-SON HOUSE	10/23/18	7,350	735	0
177	BUILDING DESIGN FEE	12/31/18	27,782	694	0

58-6001278

**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
178	GRILL	7/10/18	1,444	289	0
179	LED LIGHTS-ANTINORI	12/17/18	2,733	546	0
180	LED LIGHTS-MARGARET STUDIO	12/17/18	1,426	285	0
181	LED LIGHTS-ANTINORI OUTSIDE	12/17/18	435	87	0
182	LED LIGHTS-ANAGAMA KILN	12/17/18	959	192	0
183	HVAC SON, COVE FISHER, BERNA, MELLIT	10/18/19	33,738	2,811	0
184	REFIGERATOR COVE	4/16/19	358	30	0
185	STIHL CHAINSAW & WEEDEATER	5/25/19	577	82	0
186	COMPUTER & MONOITOR	5/21/19	628	90	0
	<b>Total Other Depreciation</b>		<u>865,200</u>	<u>20,623</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>865,200</u>	<u>20,623</u>	<u>0</u>
<b>Listed Property:</b>					
152	Volvo	12/31/12	2,000	0	0
			<u>2,000</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,178,618</u>	<u>44,726</u>	<u>0</u>

Form **990**

**Event Income and Deduction Worksheet**

**2021**

Description **SALE OF ART WORKS**

Name  
**HAMBIDGE CENTER FOR CREATIVE ARTS**

Taxpayer Identification Number  
**58-6001278**

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<u>123,597</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<u>123,597</u>
8. Cost of Goods Sold	8.	<u>59,686</u>
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<u>59,686</u>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<u>63,911</u>

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

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

**Expense Details - Fundraising Expense:**

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

**Expense Details - Cost of Goods Sold:**

Beginning inventory	<u>4,315</u>
Purchases	<u>53,194</u>
Labor	_____
Section 263A costs	_____
Other costs	<u>6,139</u>
Ending inventory	<u>3,962</u>
<b>Total Cost of Goods Sold</b>	<u>59,686</u>

**Expense Details - Employment Expense:**

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

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

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

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

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

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. <b>646,422</b>	<b>997,516</b>	<b>351,094</b>
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. <b>151,200</b>	<b>93,200</b>	<b>-58,000</b>
	4. Program service revenue .....	4. <b>136,035</b>	<b>167,510</b>	<b>31,475</b>
	5. Investment income .....	5. <b>152,716</b>	<b>76,570</b>	<b>-76,146</b>
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. <b>52,381</b>	<b>94,144</b>	<b>41,763</b>
	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>60,986</b>	<b>63,911</b>	<b>2,925</b>
	11. Other revenue .....	11. <b>2,015</b>	<b>1,497,436</b>	<b>1,495,421</b>
	<b>12. Total revenue.</b> Add lines 1 through 11 .....	<b>12. 1,201,755</b>	<b>2,990,287</b>	<b>1,788,532</b>
<b>E x p e n s e s</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>353,368</b>	<b>452,012</b>	<b>98,644</b>
	17. Professional fundraising fees .....	17. <b>6,000</b>	<b>2,645</b>	<b>-3,355</b>
	18. Other professional fees .....	18. <b>6,792</b>	<b>10,815</b>	<b>4,023</b>
	19. Occupancy, rent, utilities, and maintenance .....	19. <b>28,648</b>	<b>49,479</b>	<b>20,831</b>
	20. Depreciation and Depletion .....	20. <b>26,645</b>	<b>37,233</b>	<b>10,588</b>
	21. Other expenses .....	21. <b>187,465</b>	<b>245,917</b>	<b>58,452</b>
	<b>22. Total expenses.</b> Add lines 13 through 21 .....	<b>22. 608,918</b>	<b>798,101</b>	<b>189,183</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12 .....	<b>23. 592,837</b>	<b>2,192,186</b>	<b>1,599,349</b>
<b>O t h e r I n f o r m a t i o n</b>	<b>24. Total exempt revenue</b> .....	<b>24. 1,201,755</b>	<b>2,990,287</b>	<b>1,788,532</b>
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. <b>404,133</b>	<b>1,899,571</b>	<b>1,495,438</b>
	27. Total assets .....	27. <b>3,071,911</b>	<b>5,261,763</b>	<b>2,189,852</b>
	28. Total liabilities .....	28. <b>30,572</b>	<b>28,238</b>	<b>-2,334</b>
	29. Retained earnings .....	29. <b>3,041,339</b>	<b>5,233,525</b>	<b>2,192,186</b>
	30. Number of voting members of governing body .....	30. <b>18</b>	<b>14</b>	
	31. Number of independent voting members of governing body .....	31. <b>18</b>	<b>14</b>	
	32. Number of employees .....	32. <b>9</b>	<b>14</b>	
	33. Number of volunteers .....	33.		



Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
-----------------	---------------------------	-------------

Name <b>HAMBIDGE CENTER FOR CREATIVE ARTS AND SCIENCES, INC</b>	Employer Identification Number <b>58-6001278</b>
---	---

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	609,210	477,238	943,615	797,622	1,090,716	
Membership dues .....			156			
Program service revenue .....	103,294	106,256	170,788	136,035	167,510	
Capital gain or loss .....	32,863	8,844	16,736	52,381	94,144	
Investment income .....	76,433	-30,337	137,491	152,716	76,570	
Fundraising revenue (income/loss) .....			55,797			
Gaming revenue (income/loss) .....						
Other revenue .....	132,160	252,092	199,390	63,001	1,561,347	
<b>Total revenue</b> .....	<b>953,960</b>	<b>814,093</b>	<b>1,523,973</b>	<b>1,201,755</b>	<b>2,990,287</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	330,982	328,965	323,035	353,368	452,012	
Professional fees .....	3,188	127,177	47,765	12,792	13,460	
Occupancy costs .....	26,576	17,218	19,144	28,648	49,479	
Depreciation and depletion .....	15,291	18,137	20,457	26,645	37,233	
Other expenses .....	209,327	191,624	287,137	187,465	245,917	
<b>Total expenses</b> .....	<b>585,364</b>	<b>683,121</b>	<b>697,538</b>	<b>608,918</b>	<b>798,101</b>	
<b>Excess or (Deficit)</b> .....	<b>368,596</b>	<b>130,972</b>	<b>826,435</b>	<b>592,837</b>	<b>2,192,186</b>	
<b>Total exempt revenue</b> .....	<b>953,960</b>	<b>814,093</b>	<b>1,523,973</b>	<b>1,201,755</b>	<b>2,990,287</b>	
Total unrelated revenue .....						
Total excludable revenue .....	344,750	336,855	580,202	404,133	1,899,571	
Total Assets .....	1,551,318	1,691,622	2,475,829	3,071,911	5,261,763	
Total Liabilities .....	60,363	69,695	27,467	30,572	28,238	
Net Fund Balances .....	1,490,955	1,621,927	2,448,362	3,041,339	5,233,525	

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

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 1,490					
Total	\$ 1,490					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends	\$ 75,080					
Total	\$ 75,080					

58-6001278

**Federal Statements**

FYE: 12/31/2021

**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>
Electricity	\$ 16,978	\$	\$ 16,978	\$
Telephone	14,204	14,204		
Printing	7,181	7,181		
Shipping	6,689	6,689		
Technical consultants	5,680		5,680	
Property taxes	5,603		5,603	
Fees & memberships	3,791		3,791	
Auction consultants	3,500		3,500	
Equipment maintenance	1,908	1,908		
Development consultant	1,750	1,750		
Staff development	1,007	1,007		
Equipment leases	117	117		
Total	\$ <u>68,408</u>	\$ <u>32,856</u>	\$ <u>35,552</u>	\$ <u>0</u>

58-6001278

**Federal Statements**

FYE: 12/31/2021

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

Description	Amount
Georgia Council grants	\$ 15,000
Fulton county grants	12,000
Federal Gov't grant	61,200
City grants	5,000
Individual contributions	70,981
Corp. & business grants	49,654
Designated contributions	323,603
Foundation & trust grants	373,700
Board- brd related contributions	179,578
Total	\$ <u>1,090,716</u>

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

Description	Amount
Admission fees	\$ 109,064
Program fees	14,631
Meals & lodgings fees	587
Anagama fees	852
Pottery studio fees	2,744
Host support	38,022
Ticket sales	10
Membership/ renewal	1,600
Interest	1,490
Dividends	75,080
Change in market value	
Mitigation bank revenue	1,511,604
Mitigation bank expense	-14,168
Total	\$ <u>1,741,516</u>

**Federal Statements**

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

Description	Amount
SALE OF ART WORKS	\$ 123,597
FUNDRAISERS	
Total	\$ <u>123,597</u>