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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HUMANITIES FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
474 WANDO PARK BLVD STE 102

City or town, state or country, and ZIP + 4
MOUNT PLEASANT, SC 29464

D Employer identification number
57-0952289

E Telephone number
(843) 881-7550

G Gross receipts $ 1,359,130

F Name and address of principal officer
TRACY T DORAN
474 WANDO PARK BLVD STE 102
MOUNT PLEASANT, SC 29464

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HUMANITIESFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1992 | **M** State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ACQUIRE, OWN, DEVELOP, OPERATE, MANAGE AND PROVIDE DECENT HOUSING THAT IS AFFORDABLE TO LOW-INCOME AND MODERATE-INCOME PERSONS AND HOUSEHOLDS

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	207,208	127,023
	9 Program service revenue (Part VIII, line 2g)	1,560,546	727,965
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	393,001	504,142
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,160,755	1,359,130
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	49,524	58,771
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	485,904	755,167
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	535,428	813,938
	19 Revenue less expenses Subtract line 18 from line 12	1,625,327	545,192

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	13,891,440	15,461,049
	21 Total liabilities (Part X, line 26)	3,815,822	4,840,239
	22 Net assets or fund balances Subtract line 21 from line 20	10,075,618	10,620,810

Part II Signature Block

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

Sign Here

****** | 2010-11-10
Signature of officer | Date

TRACY T DORAN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ERIK M GLASER CPA	Date 2010-11-15	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GLASERDUNCAN CPAS 1040 ANNA KNAPP BLVD MT PLEASANT, SC 294643105			EIN ▶ Phone no ▶ (843) 849-0655

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ACQUIRE, OWN, DEVELOP, OPERATE, MANAGE AND PROVIDE DECENT HOUSING THAT IS AFFORDABLE TO LOW-INCOME AND MODERATE-INCOME PERSONS AND HOUSEHOLDS

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 144,881 including grants of $) (Revenue $)

PREDEVELOPMENT SERVICES FOR DETERMINING NEW APARTMENT SITES TO SERVE LOW- INCOME FAMILIES

4b (Code) (Expenses $ 90,102 including grants of $) (Revenue $)

HOMEOWNERSHIP INITIATIVE A PROJECT TO DEVELOP INDIVIDUAL AFFORDABLE HOUSES FOR FIRST TIME HOMEBUYERS WITH INCOMES 60% TO 120% OF THE AREA MEDIAN INCOME

4c (Code) (Expenses $ 94,417 including grants of $) (Revenue $)

SHELTERNET PROJECT PROGRAM PROVIDES SHORT-TERM FINANCIAL ASSISTANCE FOR FAMILIES WHO HAVE SUFFERED A CRISIS OR FINANCIAL SETBACK THE RECIPIENTS HAVE INCOME BELOW 50% OF MEDIAN INCOME

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 411,039 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 740,439

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	No	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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*	18		No
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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	19		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CHERYL FERRARO
474 WANDO PARK BLVD STE 102
MT PLEASANT, SC 29464
(843) 881-7550

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

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 Use Schedule J-2 if additional space is needed

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

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

☑ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANE J DORAN V PRESIDENT		X						0	96,418	0
TRACY T DORAN PRESIDENT	34 00	X		X				0	89,532	0
KAY D CLAMP BOARD MEMBER		X						0	0	0
JOHN H DISHER BOARD MEMBER		X						0	0	0
FRANKLIN D HAYGOOD BOARD MEMBER		X						0	0	0
W DALE SMITH BOARD MEMBER		X						0	0	0
STEPHEN R SHULER BOARD MEMBER		X						0	0	0
DAVID O ELDRIDGE BOARD MEMBER		X						0	0	0
CHERYL FERRARO SECR /TREAS	34 00			X				0	72,165	0
DEBRA WADE V PRESIDENT	34 00			X				0	63,361	0
GREG BROOKS ASST SECR				X				0	0	0

1b Total . . . . . ▶		321,476	

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
JDC CAPITAL CORPORATION 474 WANDO PARK BLVD STE 102 MOUNT PLEASANT, SC 29464	ADMIN SERVICES	399,814
CENTERVEST LLC 474 WANDO PARK BLVD STE 102 MOUNT PLEASANT, SC 29464	ADMIN SERVICES	171,250

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	124,179			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,844			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		127,023			
Program Service Revenue			Business Code				
	2a	OTHER SUPPORT		414,884	414,884		
	b	ADMINISTRATION FEES		251,581	251,581		
	c	DEVELOPMENT FEES		61,500	61,500		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		727,965			
	3	Investment income (including dividends, interest and other similar amounts)		504,142	504,142		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		1,359,130	1,232,107		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	58,771	58,771		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	513,069	462,722	50,347	
b Legal	1,500	1,353	147	
c Accounting	59,665	53,810	5,855	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	27,830	25,099	2,731	
12 Advertising and promotion	1,976	1,782	194	
13 Office expenses	21,832	19,691	2,141	
14 Information technology	10,658	9,612	1,046	
15 Royalties				
16 Occupancy	43,966	39,652	4,314	
17 Travel	3,643	3,243	400	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	820	740	80	
20 Interest	51,779	46,698	5,081	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,841	2,605	236	
23 Insurance	2,150	1,939	211	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PREDEVELOPMENT COSTS	6,162	6,162		
b REPAIRS & MAINTENANCE	4,328	3,903	425	
c DUES & SUBSCRIPTIONS	1,771	1,597	174	
d STATE TAXES	573	517	56	
e MISCELLANEOUS EXPENSES	337	302	35	
f All other expenses	267	241	26	
25 **Total functional expenses.** Add lines 1 through 24f	813,938	740,439	73,499	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		152,277	1	212,606
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,859	4	13,162
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		4,290,993	7	4,692,086
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 38,377			
	b	Less accumulated depreciation	10b 34,961	6,257	10c	3,416
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		826,360	12	727,256
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,598,694	15	9,812,523
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,891,440	16	15,461,049
Liabilities	17	Accounts payable and accrued expenses		330,643	17	131,569
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,485,179	23	4,104,996
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	603,674
	26	**Total liabilities.** Add lines 17 through 25		3,815,822	26	4,840,239
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,075,618	27	10,620,810
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,075,618	33	10,620,810
	34	Total liabilities and net assets/fund balances		13,891,440	34	15,461,049

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,332,073	881,569	1,238,963	207,208	127,023	3,786,836
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,332,073	881,569	1,238,963	207,208	127,023	3,786,836
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						3,786,836

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,332,073	248,983	1,238,963	207,208	127,023	3,786,836
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	191,991	248,983	311,995	392,335	504,142	1,649,446
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,660					2,660
11 **Total support** (Add lines 7 through 10)						5,438,942

12	Gross receipts from related activities, etc (See instructions)	12	7,397,239

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	69 620 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	75 540 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 57-0952289
Name: HUMANITIES FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 411,039 including grants of $) (Revenue $)

EDUCATION/ADVOCACY A PROGRAM TO GENERATE PUBLIC SUPPORT FOR LEGISLATIVE EFFORTS, AS WELL AS TO EDUCATE THE COMMUNITY ON THE ISSUES OF HOMELESSNESS AND THE NEED TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING APARTMENT COMPLEXES LAUREL HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 55 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME SEA ISLAND APARTMENTS A 48-UNIT APARTMENT COMPLEX CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME NORTH CENTRAL APARTMENTS A 36-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS AGE 55 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME THE SHIRES APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME SEVEN FARMS APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME RUTLEDGE PLACE APARTMENTS A 40-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME GRAND OAK APARTMENTS A 59-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME SHADY GROVE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 62 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME IVY RIDGE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME PINE HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PREDEVELOPMENT COSTS	6,162	6,162		
REPAIRS & MAINTENANCE	4,328	3,903	425	
DUES & SUBSCRIPTIONS	1,771	1,597	174	
STATE TAXES	573	517	56	
MISCELLANEOUS EXPENSES	337	302	35	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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" to 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 XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		38,377	34,961	3,416
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,416

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
MORTGAGE RECEIVABLE	9,807,308
DEPOSITS	5,215
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	9,812,523

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LINES OF CREDIT	433,690
DUE TO AFFILIATES	169,984
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	603,674

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,359,130
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	813,938
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	545,192
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-134,280
9	Total adjustments (net) Add lines 4 - 8	9	-134,280
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	410,912

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,513,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	282,141		
e	Add lines **2a** through **2d**			2e	282,141
3	Subtract line **2e** from line **1**			3	1,230,930
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	128,200		
c	Add lines **4a** and **4b**			4c	128,200
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,359,130

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,102,159
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	416,421		
e	Add lines **2a** through **2d**			2e	416,421
3	Subtract line **2e** from line **1**			3	685,738
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	128,200		
c	Add lines **4a** and **4b**			4c	128,200
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	813,938

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	REVENUE FROM AFFILIATED ORGANIZATIONS 282,141 INTERCOMPANY REVENUE ELIMINATED IN FINANCIAL STATEMENTS -128,200 EXPENSE FROM AFFILIATED ORGANIZATIONS -416,421 INTERCOMPANY EXPENSES ELIMINATED IN FINANCIAL STATEMENTS 128,200
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	REVENUE FROM AFFILIATED ORGANIZATIONS 282,141
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	INTERCOMPANY REVENUE ELIMINATED IN FINANCIAL STATEMENTS 128,200
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	EXPENSE FROM AFFILIATED ORGANIZATIONS 416,421
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	INTERCOMPANY EXPENSES ELIMINATED IN FINANCIAL STATEMENTS 128,200

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENT-SHELTERNET RECIPIENT	84	12,590			
UTILITIES - SHELTERNET	225	30,944			
TRAVEL-SEVEN FARMS TENANT	1	437			
TENANT FIT-UPS-SF TENANTS	12	3,083			
EXPENSES FOR CASE MGT	24	4,875			
ST RENTAL ASSISTANCE	2	4,867			
TENANT ACTIVITIES	77	1,975			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTS ARE PAID DIRECTLY TO THE VENDOR/LANDLORD/LENDER ON BEHALF OF THE INDIVIDUAL RECIPIENT

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SEE SCHEDULE O					No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	EDUCATION/ADVOCACY A PROGRAM TO GENERATE PUBLIC SUPPORT FOR LEGISLATIVE EFFORTS, AS WELL AS TO EDUCATE THE COMMUNITY ON THE ISSUES OF HOMELESSNESS AND THE NEED TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING APARTMENT COMPLEXES LAUREL HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 55 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME SEA ISLAND APARTMENTS A 48-UNIT APARTMENT COMPLEX CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME NORTH CENTRAL APARTMENTS A 36-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS AGE 55 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME THE SHIRES APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME SEVEN FARMS APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME RUTLEDGE PLACE APARTMENTS A 40-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME GRAND OAK APARTMENTS A 59-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME SHADY GROVE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 62 AND OLDER WITH INCOME 50% BELOW THE AREA MEDIAN INCOME IVY RIDGE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME PINE HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	SHANE J DORAN TRACY T DORAN V PRESIDENT PRESIDENT STEP-SON & STEP-MOTHER SHANE J DORAN KAY D CLAMP V PRESIDENT BOARD MEMBER NEPHEW & AUNT TRACY T DORAN KAY D CLAMP PRESIDENT BOARD MEMBER SISTER-IN-LAWS SHANE J DORAN JOHN DISHER V PRESIDENT BOARD MEMBER JOINT INVESTMENT-REAL ESTATE
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE BOARD OF DIRECTORS' FINANCE COMMITTE REVIEWS FORM 990 FOR ISSUES THAT SHOULD BE BROUGHT TO THE BOARD'S ATTENTION A COPY OF FORM 990 IS THEN PROVIDED TO EACH BOARD MEMBER FOR REVIEW RETURN IS FILED AFTER ALL COMMENTS & CONCERNS ARE ADDRESSED
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION PERIODICALLY PERFORMS SALARY COMPARABILITY STUDIES THE FINANCE COMMITTEE APPROVES SALARIES
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION PERIODICALLY PERFORMS SALARY COMPARABILITY STUDIES THE FINANCE COMMITTEE APPROVES SALARIES
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION, IS 100% OWNER OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 343,243 (D) DESCRIPTION OF TRANSACTION JDC CAPITAL CORPORATION PAID COMPENSATION TO THE FOLLOWING INTERESTED PERSONS OF HUMANITIES FOUNDATION, INC TRACY DORAN, PRESIDENT/CHAIRMAN AND WIFE OF JDC CAPITAL OWNER, ROBERT DORAN, SHANE DORAN, BOARD MEMBER, STEP-SON OF PRESIDENT/CHAIRMAN, TRACY DORAN, AND SON OF JDC CAPITAL OWNER, ROBERT DORAN, CHERYL FERRARO, OFFICER, AND DEBRA WAID, OFFICER A PORTION OF TRACY, CHERYL, & DEBRAS SALARIES IS REIMBURSED TO JDC CAPITAL CORPORATION BY HUMANITIES FOUNDATION, INC UNDER A SHARED SERVICE AGREEMENT (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON CENTERVEST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION, IS 100% OWNER OF CENTERVEST (C) AMOUNT OF TRANSACTION 170,826 (D) DESCRIPTION OF TRANSACTION CENTERVEST PAID COMPENSATION TO THE FOLLOWING INTERESTED PERSONS OF HUMANITIES FOUNDATION, INC TRACY DORAN, PRESIDENT/CHAIRMAN, SHANE DORAN, BOARD MEMBER & STEP-SON OF PRESIDENT/CHAIRMAN, TRACY DORAN, CHERYL FERRARO, OFFICER, AND DEBRA WAID, OFFICER A PORTION OF TRACY, CHERYL, & DEBRAS SALARIES IS REIMBURSED TO CENTERVEST BY HUMANITIES FOUNDATION, INC UNDER A SHARED SERVICE AGREEMENT (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF PRESIDENT/CHAIRMAN, TRACY DORAN, ALSO OWNS 100% OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 43,966 (D) DESCRIPTION OF TRANSACTION HUMANITIES FOUNDATION PAID RENT TO JDC CAPITAL CORPORATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF PRESIDENT/CHAIRMAN, TRACY DORAN, ALSO OWNS 100% OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 56,063 (D) DESCRIPTION OF TRANSACTION JDC CAPITAL CORPORATION COMPENSATED TRACY T DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION & WIFE OF ROBERT DORAN, OWNER OF JDC CAPITAL (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON CENTERVEST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION OWNS 100% OF CENTERVEST (C) AMOUNT OF TRANSACTION 33,469 (D) DESCRIPTION OF TRANSACTION CENTERVEST COMPENSATED TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION & OWNER OF CENTERVEST (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF PRESIDENT/CHAIRMAN, TRACY DORAN, ALSO OWNS 100% OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 60,375 (D) DESCRIPTION OF TRANSACTION JDC CAPITAL CORPORATION COMPENSATED SHANE DORAN, VICE PRESIDENT OF HUMANITIES FOUNDATION, SON OF ROBERT DORAN, OWNER OF JDC CAPITAL, & STEP-SON OF TRACY DORAN, PRESIDENT/CHAIR OF HUMANITIES FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON CENTERVEST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION OWNS 100% OF CENTERVEST (C) AMOUNT OF TRANSACTION 36,043 (D) DESCRIPTION OF TRANSACTION CENTERVEST COMPENSATED SHANE DORAN, VICE PRESIDENT OF HUMANITIES FOUNDATION & STEP-SON OF TRACY DORAN, PRESIDENT/CHAIR OF HUMANITIES FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF PRESIDENT/CHAIRMAN, TRACY DORAN, ALSO OWNS 100% OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 44,562 (D) DESCRIPTION OF TRANSACTION JDC CAPITAL CORPORATION COMPENSATED CHERYL FERRARO, OFFICER OF HUMANITIES FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON CENTERVEST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION OWNS 100% OF CENTERVEST (C) AMOUNT OF TRANSACTION 27,603 (D) DESCRIPTION OF TRANSACTION CENTERVEST COMPENSATED CHERYL FERRARO, OFFICER OF FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON JDC CAPITAL CORPORATION (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ROBERT DORAN, SPOUSE OF PRESIDENT/CHAIRMAN, TRACY DORAN, ALSO OWNS 100% OF JDC CAPITAL CORPORATION (C) AMOUNT OF TRANSACTION 39,675 (D) DESCRIPTION OF TRANSACTION JDC CAPITAL CORPORATION COMPENSATED DEBRA WAID, OFFICER OF HUMANITIES FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON CENTERVEST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRACY DORAN, PRESIDENT/CHAIRMAN OF HUMANITIES FOUNDATION OWNS 100% OF CENTERVEST (C) AMOUNT OF TRANSACTION 23,686 (D) DESCRIPTION OF TRANSACTION CENTERVEST COMPENSATED DEBRA WAID, OFFICER OF HUMANITIES FOUNDATION (E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HF NORTH CENTRAL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0396725	HOUSING	SC	-12		HUMANITIES FOUNDATION INC
HF LAUREL HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510123	HOUSING	SC	-22		HUMANITIES FOUNDATION INC
HF SHADY GROVE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510110	HOUSING	SC	-21		HUMANITIES FOUNDATION INC
HF SHIRES LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 35-2231374	HOUSING	SC	-27		HUMANITIES FOUNDATION INC
HF SEVEN FARMS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 32-0117105	HOUSING	SC	-27		HUMANITIES FOUNDATION INC
HF IVY LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-2798007	HOUSING	SC	-35		HUMANITIES FOUNDATION INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HUMANITIES HOUSING INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1026781	HOUSING	SC	501	8	HUMANITIES FOUNDATION INC

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HF RUTLEDGE INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 57-1079689	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-220	18,761	100 000 %
HF SEA ISLAND INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 57-1121785	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-12	311,808	100 000 %
JDC CAPITAL CORPORATION 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 58-1868590	REAL ESTAT	SC	NA	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 57-0952289
Name: HUMANITIES FOUNDATION INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income ($)	(e) End-of-year assets ($)	(f) Direct Controlling Entity
HF NORTH CENTRAL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0396725	HOUSING	SC	-12		HUMANITIES FOUNDATION INC
HF LAUREL HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510123	HOUSING	SC	-22		HUMANITIES FOUNDATION INC
HF SHADY GROVE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510110	HOUSING	SC	-21		HUMANITIES FOUNDATION INC
HF SHIRES LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 35-2231374	HOUSING	SC	-27		HUMANITIES FOUNDATION INC
HF SEVEN FARMS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 32-0117105	HOUSING	SC	-27		HUMANITIES FOUNDATION INC
HF IVY LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-2798007	HOUSING	SC	-35		HUMANITIES FOUNDATION INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
RUTLEDGE PLACE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 57-1079691	HOUSING	SC	NA					No			No
NORTH CENTRAL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 01-0614402	HOUSING	SC	NA					No			No
SHADY GROVE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 55-0821907	HOUSING	SC	NA					No			No
SEVEN FARMS APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 16-1692908	HOUSING	SC	NA					No			No
SEA ISLAND APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 57-1121788	HOUSING	SC	NA					No			No
PINE HILL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 20-4327437	HOUSING	SC	NA					No			No
LAUREL HILL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 03-0510120	HOUSING	SC	NA					No			No
IVY RIDGE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 20-2797956	HOUSING	SC	NA					No			No
GRAND OAKS APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 57-1083934	HOUSING	SC	NA					No			No
THE SHIRES APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 16-1692911	HOUSING	SC	NA					No			No
HF PINE HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 20-4335901	HOUSING	SC	HUMANITIES FOUNDATION INC		-30	-82		No		Yes	
HF MAGWOOD LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC29464 58-2476837	HOUSING	SC	HUMANITIES FOUNDATION INC		-118	97,199		No		Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	GRAND OAKS APARTMENTS LP	D	1,797,300
(2)	RUTLEDGE PLACE APARTMENTS LP	D	1,779,142
(3)	NORTH CENTRAL APARTMENTS LP	D	1,063,492
(4)	SEA ISLAND APARTMENTS LP	D	1,178,029
(5)	LAUREL HILL APARTMENTS LP	D	566,742
(6)	SHADY GROVE APARTMENTS LP	D	1,502,951
(7)	SEVEN FARMS APARTMENTS LP	D	1,731,922
(8)	IVY RIDGE APARTMENTS L P	D	1,877,609
(9)	PINE HILL APARTMENTS LP	D	1,134,546
(10)	HUMANITIES HOUSING INC	D	131,501
(11)	THE SHIRES APARTMENTS LP	D	423,667
(12)	THE SHIRES APARTMENTS LP	A	27,631
(13)	SHADY GROVE APARTMENTS LP	A	24,492
(14)	SEVEN FARMS APARTMENTS LP	A	78,028
(15)	SEA ISLAND APARTMENTS LP	A	45,085
(16)	RUTLEDGE PLACE APARTMENTS LP	A	40,139
(17)	PINE HILL APARTMENTS LP	A	29,888
(18)	NORTH CENTRAL APARTMENTS LP	A	37,327
(19)	LAUREL HILL APARTMENTS LP	A	12,476
(20)	IVY RIDGE APARTMENTS LP	A	64,726
(21)	GRAND OAKS APARTMENTS LP	A	60,910
(22)	OV ASSOCIATES	E	126,538
(23)	JDC CAPITAL CORPORATION	E	42,706
(24)	JDC CAPITAL CORPORATION	N	200,675
(25)	JDC CAPITAL CORPORATION	J	42,706