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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

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 SUITE 102

City or town, state or province, country, and ZIP or foreign postal code
MOUNT PLEASANT, SC 29464

D Employer identification number
57-0952289

E Telephone number
(843) 856-4120

G Gross receipts $ 2,843,994

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 subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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 DEVELOP THE HIGHEST QUALITY AFFORDABLE AND WORKFORCE HOUSING POSSIBLE WHILE ENHANCING THE LIVES OF OUR RESIDENTS AND IMPROVING THE COMMUNITIES IN WHICH WE DEVELOP THROUGH AFFORDABILITY, EDUCATION AND ADVOCACY

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**	4
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	462
7a	Total 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
8	Contributions and grants (Part VIII, line 1h)	79,629	665,814
9	Program service revenue (Part VIII, line 2g)	1,232,519	1,021,690
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	480,845	620,235
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,327	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,817,320	2,307,739
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	64,632	45,600
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–24e)	1,203,794	1,313,941
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,268,426	1,359,541
19	Revenue less expenses Subtract line 18 from line 12	548,894	948,198

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,284,207	19,511,812
21	Total liabilities (Part X, line 26)	5,969,226	6,248,633
22	Net assets or fund balances Subtract line 21 from line 20	12,314,981	13,263,179

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-11-15 Date

TRACY T DORAN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ERIK M GLASER CPA	ERIK M GLASER CPA	2016-11-15		P00724565

Firm's name ▶ GLASER AND COMPANY LLC — Firm's EIN ▶ 20-5788602

Firm's address ▶ 1040 ANNA KNAPP BLVD
MT PLEASANT, SC 294643105 — Phone no (843) 849-0657

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO DEVELOP THE HIGHEST QUALITY AFFORDABLE AND WORKFORCE HOUSING POSSIBLE WHILE ENHANCING THE LIVES OF OUR RESIDENTS AND IMPROVING THE COMMUNITIES IN WHICH WE DEVELOP THROUGH AFFORDABILITY, EDUCATION AND ADVOCACY

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 $ 571,791 including grants of $) (Revenue $ 1,478,180)

AFFORDABLE HOUSING PROGRAM AS A NONPROFIT DEVELOPER, THE HUMANITIES FOUNDATION FACILITATES THE CREATION OF AFFORDABLE HOUSING BY SERVING AS A GENERAL PARTNER OR MANAGING MEMBER TO ACCESS FUNDS AVAILABLE ONLY TO NONPROFIT DEVELOPERS THE FOUNDATION FINANCES THE PROJECT AND CONTRACTS WITH ENGINEERS, ARCHITECTS AND BUILDERS TO COMPLETE CONSTRUCTION OF AFFORDABLE HOUSING PROJECTS THE FOUNDATION IDENTIFIES AND CONTRACTS WITH PROFESSIONAL MANAGEMENT COMPANIES TO MARKET, LEASE AND MAINTAIN THE PROPERTY AFFORDABLE HOUSING COVERS MANY DIFFERENT INCOME LEVELS AND PRICE RANGES WHAT MAKES HOUSING "AFFORDABLE" IS THE RENT OR MORTGAGE PAYMENT RELATIVE TO THE INDIVIDUAL'S OR FAMILY'S INCOME ACCORDING TO THE FEDERAL GOVERNMENT, RENTAL HOUSING IS "AFFORDABLE" IF THE PEOPLE LIVING THERE PAY NO MORE THAN 30 PERCENT OF THEIR INCOME FOR RENT ACCORDING TO MORTGAGE LENDERS, GENERALLY, A HOME IS AFFORDABLE IF THE MORTGAGE PAYMENT IS NOT MORE THAN 35 PERCENT OF THE BORROWER'S INCOME IN DETERMINING AFFORDABILITY RELATIVE TO INCOME, THE TERM USED BY THE AFFORDABLE HOUSING INDUSTRY IS AREA MEDIAN INCOME (AMI) AMI'S ARE CALCULATED AND PUBLISHED ANNUALLY BY THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) "MEDIAN" MEANS THAT HALF OF ALL HOUSEHOLDS IN THE AREA ARE ESTIMATED TO HAVE MORE THAN THIS AMOUNT OF INCOME HUMANITIES FOUNDATION RECOGNIZES THE NEED FOR SUPPORTIVE SERVICES FOR THE RESIDENTS OF AFFORDABLE HOUSING THROUGH AN ARRAY OF STRATEGIC PARTNERSHIPS THE FOUNDATION PROVIDES SERVICES WHICH INCLUDE HEALTH SCREENINGS AND FLU SHOTS, HEALTH EDUCATION PROGRAMS, MEALS ON WHEELS, ON-SITE FOOD BANKS AND COMMUNITY GARDENS THE FOUNDATION IS CONTINUOUSLY WORKING TO ENHANCE THE LIVES OF OUR AFFORDABLE HOUSING RESIDENTS AND TO CONNECT THEM TO PROGRAMS AVAILABLE IN THE COMMUNITY THE FOUNDATION DEVELOPS AND ACTS AS THE MANAGING PARTNER THROUGH ITS WHOLLY OWNED SUBSIDIARIES, FOR PROJECTS IT HAS BUILT TO SERVICE LOW-INCOME ELDERLY AND FAMILIES ADDITIONALLY, IT ESTABLISHES AND SUPERVISES SUPPORTIVE SERVICES FOR THE TENANTS IN THE HOUSING PROGRAM, THE FOUNDATION HAS THE FOLLOWING PROJECTS - GRAND OAK APARTMENTS A 60-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 50% AND 60% BELOW THE AREA MEDIAN INCOME AT 1830 MAGWOOD DRIVE, CHARLESTON, SC - RUTLEDGE PLACE APARTMENTS A 41-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME AT 554 RUTLEDGE AVENUE, CHARLESTON, SC - NORTH CENTRAL APARTMENTS A 36-UNIT APARTMENT BUILDING PROJECT CONSTRUCTED FOR SENIORS AGE 55 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1054 KING STREET, CHARLESTON, SOUTH CAROLINA - SEA ISLAND APARTMENTS A 48-UNIT APARTMENT COMPLEX CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 3672 MAYBANK HIGHWAY,JOHNS ISLAND, SOUTH CAROLINA - LAUREL HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 55 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME AT 1640 RIBAUT ROAD, PORT ROYAL, SOUTH CAROLINA - SHADY GROVE APARTMENTS A 72-UNIT APARTMENT CONSTRUCTED FOR ELDERLY AGE 62 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1725 SAVAGE ROAD, CHARLESTON, SOUTH CAROLINA - THE SHIRES APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1020 LITTLE JOHN STREET, CHARLESTON, SOUTH CAROLINA - SEVEN FARMS APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 305 SEVEN FARMS DRIVE AND DANIEL ISLAND DRIVE, CHARLESTON, SOUTH CAROLINA - IVY RIDGE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 2215 GREENRIDGE ROAD, NORTH CHARLESTON, SOUTH CAROLINA - PINE HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 117 YELLOW JASMINE ROAD, ORANGEBURG, SOUTH CAROLINA - GRANDVIEW APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1850 MAGWOOD ROAD, CHARLESTON, SOUTH CAROLINA - WATERFORD VILLAGE A 96-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 61 WATERFORD LOOP, STAUNTON, VIRGINIA - SEVEN FARMS VILLAGE A 42-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 305 SEVEN FARMS DRIVE, CHARLESTON, SOUTH CAROLINA - ARBOR HILL SENIOR APARTMENTS A 56 UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME 388 EAST SHEMROCK,PINEVILLE, LOUISIANA - MONTAGUE TERRACE APARTMENTS A 96-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 28 MONTAGUE COURT, STUARTS DRAFT, VIRGINIA - REGENT PARK APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 680 WINDSOR LAKE WAY, COLUMBIA, SOUTH CAROLINA - THE GARDENS SENIOR APARTMENTS A 55-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 4949 HOOPER ROAD, BATON ROUGE, LOUISIANA - PUDDLEDOCK PLACE APARTMENTS A 84-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 4270 ANNE TERRACE, PRINCE GEORGE, VIRGINIA - PUDDLEDOCK PLACE APARTMENTS II A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1955 DENMARK SQUARE, PRINCE GEORGE, VIRGINIA - ASHLEIGH PLACE, LLC A 80-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR SENIORS WITH INCOMES 50% & 60% BELOW THE AREA MEDIAN INCOME AT TIMBER TRAIL ROAD, RICHMOND HILL, GA 31324

4b (Code) (Expenses $ 227,411 including grants of $) (Revenue $)

PREDEVELOPMENT AND DEVELOPMENT THESE SERVICES ARE FOR THE DETERMINATION OF NEW AFFORDABLE HOUSING APARTMENT SITES AND THE FEASIBILITY OF DEVELOPMENT OF SUCH SITES TO SERVE LOW-INCOME FAMILIES OR SENIORS FURTHER, THE FOUNDATION, WORKING WITH ITS PARTNERS, SEEKS TO DEVELOP SITES THAT QUALIFY TO RECEIVE FUNDS THROUGH THE LOW-INCOME HOUSING TAX CREDIT PROGRAM (LIHTC), THE FOUNDATION HAS LEVERAGED COMMUNITY DEVELOPMENT BLOCK GRANT, HOME, FEDERAL HOME LOAN BANK FUNDS, LOWCOUNTRY HOUSING TRUST AND OTHER GRANT SOURCES OVER 1400 UNITS OF AFFORDABLE HOUSING HAVE BEEN CONSTRUCTED IN SOUTH CAROLINA, GEORGIA, LOUISIANA AND VIRGINIA

4c (Code) (Expenses $ 178,725 including grants of $ 43,100) (Revenue $)

SHELTERNET PROJECT HUMANITIES FOUNDATION'S SHELTERNET HELPS FAMILIES AND INDIVIDUALS WHO HAVE SUFFERED A CRISIS OR SETBACK BY PROVIDING EMERGENCY FINANCIAL ASSISTANCE TO ENABLE THEM TO STAY IN THEIR HOMES OR TO PREVENT THE LOSS OF ESSENTIAL UTILITY SERVICES SUCH AS GAS, POWER OR WATER THE RECIPIENTS HAVE INCOME BELOW 50% OF MEDIAN INCOME OVERHEAD COSTS TO RUN THE PROJECT ARE PAID PRIMARILY FROM OPERATING FUNDS OF THE FOUNDATION AND NOT GRANTS OR DONATIONS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 69,228 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 1,047,155

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	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 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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*	11a	Yes	
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*	11b		No
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*	11c		No
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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
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, 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*	14b		No
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*	15		No
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*	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* (see instructions)	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b 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

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 . .	1a	14		
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		
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 (see instructions)		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		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?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
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			No
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 made these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ THE ORGANIZATION 474 WANDO PARK BLVD SUITE 102 MOUNT PLEASANT, SC 29464 (843) 856-4120

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHERYL FERRARO SEC/TREASURE	30 00 5 00	X		X				0	109,000	0
(2) SHANE DORAN BOARD MEMBER	20 00 20 00	X						0	107,026	0
(3) TRACY T DORAN PRESIDENT	35 00 5 00	X		X				0	87,655	0
(4) KAY D CLAMP BOARD MEMBER	0 10	X						0	0	0
(5) STEPHEN R SCHULER BOARD MEMBER	0 10	X						0	0	0
(6) DAVID O ELDRIDGE BOARD MEMBER	0 10	X						0	0	0
(7) ANN WYATT BOARD MEMBER	0 10	X						0	0	0
(8) PATTI RANDINELLI BOARD MEMBER	0 10	X						0	0	0
(9) ELIZABETH R DORAN BOARD MEMBER	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶		303,681	

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 ▶

			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 or individual 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. 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
CENTERVEST LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464	MISC-LABOR, CON	315,516

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 ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	23,489			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	642,325			
	g Noncash contributions included in lines 1a-1f $		600,000			
	h **Total.** Add lines 1a-1f		665,814			
Program Service Revenue		Business Code				
	2a DEVELOPER FEES		887,200	887,200		
	b ADMINISTRATION FEES		134,490	134,490		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,021,690			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		456,490	455,989		501
	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		700,000			
	b Less cost or other basis and sales expenses		536,255			
	c Gain or (loss)		163,745			
	d Net gain or (loss)		163,745			163,745
	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		2,307,739	1,477,679		164,246

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,500	2,500		
2 Grants and other assistance to domestic individuals See Part IV, line 22	43,100	43,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	985,828	762,968	222,860	
b Legal	35,639	35,002	637	
c Accounting	27,950	2,500	25,450	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,356	34,356		
12 Advertising and promotion	14,610	14,610		
13 Office expenses	37,094	29,253	7,841	
14 Information technology	2,807	2,161	646	
15 Royalties				
16 Occupancy	62,654	48,244	14,410	
17 Travel	21,760	20,240	1,520	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,793	4,750	43	
20 Interest	34,142	7,133	27,009	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,302	12,302		
23 Insurance	34,791	26,789	8,002	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD PANTRY	13,380	13,380		
b DUES AND SUBSCRIPTIONS	9,999	7,699	2,300	
c TENANT ACTIVITY - PROJ	3,895	3,895		
d MISCELLANEOUS - UNCL	3,274	1,834	1,440	
e All other expenses	-25,333	-25,561	228	
25 **Total functional expenses.** Add lines 1 through 24e	1,359,541	1,047,155	312,386	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,086,825	1	1,027,440
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		6,156,553	7	6,864,847
	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 135,598			
	b	Less accumulated depreciation	10b 83,218	63,611	10c	52,380
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		18,548	12	46,438
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,958,670	15	11,520,707
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,284,207	16	19,511,812
Liabilities	17	Accounts payable and accrued expenses		62,983	17	172,783
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,703,621	23	5,989,952
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		202,622	25	85,898
	26	**Total liabilities.** Add lines 17 through 25		5,969,226	26	6,248,633
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,314,981	27	13,263,179
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		12,314,981	33	13,263,179
	34	Total liabilities and net assets/fund balances		18,284,207	34	19,511,812

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,307,739
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,359,541
3	Revenue less expenses Subtract line 2 from line 1	3	948,198
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	12,314,981
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,263,179

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

Additional Data

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

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

(Code) (Expenses $ 69,228 including grants of $) (Revenue $)

RESIDENT SERVICES THE FOUNDATION'S FOOD PANTRY PROGRAM DELIVERS TO APARTMENT RESIDENTS MEALS THROUGH STRATEGIC PARTNERSHIPS WITH LOCAL CHURCHES, SCHOOL DISTRICTS, FOOD PANTRIES AND COMMUNINTY ORGANIZATIONS THE FOUNDATION ALSO PROVIDES TRANSPORTATION SERVICES TO ITS SENIOR PROPERTIES RESIDENTS ENJOY ACCESS TO MANY COMMUNITY EVENTS, HEALTH FAIRS, EDUCATIONAL PROGRAMS AND SHOPPING TRIPS WITH THEIR NEIGHBORS

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% 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)

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	270,093	45,502	31,855	79,629	665,814	1,092,893
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	3,023,951	1,667,576	2,028,424	1,715,313	1,477,679	9,912,943
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	3,294,044	1,713,078	2,060,279	1,794,942	2,143,493	11,005,836
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				170		170
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	192,910	725,388	338,277	1,039,026	693,980	2,989,581
c Add lines 7a and 7b	192,910	725,388	338,277	1,039,196	693,980	2,989,751
8 **Public support.** (Subtract line 7c from line 6)						8,016,085

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	3,294,044	1,713,078	2,060,279	1,794,942	2,143,493	11,005,836
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				70	501	571
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				70	501	571
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	3,294,044	1,713,078	2,060,279	1,795,012	2,143,994	11,006,407

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	72 830 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	79 160 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2015.** 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—2014.** 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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320132236

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(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 (ASC 958) relating to these items

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		135,598	83,218	52,380
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				52,380

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		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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) MORTGAGES RECEIVEABLE	11,482,085
(2) LOAN COSTS, NET	33,407
(3) DEPOSITS	5,215
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	11,520,707

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
Federal income taxes	
OTHER LIABILITIES	85,898
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	85,898

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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
(1) RENT ASSISTANCE	62	15,628			
(2) UTILITIES ASSISTANCE	123	27,172			
(3) MORTGAGE PAYMENT ASSIST	1	300			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	SHELTERNET STAFF WORKS DIRECTLY WITH LOCAL AGENCIES TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES AND INDIVIDUALS WITH INCOMES AT OR BELOW 50% OF THE AREA MEDIAN INCOME (AMI) WHO HAVE TEMPORARILY FALLEN BEHIND ON THEIR BILLS, OR ARE HOMELESS AND NEED HELP MOVING INTO AN APARTMENT ASSISTANCE CAN BE PROVIDED ONCE EVERY TWELVE MONTHS

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
(1) TRACY T DORANCENTERVEST LLC	PRESIDENT	315,516	MANAGEMENT/DEVELOPME		No
(2) TRACY T DORANJDC MANAGEMENT LLC	PRESIDENT	24,859	MANAGEMENT		No
(3) SHANE DORANCENTERVEST LLC	BOARD MEMBER	107,026	DEVELOPMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	CENTERVEST, LLC AND JDC MANAGEMENT, LLC PROVIDE ADMINISTRATIVE, PROJECT DEVELOPMENT CONSTRUCTION, EQUITY AND ASSET MANAGEMENT SERVICES TO THE FOUNDATION THESE SERVICES ARE PROVIDED UNDER CONTRACTS THAT ARE ALSO APPROVED BY THE THIRD-PARTY LIMITED PARTNERS OR INVESTOR MEMBERS OF THE AFFORDABLE HOUSING PROJECTS THE FOUNDATION DEVELOPS SHANE DORAN IS A FAMILY MEMBER OF TRACY T DORAN AND A BOARD MEMBER OF THE FOUNDATION AND AN EMPLOYEE OF CENTERVEST, LLC

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HUMANITIES FOUNDATION INC

Employer identification number
57-0952289

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	X	1	600,000	APPRAISAL
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
HUMANITIES FOUNDATION INC	57-0952289

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE INDIVIDUAL'S OR FAMILY'S INCOME ACCORDING TO THE FEDERAL GOVERNMENT, RENTAL HOUSING IS "AFFORDABLE" IF THE PEOPLE LIVING THERE PAY NO MORE THAN 30 PERCENT OF THEIR INCOME FOR RENT ACCORDING TO MORTGAGE LENDERS, GENERALLY, A HOME IS AFFORDABLE IF THE MORTGAGE PAYMENT IS NOT MORE THAN 35 PERCENT OF THE BORROWER'S INCOME IN DETERMINING AFFORDABILITY RELATIVE TO INCOME, THE TERM USED BY THE AFFORDABLE HOUSING INDUSTRY IS AREA MEDIAN INCOME (AMI) AMI'S ARE CALCULATED AND PUBLISHED ANNUALLY BY THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) "MEDIAN" MEANS THAT HALF OF ALL HOUSEHOLDS IN THE AREA ARE ESTIMATED TO HAVE MORE THAN THIS AMOUNT OF INCOME HUMANITIES FOUNDATION RECOGNIZES THE NEED FOR SUPPORTIVE SERVICES FOR THE RESIDENTS OF AFFORDABLE HOUSING THROUGH AN ARRAY OF STRATEGIC PARTNERSHIPS THE FOUNDATION PROVIDES SERVICES WHICH INCLUDE HEALTH SCREENINGS AND FLU SHOTS, HEALTH EDUCATION PROGRAMS, MEALS ON WHEELS, ON-SITE FOOD BANKS AND COMMUNITY GARDENS THE FOUNDATION IS CONTINUOUSLY WORKING TO ENHANCE THE LIVES OF OUR AFFORDABLE HOUSING RESIDENTS AND TO CONNECT THEM TO PROGRAMS AVAILABLE IN THE COMMUNITY THE FOUNDATION DEVELOPS AND ACTS AS THE MANAGING PARTNER THROUGH ITS WHOLLY OWNED SUBSIDIARIES, FOR PROJECTS IT HAS BUILT TO SERVICE LOW-INCOME ELDERLY AND FAMILIES ADDITIONALLY, IT ESTABLISHES AND SUPERVISES SUPPORTIVE SERVICES FOR THE TENANTS IN THE HOUSING PROGRAM, THE FOUNDATION HAS THE FOLLOWING PROJECTS - GRAND OAK APARTMENTS A 60-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 50% AND 60% BELOW THE AREA MEDIAN INCOME AT 1830 MAGWOOD DRIVE, CHARLESTON, SC - RUTLEDGE PLACE APARTMENTS A 41-UNIT APARTMENT COMPLEX CONSTRUCTED FOR SENIORS AGE 62 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME AT 554 RUTLEDGE AVENUE, CHARLESTON, SC - NORTH CENTRAL APARTMENTS A 36-UNIT APARTMENT BUILDING PROJECT CONSTRUCTED FOR SENIORS AGE 55 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1054 KING STREET, CHARLESTON, SOUTH CAROLINA - SEA ISLAND APARTMENTS A 48-UNIT APARTMENT COMPLEX CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 3672 MAYBANK HIGHWAY,JOHNS ISLAND, SOUTH CAROLINA - LAUREL HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR ELDERLY AGE 55 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME AT 1640 RIBAUT ROAD, PORT ROYAL, SOUTH CAROLINA - SHADY GROVE APARTMENTS A 72-UNIT APARTMENT CONSTRUCTED FOR ELDERLY AGE 62 AND OLDER WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1725 SAVAGE ROAD, CHARLESTON, SOUTH CAROLINA - THE SHIRES APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1020 LITTLE JOHN STREET, CHARLESTON, SOUTH CAROLINA - SEVEN FARMS APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 305 SEVEN FARMS DRIVE AND DANIEL ISLAND DRIVE, CHARLESTON, SOUTH CAROLINA - IVY RIDGE APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 2215 GREENRIDGE ROAD, NORTH CHARLESTON, SOUTH CAROLINA - PINE HILL APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 117 YELLOW JASMINE ROAD, ORANGEBURG, SOUTH CAROLINA - GRANDVIEW APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1850 MAGWOOD ROAD, CHARLESTON, SOUTH CAROLINA - WATERFORD VILLAGE A 96-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 61 WATERFORD LOOP, STAUNTON, VIRGINIA - SEVEN FARMS VILLAGE A 42-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 305 SEVEN FARMS DRIVE, CHARLESTON, SOUTH CAROLINA - ARBOR HILL SENIOR APARTMENTS A 56 UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME 388 EAST SHEMROCK,PINEVILLE, LOUISIANA - MONTAGUE TERRACE APARTMENTS A 96-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 28 MONTAGUE COURT, STUARTS DRAFT, VIRGINIA - REGENT PARK APARTMENTS A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 680 WINDSOR LAKE WAY, COLUMBIA, SOUTH CAROLINA - THE GARDENS SENIOR APARTMENTS A 55-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 4949 HOOPER ROAD, BATON ROUGE, LOUISIANA - PUDDLEDOCK PLACE APARTMENTS A 84-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 4270 ANNE TERRACE, PRINCE GEORGE, VIRGINIA - PUDDLEDOCK PLACE APARTMENTS II A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1955 DENMARK SQUARE, PRINCE GEORGE, VIRGINIA - ASHLEIGH PLACE, LLC A 80-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR SENIORS WITH INCOMES 50% & 60% BELOW THE AREA MEDIAN INCOME AT TIMBER TRAIL ROAD, RICHMOND HILL, GA 31324
FORM 990, PAGE 2, PART III, LINE 4D	RESIDENT SERVICES THE FOUNDATION'S FOOD PANTRY PROGRAM DELIVERS TO APARTMENT RESIDENTS ME ALS THROUGH STRATEGIC PARTNERSHIPS WITH LOCAL CHURCHES, SCHOOL DISTRICTS, FOOD PANTRIES AN D COMMUNINTY ORGANIZATIONS THE FOUNDATION ALSO PROVIDES TRANSPORTATION SERVICES TO ITS SE NIOR PROPERTIES RESIDENTS ENJOY ACCESS TO MANY COMMUNITY EVENTS, HEALTH FAIRS, EDUCATIONA L PROGRAMS AND SHOPPING TRIPS WITH THEIR NEIGHBORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND COMMENT ONCE COMPLETE IT IS RELEASED TO THE BOARD OF DIRECTORS FOR A COMMENT PERIOD ONCE THE COMMENT PERIOD IS COMPLETE, AND ANY QUESTIONS ARE ADDRESSED, THE FORM 990 IS FILED
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE REQUESTED TO SIGN CONFLICT OF INTEREST FORMS ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS PERFORMS PERIODIC SALARY STUDIES AND CAMPARABILITY BETWEEN SIMILAR ORGANIZATIONS THE FINANCE COMMITTEE APPROVES DIRECT AND CONTRACT SALARIES CHARGED TO THE ORGANIZATION
FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF DIRECTORS PERFORMS PERIODIC SALARY STUDIES AND CAMPARABILITY BETWEEN SIMILAR ORGANIZATIONS THE FINANCE COMMITTEE APPROVES DIRECT AND CONTRACT SALARIES CHARGED TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	FORM 1023 AND FORM 990 ARE AVAILABLE AT THE FOUNDATION'S CORPORATE OFFICES AS WELL AS ON OTHER PUBLIC WEBSITES
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 (if applicable) 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
(1) HF LAUREL HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510123	HOUSING	SC	4	329,785	HUMANITIES
(2) HF NORTH CENTRAL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0396725	HOUSING	SC	-12	-229	HUMANITIES
(3) HF SEVEN FARMS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 32-0117105	HOUSING	SC	-20	-565,067	HUMANITIES
(4) HF SHADY GROVE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510110	HOUSING	SC	1	67,818	HUMANITIES
(5) HF SHIRES LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 35-2231374	HOUSING	SC	-15	-403,655	HUMANITIES

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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) HUMANITIES HOUSING INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1026781	HOUSING	SC	501C	8	HUMANITIES		No

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)HF ARBOR HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 45-3031430	HOUSING	SC	HUMANITIES	C CORP	-7	-39	100 000 %		No
(2)HF IVY LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-0952289	HOUSING	SC	HUMANITIES	C CORP	-23	-236	100 000 %		No
(3)HF PINE HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-4335901	HOUSING	SC	HUMANITIES	C CORP	-28	-190	100 000 %		No
(4)HF RUTLEDGE INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1079689	HOUSING	SC	HUMANITIES	C CORP	-525	17,803	100 000 %		No
(5)HF SEA ISLAND INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1121785	HOUSING	SC	HUMANITIES	C CORP	-12	311,819	100 000 %		No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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, or**(iv)**rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 57-0952289
Name: 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?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND OAKS APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1083934	HOUSING	SC	N/A					No			No	
HF MAGWOOD LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 58-2476837	HOUSING	SC	HUMANITIES	RELATED	-86	97,761		No		Yes		
IVY RIDGE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-2797956	HOUSING	SC	N/A					No			No	
LAUREL HILL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510120	HOUSING	SC	N/A					No			No	
NORTH CENTRAL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 01-0614402	HOUSING	SC	HF NORTH C					No		Yes		
PINE HILL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-4327437	HOUSING	SC	N/A					No			No	
RUTLEDGE PLACE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1079691	HOUSING	SC	N/A					No			No	
SEA ISLAND APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1121788	HOUSING	SC	N/A					No			No	
SEVEN FARMS APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 16-1692908	HOUSING	SC	N/A					No			No	
SHADY GROVE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 55-0821907	HOUSING	SC	N/A					No			No	
THE SHIRES APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 55-0821907	HOUSING	SC	N/A					No			No	
ARBOR HILL SENIOR APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 45-3031550	HOUSING	SC	N/A					No			No	
THE GARDENS SENIOR APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 30-0741609	HOUSING	SC	N/A					No			No	
GRANDVIEW APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 27-0256469	HOUSING	SC	N/A					No			No	
MONTAGUE TERRACE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 27-2042704	HOUSING	SC	N/A					No			No	

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?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
REGENT PARK APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 27-2556910	HOUSING	SC	N/A					No			No	
SEVEN FARMS VILLAGE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 27-0256415	HOUSING	SC	N/A					No			No	
WATERFORD VILLAGE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 26-4819009	HOUSING	SC	N/A					No			No	
PUDDLEDOCK PLACE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-1223521	HOUSING	SC	N/A					No			No	
EDENBROOK PARK LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-1241438	HOUSING	SC	N/A					No			No	
PUDDLEDOCK PLACE APARTMENTS II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-2251692	HOUSING	SC	N/A					No			No	
HFJDC EDENBROOK PARK LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-1211147	HOUSING	SC	N/A					No			No	
HF WATERFORD LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 26-4818954	HOUSING	SC	N/A					No			No	
HFJDC PUDDLEDOCK II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-2241800	HOUSING	SC	N/A					No			No	
HFJDC PUDDLEDOCK PLACE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-1210500	HOUSING	SC	N/A					No			No	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	GRAND OAKS APARTMENTS LP	D	1,133,300	FAIR MARKET VALUE
(1)	IVY RIDGE APARTMENTS LP	D	1,013,509	FAIR MARKET VALUE
(2)	LAUREL HILL APARTMENTS LP	D	226,835	FAIR MARKET VALUE
(3)	NORTH CENTRAL APARTMENTS LP	D	812,490	FAIR MARKET VALUE
(4)	PINE HILL APARTMENTS LP	D	600,000	FAIR MARKET VALUE
(5)	RUTLEDGE PLACE APARTMENTS LP	D	1,768,024	FAIR MARKET VALUE
(6)	SEA ISLAND APARTMENTS LP	D	911,000	FAIR MARKET VALUE
(7)	SEVEN FARMS APARTMENTS LP	D	1,419,955	FAIR MARKET VALUE
(8)	SHADY GROVE APARTMENTS LP	D	1,139,351	FAIR MARKET VALUE
(9)	THE SHIRES APARTMENTS LP	D	357,245	FAIR MARKET VALUE
(10)	HUMANITIES HOUSING INC	D	139,098	FAIR MARKET VALUE
(11)	SEVEN FARMS VILLAGE LLC	D	361,278	FAIR MARKET VALUE
(12)	WATERFORD VILLAGE LLC	D	550,000	FAIR MARKET VALUE
(13)	MONTAGUE TERRACE LLC	D	550,000	FAIR MARKET VALUE
(14)	GRAND OAKS APARTMENTS LP	A	59,900	FAIR MARKET VALUE
(15)	IVY RIDGE APARTMENTS LP	A	64,726	FAIR MARKET VALUE
(16)	LAUREL HILL APARTMENTS LP	A	12,476	FAIR MARKET VALUE
(17)	NORTH CENTRAL APARTMENTS LP	A	37,327	FAIR MARKET VALUE
(18)	PINE HILL APARTMENTS LP	A	54,459	FAIR MARKET VALUE
(19)	RUTLEDGE PLACE APARTMENTS LP	A	40,140	FAIR MARKET VALUE
(20)	SEA ISLAND APARTMENTS LP	A	45,085	FAIR MARKET VALUE
(21)	SEVEN FARMS APARTMENTS LP	A	72,753	FAIR MARKET VALUE
(22)	SHADY GROVE APARTMENTS LP	A	24,493	FAIR MARKET VALUE
(23)	THE SHIRES APARTMENTS LP	A	19,340	FAIR MARKET VALUE
(24)	SEVEN FARMS VILLAGE LLC	A	22,266	FAIR MARKET VALUE

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	CENTERVEST LLC	M	315,516	FAIR MARKET VALUE
(1)	PUDDLEDOCK PLACE LLC	D	500,000	FAIR MARKET VAUE
(2)	JDC MANAGEMENTS LLC	M	24,859	FAIR MARKET VALUE
(3)	ASHLEIGH PLACE LLC	L	487,050	FAIR MARKET VALUE
(4)	CAVALIER SENIOR APARTMENTS LLC	L	116,250	FAIR MARKET VALUE
(5)	MINTBROOK SENIOR APARTMENTS LLC	L	155,000	FAIR MARKET VALUE
(6)	CAVALIER APARTMENTS II LLC	L	49,150	FAIR MARKET VALUE
(7)	NEW POST APARTMENTS LLC	L	79,750	FAIR MARKET VALUE
(8)	RUTLEDGE PLACE APARTMENTS LP	C	600,000	APPRAISED VALUE
(9)	RUTLEDGE PLACE APARTMENTS LP	H	100,000	APPRAISED VALUE
(10)	CENTERVEST LLC	E	286	FAIR MARKET VALUE
(11)	JDC MANAGEMENT LLC	D	83,154	FAIR MARKET VALUE