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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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 \$ 1,770,538

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶15,571

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

135,122

113,496

0

478,682

490,266

0

761,706

955,940

1,375,510

1,559,702

146,361

210,836

Beginning of Current Year

End of Year

24,394,181

22,930,688

7,863,954

6,187,270

16,530,227

16,743,418

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.

Signature of officer

2020-11-16

Date

TRACY T DORAN PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-17

Check ☐ if self-employed

PTIN P00724565

Firm's name ▶ GLASER AND COMPANY LLC

Firm's EIN ▶ 20-5788602

Firm's address ▶ 149 E BAY ST SUITE 200

Phone no. (843) 849-0179

CHARLESTON, SC 294013134

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 onthe 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 programservices? ☐ 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 \$ 696,555 including grants of \$ 10,363) (Revenue \$ 661,434)

See Additional Data

4b (Code:) (Expenses \$ 336,421 including grants of \$) (Revenue \$ 422,605)

See Additional Data

4c (Code:) (Expenses \$ 90,375 including grants of \$ 82,675) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 124,405 including grants of \$ 20,458) (Revenue \$ 125,980)

RESIDENT SERVICES: THE FOUNDATION'S FOOD PANTRY PROGRAM DELIVERS TO APARTMENT RESIDENTS AND FOOD DESERTS MEALS THROUGH STRATEGIC PARTNERSHIPS WITH LOCAL CHURCHES, SCHOOL DISTRICTS, FOOD PANTRIES AND COMMUNITY ORGANIZATIONS. MORE THAN 1.4 MILLION IN FRESH MEALS HAVE BEEN DELIVERED SINCE THE INCEPTION OF THE PROGRAM IN 2014. THE FOUNDATION ALSO CREATED AND IS IN THE PROCESS OF EXPANDING ITS TELEMEDICINE PROGRAM. TELEMEDICINE WILL PROVE TO BE THE MOST COST-EFFECTIVE SOLUTION TO MEET THE NEEDS OF THE HUMANITIES FOUNDATIONS LOW-INCOME SENIORS, SINCE LACK OF TRANSPORTATION IS OFTEN A BARRIER TO REGULAR CHRONIC DISEASE MONITORING AND PREVENTION ACTIVITIES FOR THEM. THE FOUNDATION ALSO PROVIDES TRANSPORTATION SERVICES TO ITS PROPERTIES. RESIDENTS ENJOY ACCESS TO MANY COMMUNITY EVENTS, HEALTH FAIRS, EDUCATIONAL PROGRAMS AND SHOPPING TRIPS WITH THEIR NEIGHBORS. THE FOUNDATION OFFERS AFTER SCHOOL AND SUMMER PROGRAMS IN A DIVERSE ARRAY OF ACTIVITIES, SUCH AS EDUCATIONAL TOURS, ARTS AND CRAFTS, SPORTS AND RECREATION, TECHNOLOGY AND MENTORING. THE PROGRAM WAS ESTABLISHED IN RESPONSE TO THE MERCILESS ACTS UPON THE EMANUEL NINE OF THE MOTHER EMANUEL AME CHURCH IN CHARLESTON, SC AND IS DEDICATED IN MEMORY OF REVEREND CLEMENTA PINCKNEY. REV. PINCKNEY WAS ALSO A MEMBER OF THE SOUTH CAROLINA SENATE, REPRESENTING THE 45TH DISTRICT, AND WAS A STRONG SUPPORTER OF EDUCATION AND YOUTH DEVELOPMENT. IN RESPONSE TO THE COVID-19 PANDEMIC AND SINCE MARCH 2020, THE FOUNDATION HAS INCREASED THE RESIDENT SERVICE AND COMMUNITY OUTREACH EFFORTS BY ASSISTING MORE THAN 500 FAMILIES WITH EMERGENCY FINANCIAL ASSISTANCE AS WELL AS CONTINUED ACCESS TO UTILITY SERVICES TO HELP FOREGO DISCONNECTION OR EVICTION DURING THE PANDEMIC. THE MARKETPLACE FOOD PANTRY PROGRAM HAS DISTRIBUTED MORE THAN 1 MILLION MEALS TO RESIDENTS AND THE COMMUNITY BY SPONSORING OVER 150 CURBSIDE FOOD DISTRIBUTIONS. THE FOUNDATION HAS ALSO ASSISTED RESIDENTS IN COMMUNITY OUTREACH SUCH AS PROVIDING INFORMATION ON VIRTUAL HEALTHCARE OPTIONS, FINANCIAL ASSISTANCE, AND ACCESS TO TELECOMMUNICATIONS FOR VIRTUAL LEARNING.

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

(Expenses \$ 124,405 including grants of \$ 20,458) (Revenue \$ 125,980)

4e Total program service expenses ► 1,247,756

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	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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 ComplianceCheck 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	11
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	

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

Form **990** (2019)

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	8	
	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	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

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-A 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:
► CHERYL FERRARO CPA 474 WANDO PARK BLVD SUITE 102 MOUNT PLEASANT, SC 29464 (843) 856-4120

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 ☐

a 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.
- See instructions for the order in which to list the persons above.

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

[illegible]

Part VII

(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)

Former
Highest compensated employee
Key employee
Officer
Institutional Trustee
Individual trustee or director

(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

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

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

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*

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*

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*

Section B. Independent Contractors

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
MARTIN RILEY ASSOCIATES PC 15 CHURCH STREET SUITE 200 ECATUR, GA 300303329	ARCHITECT	112,840

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

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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		41,569											
		f All other contributions, gifts, grants, and similar amounts not included above		1f		56,768											
		g Noncash contributions included in lines 1a - 1f:\$		1g													
		h Total. Add lines 1a-1f				98,337											
Program Service Revenue				Business Code													
		2a DEVELOPER FEES		531390		575,806		575,806									
		b LOAN INTEREST		525990		480,899		480,899									
		c ADMINISTRATION FEES		531390		180,535		180,535									
		d DELIVERY FEES		485000		125,980		125,980									
		e															
		f All other program service revenue.															
		g Total. Add lines 2a-2f.				1,363,220											
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				308,981						308,981					
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a													
		b Less: rental expenses		6b													
		c Rental income or (loss)		6c													
		d Net rental income or (loss)															
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a													
		b Less: cost or other basis and sales expenses		7b													
		c Gain or (loss)		7c													
		d Net gain or (loss)															
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less: cost of goods sold		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue		Business Code															
11a																	
b																	
c																	
d All other revenue																	
e Total. Add lines 11a-11d																	
12 Total revenue. See instructions				1,770,538		1,363,220				308,981							

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	10,363	10,363		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	103,133	103,133		
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	64,453	57,492	4,190	2,771
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	366,386	212,644	146,173	7,569
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	27,486	18,937	7,779	770
10 Payroll taxes	31,941	22,008	9,039	894
11 Fees for services (non-employees):				
a Management				
b Legal	1,144	116	1,028	
c Accounting	2,565		2,565	
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.)	547,635	530,552	17,083	
12 Advertising and promotion	4,088	3,266	822	
13 Office expenses	35,383	24,013	10,205	1,165
14 Information technology	33,138	21,231	11,776	131
15 Royalties				
16 Occupancy	81,093	55,873	22,949	2,271
17 Travel	119,242	119,242		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,707	14,860	6,847	
20 Interest	54,789	27,313	27,476	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,599	14,267	10,332	
23 Insurance	25,206	9,442	15,764	
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 TAXES	7,024	5,501	1,523	
b OTHER	714		714	
c PERMITS	110		110	
d DUES AND SUBSCRIPTIONS	-2,497	-2,497		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,559,702	1,247,756	296,375	15,571
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,253,510	1	1,345,799	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		142,265	6		
	7	Notes and loans receivable, net		9,801,228	7	9,654,455	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9	16,526	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	233,333			
	b	Less: accumulated depreciation	10b	173,653	78,649	10c	59,680
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		827,001	12	-102,938	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,291,528	15	11,957,166	
16	Total assets. Add lines 1 through 15 (must equal line 34)		24,394,181	16	22,930,688		
Liabilities	17	Accounts payable and accrued expenses		317,964	17	125,262	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		5,475,398	23	5,520,698	
	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		2,070,592	25	541,310	
	26	Total liabilities. Add lines 17 through 25		7,863,954	26	6,187,270	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		16,530,227	27	16,743,418	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		16,530,227	32	16,743,418	
33	Total liabilities and net assets/fund balances		24,394,181	33	22,930,688		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,770,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,559,702
3	Revenue less expenses. Subtract line 2 from line 1	3	210,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,530,227
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	2,355
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	16,743,418

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

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. (CONTINUED AT SCHEDULE O).

Form 990, Part III, Line 4b:

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 2,500 UNITS OF AFFORDABLE HOUSING HAVE BEEN CONSTRUCTED IN SOUTH CAROLINA, GEORGIA, LOUISIANA AND VIRGINIA.

Form 990, Part III, Line 4c:

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. MORE THAN 50,000 INDIVIDUALS HAVE BEEN ASSISTED SINCE THE INCEPTION OF THIS PROGRAM.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2019

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 12, check only one box.)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	665,814	219,116	1,204,220	137,616	98,337	2,325,103
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	1,477,679	1,877,111	1,546,649	1,384,255	1,363,220	7,648,914
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	2,143,493	2,096,227	2,750,869	1,521,871	1,461,557	9,974,017
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	693,980	1,809,311	731,057	351,033	538,482	4,123,863
c	Add lines 7a and 7b.	693,980	1,809,311	731,057	351,033	538,482	4,123,863
8 Public support.	(Subtract line 7c from line 6.)						5,850,154

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.	2,143,493	2,096,227	2,750,869	1,521,871	1,461,557	9,974,017
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	501	279	20,985		308,981	330,746
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.	501	279	20,985		308,981	330,746
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.)	2,143,994	2,096,506	2,771,854	1,521,871	1,770,538	10,304,763

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 2019 (line 8, column (f) divided by line 13, column (f))	15	56.770 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	55.020 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	3.000 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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)		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

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

OMB No. 1545-0047

2019

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 7/25/06, 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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

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:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		233,333	173,653	59,680
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				59,680

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

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 RECEIVABLE	11,947,451
(2)DEPOSITS	5,215
(3)LOAN COSTS, NET	4,500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	11,957,166

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	541,310

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

☐

Schedule D (Form 990) 2019

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENT ASSISTANCE		50,381			
(2) UTILITIES ASSISTANCE		32,294			
(3) FOOD ASSISTANCE		20,458		COST	FOOD PANTRY
(3)					
(4)					
(5)					
(6)					
(7)					

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.

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

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) ROBERT DORANJDC RESIDENTIALS	PRESIDENT	360,274	ASSET MANAGEMENT		No
(2) TRACY T DORANJDC MANAGEMENT LLC	PRESIDENT	339,614	MANAGEMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	JDC MANAGEMENT, LLC, AND JDC RESIDENTIAL, LLC PROVIDES ADMINISTRATIVE, PROJECT DEVELOPMENT CONSTRUCTION, EQUITY AND ASSET MANAGEMENT SERVICES TO THE FOUNDATION. THESE SERVICES ARE PROVIDED UNDER SHARED SERVICES AGREEMENTS AND CONTRACTS THAT ARE ALSO APPROVED BY THE THIRD-PARTY LIMITED PARTNERS AND/OR INVESTOR MEMBERS OF THE AFFORDABLE HOUSING PROJECTS THE FOUNDATION DEVELOPS. THE FOUNDATION HAS REVIEWED THE TERMS AND PROVISIONS OF THESE SHARED SERVICES AGREEMENTS AND CONTRACTS AND CONSIDERS THEM AT ARM'S LENGTH AND FAVORABLE TO THE MISSION OF THE FOUNDATION. FURTHER, THE INVESTOR MEMBERS/PARTNERS IN THESE PROJECTS REVIEW THE PROVISIONS OF THESE AGREEMENTS FOR INDEPENDENT RELATIONSHIPS IN THEIRS AND THE PROJECTS BEST INTEREST. PROJECT DEVELOPMENT AND COMPLIANCE IN THE AFFORDABLE HOUSING AND LOW INCOME HOUSING TAX CREDIT CONSTRUCTION AND AWARD SYSTEM ARE COMPLEX AND REQUIRE THE EXPERIENCE AND SKILLS OF A TEAM OF PROFESSIONALS. JDC MANAGEMENT, LLC AND JDC RESIDENTIAL, LLC SERVE THE FOUNDATION IN THIS CAPACITY. ALL ADVANCES TO THE FOUNDATION BY THESE PARTIES ARE EVIDENCED IN THE NORMAL COURSE OF OPERATIONS AND DEVELOPMENT ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493322021820
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization HUMANITIES FOUNDATION INC		Employer identification number 57-0952289	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	PAGE 2, PART III, LINE 4A - CONTINUED 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, AFTER SCHOOL PROGRAMS, YOUTH SUMMER CAMPS, MEALS, 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 SENIORS 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. THIS PROPERTY WAS SOLD NOV. 2019 TO ANOTHER NON-PROFIT ORGANIZATION. - LAUREL HILL APARTMENTS: A 72-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS AGE 55 AND OLDER WITH INCOMES 60% BELOW THE AREA MEDIAN INCOME AT 1640 RIBAUT ROAD, PORT ROYAL, SOUTH CAROLINA. THIS PROPERTY WAS SOLD OCT. 2019 TO ANOTHER NON-PROFIT ORGANIZATION. - SHADY GROVE APARTMENTS: A 72-UNIT APARTMENT CONSTRUCTED FOR SENIORS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	D FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 1020 LITTLE JOHN STREET, C HARLESTON, 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 22 15 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 SHAMROCK, 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. - PUDDLEDOK 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. - PUDDLEDOK 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: A 80-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% & 60% BELOW THE AREA MEDIAN INCOME AT TIMBER TRAIL ROAD, RICHMOND HILL, GA 31324. - CAVALIER SENIOR APARTMENTS: A 80-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT CAVALIER DRIVE, PETERSBURG, VIRGINIA. - MINTBROOK SENIOR APARTMENTS: A 80-UNIT APARTMENT BUILDING CONSTRUCTED FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT 4475 BACON STREET, BEALTON, VIRGINIA. - CAVALIER APARTMENTS II: A 66-UNIT APARTMENT BUILDING CONSTRUCTED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT CAVALIER DRIVE, PETERSBURG, VIRGINIA. - NEW POST APARTMENTS: A 102-UNIT APARTMENT BUILDING CONSTRUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	ED FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT FREDERICKSBURG, VIRGINIA. - KESWICK SENIOR APARTMENTS: A 100-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR SENIORS WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT SPOTSYLVANIA, VIRGINIA. - KESWICK APARTMENTS I: A 120-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT SPOTSYLVANIA, VIRGINIA. - KESWICK APARTMENTS II: A 116-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT SPOTSYLVANIA, VIRGINIA. - GLENWOOD RIDGE APARTMENTS: A 82-UNIT APARTMENT BUILDING UNDER CONSTRUCTION FOR FAMILIES WITH INCOMES 50% BELOW THE AREA MEDIAN INCOME AT RICHMOND , VIRGINIA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	RESIDENT SERVICES: THE FOUNDATION'S FOOD PANTRY PROGRAM DELIVERS TO APARTMENT RESIDENTS AND FOOD DESERTS MEALS THROUGH STRATEGIC PARTNERSHIPS WITH LOCAL CHURCHES, SCHOOL DISTRICTS, FOOD PANTRIES AND COMMUNITY ORGANIZATIONS. MORE THAN 1.4 MILLION IN FRESH MEALS HAVE BEEN DELIVERED SINCE THE INCEPTION OF THE PROGRAM IN 2014. THE FOUNDATION ALSO CREATED AND IS IN THE PROCESS OF EXPANDING ITS TELEMEDICINE PROGRAM. TELEMEDICINE WILL PROVE TO BE THE MOST COST-EFFECTIVE SOLUTION TO MEET THE NEEDS OF THE HUMANITIES FOUNDATIONS LOW-INCOME SENIORS, SINCE LACK OF TRANSPORTATION IS OFTEN A BARRIER TO REGULAR CHRONIC DISEASE MONITORING AND PREVENTION ACTIVITIES FOR THEM. THE FOUNDATION ALSO PROVIDES TRANSPORTATION SERVICES TO ITS PROPERTIES. RESIDENTS ENJOY ACCESS TO MANY COMMUNITY EVENTS, HEALTH FAIRS, EDUCATIONAL PROGRAMS AND SHOPPING TRIPS WITH THEIR NEIGHBORS. THE FOUNDATION OFFERS AFTER SCHOOL AND SUMMER PROGRAMS IN A DIVERSE ARRAY OF ACTIVITIES, SUCH AS EDUCATIONAL TOURS, ARTS AND CRAFTS, SPORTS AND RECREATION, TECHNOLOGY AND MENTORING. THE PROGRAM WAS ESTABLISHED IN RESPONSE TO THE MERCILESS ACTS UPON THE EMANUEL NINE OF THE MOTHER EMANUEL AME CHURCH IN CHARLESTON, SC AND IS DEDICATED IN MEMORY OF REVEREND CLEMENTA PINCKNEY. REV. PINCKNEY WAS ALSO A MEMBER OF THE SOUTH CAROLINA SENATE, REPRESENTING THE 45TH DISTRICT, AND WAS A STRONG SUPPORTER OF EDUCATION AND YOUTH DEVELOPMENT. IN RESPONSE TO THE COVID-19 PANDEMIC AND SINCE MARCH 2020, THE FOUNDATION HAS INCREASED THE RESIDENT SERVICE AND COMMUNITY OUTREACH EFFORTS BY ASSISTING MORE THAN 500 FAMILIES WITH EMERGENCY FINANCIAL ASSISTANCE AS WELL AS CONTINUED ACCESS TO UTILITY SERVICES TO HELP FOREGO DISCONNECTION OR EVICTION DURING THE PANDEMIC. THE MARKETPLACE FOOD PANTRY PROGRAM HAS DISTRIBUTED MORE THAN 1 MILLION MEALS TO RESIDENTS AND THE COMMUNITY BY SPONSORING OVER 150 CURBSIDE FOOD DISTRIBUTIONS. THE FOUNDATION HAS ALSO ASSISTED RESIDENTS IN COMMUNITY OUTREACH SUCH AS PROVIDING INFORMATION ON VIRTUAL HEALTHCARE OPTIONS, FINANCIAL ASSISTANCE, AND ACCESS TO TELECOMMUNICATIONS FOR VIRTUAL LEARNING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	ANNE WYATT THE HUMANITIES FOUNDATION BOARD MEMBER PRESIDENT SISTERS SHANE DORAN (TERM ENDED) THE HUMANITIES FOUNDATION BOARD MEMBER PRESIDENT SON IN-LAW CHERYL FERRARO, CPA THE HUMANITIES FOUNDATION BOARD MEMBER PRESIDENT EMPLOYEE IN OWNED COMPANY ROSIE DORAN THE HUMANITIES FOUNDATION BOARD MEMBER PRESIDENT DAUGHTER

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSTRUCTION 534,892 0 0 CONSULTING 0 10,000 0 ADMIN FEES 0 3,193 0 REAL ESTATE DEVELOPMENT -4,340 0 0 PAYROLL PROCESSING 0 3,890 0 TOTAL 530,552 17,083 0

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

OMB No. 1545-0047

2019

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.

See Additional Data Table					
(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

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	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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

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.

See Additional Data Table

(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

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.

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

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 I - Identification of Disregarded Entities

(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
HF KESWICK SENIOR LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1555677	HOUSING	SC			HUMANITIES FOUNDATION
HF LAUREL HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510123	HOUSING	SC	-1,520	106,144	HUMANITIES
HF NORTH CENTRAL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0396725	HOUSING	SC	118	-133	HUMANITIES
HF SEVEN FARMS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 32-0117105	HOUSING	SC	-35	-508,652	HUMANITIES
HF SHADY GROVE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 03-0510110	HOUSING	SC	-9	1,223,684	HUMANITIES
HF SHIRES LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 35-2231374	HOUSING	SC	-16	-363,360	HUMANITIES
HF TRANSPORTATION LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464	TRANSPORT	SC	2,819	137,434	HUMANITIES FOUNDATION

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	-79,086			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	NA	RELATED				No		Yes		
NORTH CENTRAL APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 01-0614402	HOUSING	SC	HF NORTH C	RELATED				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	HF SEVEN FARMS LLC	RELATED				No		Yes		
SHADY GROVE APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 55-0821907	HOUSING	SC	N/A	RELATED				No		Yes		
THE SHIRES APARTMENTS LP 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 55-0821907	HOUSING	SC	HF SHIRES LLC	RELATED				No		Yes		
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) Disproportionate 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	HUMANITIES FOUNDATION INC					No		Yes		
CAVALIER SENIOR APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-2142472	HOUSING	SC	N/A					No			No	
MINTBROOK SENIOR APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-2128767	HOUSING	SC	N/A					No			No	
NEW POST APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-3275770	HOUSING	SC	N/A					No			No	
CAVALIER APARTMENTS II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-3268277	HOUSING	SC	N/A					No			No	
KESWICK SENIOR APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1595220	HOUSING	SC	N/A					No			No	
KESWICK APARTMENTS I LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1578599	HOUSING	SC	N/A					No			No	
GLENWOOD RIDGE APARTMENTS LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1662989	HOUSING	SC	N/A					No			No	
KESWICK APARTMENTS II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 82-0617220			N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
HF ARBOR HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 45-3031430	HOUSING	SC	HUMANITIES	C CORP	-7	68	100.000 %		No
HF IVY LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-0952289	HOUSING	SC	HUMANITIES	C CORP	-27	-308	100.000 %		No
HF PINE HILL LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 20-4335901	HOUSING	SC	HUMANITIES	C CORP	-29	-272	100.000 %		No
HF RUTLEDGE INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1079689	HOUSING	SC	HUMANITIES	S CORP	-97,331	-615,516	100.000 %		No
HF SEA ISLAND INC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 57-1121785	HOUSING	SC	HUMANITIES	C CORP	130,483	223,712	100.000 %		No
HF ASHLEIGH PLACE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 45-5482934	HOUSING	SC	HUMANITIES	C CORP	-12	-67	100.000 %		No
HF PUDDLEDOCK PLACE LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-1210500	HOUSING	SC	HUMANITIES FOUNDATION	C CORP	-41	-204	100.000 %		No
HF PUDDLEDOCK II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 46-2241800	HOUSING	SC	HUMANITIES FOUNDATION	C CORP	-29	-134	100.000 %		No
HF CAVALIER LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-2142321	HOUSING	SC	HUMANITIES FOUNDATION	C CORP	-28	-105	100.000 %		No
HF CAVALIER II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-3268201	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-31	-89	100.000 %		No
HF NEW POST LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-3275645	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-28	-79	100.000 %		No
HF MINTBROOK LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 47-2128389	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-22	-120	100.000 %		No
HF GARDENS 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 45-5551150	HOUSING	SC	HUMANITIES FOUNDATION INC	C CORP	-9	4,929	100.000 %		No
HF KESWICK LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1542385	HOUSING	SC	N/A	C CORP			100.000 %		No
HF GLENWOOD LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 81-1612229	HOUSING	SC	N/A	C CORP			100.000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
HF KESWICK II LLC 474 WANDO PARK BLVD STE 102 MT PLEASANT, SC 29464 82-0617098	HOUSING	SC	N/A	C CORP			100.000 %		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
GRAND OAKS APARTMENTS LP	D	1,133,300	FAIR MARKET VALUE
IVY RIDGE APARTMENTS LP	D	1,004,064	FAIR MARKET VALUE
NORTH CENTRAL APARTMENTS LP	D	1,407,943	FAIR MARKET VALUE
PINE HILL APARTMENTS LP	D	600,000	FAIR MARKET VALUE
RUTLEDGE PLACE APARTMENTS LP	D	1,697,017	FAIR MARKET VALUE
SEVEN FARMS APARTMENTS LP	D	1,419,955	FAIR MARKET VALUE
SHADY GROVE APARTMENTS LP	D	1,129,746	FAIR MARKET VALUE
THE SHIRES APARTMENTS LP	D	357,245	FAIR MARKET VALUE
HUMANITIES HOUSING INC	D	671,124	FAIR MARKET VALUE
SEVEN FARMS VILLAGE LLC	D	361,278	FAIR MARKET VALUE
WATERFORD VILLAGE LLC	D	550,000	FAIR MARKET VALUE
MONTAGUE TERRACE LLC	D	550,000	FAIR MARKET VALUE
IVY RIDGE APARTMENTS LP	A	64,726	FAIR MARKET VALUE
LAUREL HILL APARTMENTS LP	A	13,188	FAIR MARKET VALUE
NORTH CENTRAL APARTMENTS LP	A	24,690	FAIR MARKET VALUE
PINE HILL APARTMENTS LP	A	54,460	FAIR MARKET VALUE
SEA ISLAND APARTMENTS LP	A	39,519	FAIR MARKET VALUE
SEVEN FARMS APARTMENTS LP	A	72,753	FAIR MARKET VALUE
SHADY GROVE APARTMENTS LP	A	24,492	FAIR MARKET VALUE
THE SHIRES APARTMENTS LP	A	32,376	FAIR MARKET VALUE
SEVEN FARMS VILLAGE LLC	A	25,290	FAIR MARKET VALUE
CAVALIER SENIOR APARTMENTS LLC	A	32,845	FAIR MARKET VALUE
CAVALIER APARTMENTS II LLC	A	37,288	FAIR MARKET VALUE
PUDDLEDOCK PLACE LLC	A	35,000	FAIR MARKET VAUE
PUDDLEDOCK PLACE LLC	D	500,000	FAIR MARKET VAUE

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
JDC MANAGERMENTS LLC	M	245,574	FAIR MARKET VALUE
JDC RESIDENTIAL LLC	M	289,318	FAIR MARKET VALUE
ASHLEIGH PLACE LLC	L	64,661	FAIR MARKET VALUE
KESWICK APARTMENTS II LLC	L	139,720	FAIR MARKET VALUE
MONTAGUE TERRACE LLC	L	95,358	FAIR MARKET VALUE
GRANDVIEW APARTMENTS LLC	L	63,635	FAIR MARKET VALUE
CAVALIER SENIOR APARTMENTS LLC	D	471,911	FAIR MARKET VALUE
KESWICK APARTMENTS I LLC	L	121,778	FAIR MARKET VALUE
KESWICK SENIOR APARTMENTS LLC	L	154,748	FAIR MARKET VALUE
GLENWOOD RIDGE APARTMENTS LLC	L	159,560	FAIR MARKET VALUE
JDC MANAGEMENT LLC	E	100,032	FAIR MARKET VALUE
JDC RESIDENTIAL LLC	E	363,278	FAIR MARKET VALUE
CAVALIER APARTMENTS II LLC	D	625,894	FAIR MARKET VALUE
JDC BROAD LLC	E	13,000	FAIR MARKET VALUE
OZY CRUISE LLC	E	65,000	FAIR MARKET VALUE