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EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

Form **990-PF** or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service

OMB No 1545-0052

For calendar year 2016 or tax year beginning		, and ending		
Name of foundation			A Employer identificatio	n number
THE HAR-PEARL SPRUILL FOUN			52-2327138	3
Number and street (or P 0 box number if mail is not delivered to street PO BOX 3317	address)	Room/suite	B Telephone number 410-268-56	586
City or town, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is	
ANNAPOLIS, MD 21403				
G Check all that apply: Initial return Final return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,
H Check type of organization: X Section 501(c)(3) ex	• •		E If private foundation st	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1	
· · · · · · · · · · · · · · · · · · ·	ng method: X Cash ther (specify)	Accrual	F If the foundation is in a under section 507(b)(1	
▶\$ 1,807,825. (Part I, colu		pasis)	under 3000011 307 (b)(1)(b), check here
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	500.		N/A	
2 Check If the foundation is not required to attach Sch. B interest on savings and temporary	3,930.	3,930.		CMA me Maxim 1
4 Dividends and interest from securities	25,456.	25,456.		STATEMENT 1 STATEMENT 2
5a Gross rents		20,100.		DILLI DILLING D
D Net rental income or (loss)				
68 Net gain or (loss) from sale of assets not on line 10	18,674.			<u> </u>
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)		18,674.		
8 Net short-term capital gain	-	10,074.		
9 Income modifications				
Gross sales less returns 10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) 11 Other income				
12 Total. Add lines 1 through 11	48,560.	48,060.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
b Accounting fees STMT 3	6,944.	6,944.		0.
c Other professional fees STMT 4	16,031.	16,031.		0.
\$ 17 Interest RECEIVED				
18 Taxes				
19 Depreciation and depletion 20 Occupants AUG 1 2017				ļ
▼ 21 Travel, conferences, and meetings				
E 22 Printing and publications E 1 1 1 T				
17 Interest RECEIVED 18 Taxes 19 Depreciation and depletion 20 Occupated AUG I 2017 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	1,394.	0.		0.
24 Total operating and administrative	24 260	00 075		
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	24,369. 139,246.	22,975.		139,246.
26 Total expenses and disbursements.	133,240.			133,440.
Add lines 24 and 25	163,615.	22,975.		139,246.
27 Subtract line 26 from line 12:				
8. Excess of revenue over expenses and disbursements	<115,055.			
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		25,085.	N/A	
623501 11-23-16 LHA For Paperwork Reduction Act Notice	e. see instructions.		1/1	Form 990-PF (2016)

1,829,826. Form **990-PF** (2016)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

		SPRUILL FOU		INC.	5	2-232	7138	Page 3
		Tax on investmen erty sold (e.g., real estate,	t income	(b) How acquired P - Purchase	(c) Date	acquired	(d) Date	sold
2-story brick wa	rehouse; or common's	stock, 200 shs. MLC Co.)		P - Purchase D - Donation	` (mo., d	ay, yr.)	(mó., da	y, yr.)
	MENTS- MUT			<u> </u>	VARI		12/31	
b SALE OF INVEST	MENTS- MUT	UAL FUNDS			VARI	008_	12/31	1/16
d								
e	·							
(e) Gross sales price	(f) Depreciation a (or allowabl		st or other basis expense of sale			aın or (loss s (f) mınus (
8								,518.
<u>b</u>			. <u> </u>				15	,156.
c d								
<u>e</u>	_ ·							
Complete only for assets showing	ng gain in column (h) ai	nd owned by the foundation	n on 12/31/69		(I) Gains (C	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted b as of 12/31/		xcess of col. (ı) r col. (ı), ıf any	C	ol. (k), but r	not leśs thai (from col. (n -0-) or	
8							3 ,	,518.
<u>b</u>	<u> </u>						15	156.
c d					<u> </u>			
e								
<u> </u>	Clf o	ain also enter in Part I line	7	7 1				
2 Capital gain net income or (net ca	ipital loss) 🐧 If (li	ain, also enter in Part I, line oss), enter -0- in Part I, line	7 7) 2			18	674.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		ns 1222(5) and (6);		}		N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 49	940(e) for Reduced	Tax on Net	Investment In	come	N/A		
(For optional use by domestic private								
		()		,				
If section 4940(d)(2) applies, leave the	•							C==1
Was the foundation liable for the sec			•	iod?			Yes	X No
If "Yes," the foundation does not qual 1 Enter the appropriate amount in				ntries				
(a)	Subir Boldinii Tor Babir y	(b)	nore making any ei	(c)	1		(d) oution ratio	
Base periód years Calendar year (or tax year beginnii	ng in) Adjusted	qualifying distributions	Net value of no	ncharitable-use asset	s	Distric col. (b) div)	rided by col.	(c))
2015		105,881.		1,869,25				6643
2014		102,148.		1,997,33				1142
2013		106,939. 109,939.		2,064,85				1790
2012		112,878.		2,138,32 2,216,87				51414 50918
2011			<u> </u>	2,210,01	- 			30310
2 Total of line 1, column (d)					2		. 26	51907
3 Average distribution ratio for the state the foundation has been in exister		• •	, or by the number	of years	3		. 0 !	52381
				<u></u>				
4 Enter the net value of noncharitab	110-1136 92262 101 50 10	nom Fail A, Mie 3			4		1,798	
5 Multiply line 4 by line 3					_ 5		94	,196.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27	ľb)			6	_		251.
7 Add lines 5 and 6					7		94	,447.
8 Enter qualifying distributions from	n Part XII, line 4				. 8		139	,246.
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box i	n Part VI, line 1b, and com	plete that part usin	g a 1% tax rate.				
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Form	1990-PF (2016) THE HAR-PEARL SPRUILL FOUNDATION,				2327			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4	4940(b), 49	40(e), or 4	948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A"	A" on line 1.	<u> </u>					
	Date of ruling or determination letter: (attach copy of letter if necessary-		8)					
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		'	1	1		2	51.
_	of Part I, line 27b	2		_ ·				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part	I line 12 col (h)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	-	u).)	2	1			0.
	Add lines 1 and 2	101 -0-)		3	-	_	2	51.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	stor O.)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	11.61 -0-)		5			2	51.
	,			3	ļ			<u> </u>
	Credits/Payments;	1						
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a				ł			
	Exempt foreign organizations - tax withheld at source				l			
	Tax paid with application for extension of time to file (Form 8868) 6c							
	Backup withholding erroneously withheld 6d	İ						•
	Total credits and payments. Add lines 6a through 6d			7	 			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			_ <u>2</u>	51.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10	_			
_	Enter the amount of line 10 to be: Credited to 2017 estimated tax		Refunded 🕨	11				
Pa	rt VII-A Statements Regarding Activities		_		_			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	r dıd ıt partıcipa	te or intervene	ın			Yes	No
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	instructions fo	the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	ues of any mai	enals publist	ned or				
	distributed by the foundation in connection with the activities.	•						
c	Did the foundation file Form 1120-POL for this year?					1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:							
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$		0.					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax							
_	managers. ▶ \$ 0.							
9	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		X
_	If "Yes," attach a detailed description of the activities					_	_	 -
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ent articles of in	cornoration o	r				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Jing an 110103 Of 11	corporation, o	•		3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b	-	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			14	<i>/</i> A	5	_	<u>x</u>
9						-		
	If "Yes," attach the statement required by General Instruction T.							
О	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that the state of the state	ons that conflic	t with the state	iaw			v	
_	remain in the governing instrument?			_		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete B	Part II, col. (c)	and Part XV			7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)							
	MD							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney 6	General (or des	gnate)					
	of each state as required by General Instruction G? If "No," attach explanation					8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49		2(j)(5) for cale	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complet					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and a	ddresses_			10		X
					For	m 99 ()-PF	(2016)

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after—May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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X

3ь

4a

Yes X No

N/A

during the year?

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Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:	1015())0	<u></u>	□		1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` "		es X No		ļ
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir		[V] ,,		1
any voter registration drive?	n		es X No	l	- (
(3) Provide a grant to an individual for travel, study, or other similar purposes		T	IS LALINO		
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)	n described in Section		es X No	l	į.
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or advertiged burgees or i		ו או באבו פי	ł	
the prevention of cruelty to children or animals?	or educational purposes, or		s X No	- L	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the exceptions described		S LAL NO		1
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·	iii negulauons	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			-	+
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined		- }	
expenditure responsibility for the grant?			s No		1
If "Yes," attach the statement required by Regulations section 53.494		·/ A	.s no		1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •		1	1	Ì
a personal benefit contract?	ouy promiums on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6ь	x
If "Yes" to 6b, file Form 8870	orsonal benefit conduct.		 -	-	+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v ₄	es X No	1	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	+
Part VIII Information About Officers, Directors, Trusto		nagers Highly		·	
Paid Employees, and Contractors	oo, roundanon mo	agoro,g	•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	accou	vances
				1	
SEE STATEMENT 8		0.	0.		_ 0.
			_		
! Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(=) E	VD0000
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	xpense nt, other
MONE	devoted to position		compensation	allov	vances
NONE					
					
		ļ			
		 			
		 			
		1			
otal number of other employees paid over \$50,000			▶		0
			Form	990-P	F (2016)

Form 990-PF (2016) THE HAR-PEARL SPRUILL FOUNDATION,			327138 Pa	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers	, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."			
(a) Name and address of each person paid more than \$50,000	(b) T	pe of service	(c) Compens	ation
NONE				
			1	
T-A-L number of others recently over \$50,000 for professional continue			<u> </u>	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical ii	nformation such	as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced			Expenses	
1 N/A				
2				
3				
				
4				
4				
Part IX-B Summary of Program-Related Investments				
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.		Amount	
1 N/A				
9				—-
All other program-related investments, See instructions,				
3				
Total. Add lines 1 through 3		<u> </u>	Form 990-PF (2	0.
			101111 33U-FF (2	ZU (D)

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
		1a]	1.580.711.
b		1b	1,580,711. 244,967.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,825,678.
e	Reduction claimed for blockage or other factors reported on lines 1a and	 	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,825,678.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,385.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,798,293.
6	Minimum investment return. Enter 5% of line 5	6	89,915.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	89,915.
2 a	Tax on investment income for 2016 from Part VI, line 5		·
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C		2c	251.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	89,664.
4	Recoveries of amounts treated as qualifying distributions	4	106,800.
5	Add lines 3 and 4	5	196,464.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	196,464.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	139,246.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	139,246.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	251.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	138,995.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	•			
line 7	1			196,464.
2 Undistributed income, if any, as of the end of 2016	 			
a Enter amount for 2015 only			38,746.	
b Total for prior years:				
,,		0.	 	
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015	•			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 139,246.			22 - 44	
a Applied to 2015, but not more than line 2a			38,746.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				100,500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		.		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	1	
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount ~ see instr.			0.	
f Undistributed income for 2016, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				95,964.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013			ļ	
c Excess from 2014				
d Excess from 2015				
e Excess from 2016			<u> </u>	
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Part XIV Private Operating F	oundations (see in	structions and Part VII	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t rt is a private operating			
foundation, and the ruling is effective fo	•	-	▶		
b Check box to indicate whether the foun	dation is a private operatii	ng foundation described i	n section	4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u></u>	<u> </u>		
d Amounts included in line 2c not		[
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	1	1	1		
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon;					
 a "Assets" alternative test - enter: (1) Value of all assets 					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			-		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	the year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed r	o have contributed more nore than \$5,000). (See s	than 2% of the total conti ection 507(d)(2).)	ributions received by the	foundation before the clos	e of any tax
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large portion	on of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of				int accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom apple	cations should be addres	ssed:	
. , , ,		. •	· · · - - · · ·		
b The form in which applications should be	pe submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
		 	 		
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields,	kinds of institutions, or e	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of recipient Amount any foundation manager or substantial contributor contribution Name and address (home or business) a Paid during the year DELTA SIGMA THETA SORORITY, INC ЬC SUMMER ENRICHMENT (ANNAPOLIS CHAPTER) PROGRAM, SUMMER PO BOX 1647 TUTORING AND MENTORING ANNAPOLIS, MD 21404 7,246. MT. OLIVE A.M.E CHURCH РC SUMMER ENRICHMENT 2 HICKS AVE. PROGRAM, SUMMER ANNAPOLIS, MD 21401 TUTORING AND MENTORING 500. SISTERS EMPOWERED TO BE LEADERS FOR PC SUMMER ENRICHMENT THE FUTURE (SELF) PROGRAM, SUMMER TUTORING AND MENTORING 1922 VINCENT STREET ANNAPOLIS, MD 21401 5,420. ROCK FOR YOUTH PC SUMMER ENRICHMENT 1419 FOREST DRIVE, SUITE 10 PROGRAM, SUMMER ANNAPOLIS, MD 21401 TUTORING AND MENTORING 2,500. COMMUNITY HEALTH CENTER AT PAROLE, SUMMER ENRICHMENT ÞС INC. PROGRAM, SUMMER 1950 DREW ST TUTORING AND MENTORING ANNAPOLIS, MD 21401 2,000. SEE CONTINUATION SHEET(S) Total **▶** 3a 139,246. b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGB		
<u> </u>	<u> </u>		├—		
b			↓		
c	 _		<u> </u>		
d	ļ		L		
e					
f			ļ		
g Fees and contracts from government agencies			L		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		
investments			14		
4 Dividends and interest from securities			14	25,456.	
5 Net rental income or (loss) from real estate;					
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	Ì				
7 Other investment income	J				
8 Gain or (loss) from sales of assets other					
than inventory			14	18,674.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			_		
11 Other revenue:	<u> </u>		-		
a]				
	<u> </u>		-	 	
					
<u> </u>			-		
·					
12 Subtotal. Add columns (b), (d), and (e)	-	0.		48,060.	0.
			<u> </u>		48,060.
13 Total. Add line 12, columns (b), (d), and (e)				13	40,000.
(See worksheet in line 13 instructions to verify calculations.)					 _
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contril	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).			
					
					
					
		 			
					

Form 990-PF (2016) THE HAR-PEARL SPRUILL FOUNDATION, INC. 52-2327138 Page 13 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Transfest from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 16(1) XEs (3) Perchases from a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (3) Rental of factives, expenses, or other assets (4) Rembursement arrangements (5) Loans or lean quarantees (6) Loans or lean quarantees (8) Performance of services or membership or fundrasing solicitations (8) Rental orfactives, expenses, or services given by the reporting foundation if the foundation exerced test than fair market value in any ordanization or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation, if the foundation received test than fair market value in any ordanization or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation, if the foundation deceived test than fair market value in any ordanization or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation if the foundation directly or market value of the goods, other assets, or services given by the reporting foundation if the foundation directly or market value of the goods, other assets, or services given by the reporting foundation if the foundation of received the state of the goods of the goods (office of the Good (office of the G		e organization directly or titul					וטוו סט ו(ט) טו	• • • •	3 140
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(a) Name of organization N/A Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and seller, it is rive, correct, and complete pectaration of preparer (when taxpayer) is based on all information of which preparer has any knowledge Signature of officer or trustee Print/Type preparer's name Preparer's signature JOSHUA S. PRICE Prim's name HEIMLANTZ CPAS ADVISORS, LLC Prim's address 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575		, ,),(O))	.011 027 :		L	103 [110
N/A Sign Here Under penalties of pergray, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and Selief, it is tyle, correct, and complete reclaratory of preparer gither than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? TREASURER Tittle	<u> </u>				(b) Type of organization		(c) Description of relations	shin	
Sign Here					(17 Type of organization		(V) Boothplion or oldion		
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Here Signature of officer or trustee Date Title Paid Preparer Use Only Firm's name ► HEIMLANTZ CPAS & ADVISORS, LLC Firm's address ► 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 PTREASURER TREASURER Title Check if PTIN PRO005391 Po0005391 Firm's EIN ► 81-4895946 Phone no. 410-841-5575								ay the IRS disci	uss this
Paid Preparer's name Preparer's signature JOSHUA S. PRICE Preparer's NAME → HEIMLANTZ CPAS & ADVISORS, LLC Firm's name → HEIMLANTZ CPAS & ADVISORS, LLC Firm's address → 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575	Sign		4/1/0	0.10	1 1 -		sh	own below (see	instr)?
Paid Preparer's name JOSHUA S. PRICE Preparer Use Only Print/Type preparer's name Preparer's signature JOSHUA S. PRICE Print's name ► HEIMLANTZ CPAS & ADVISORS, LLC Firm's name ► HEIMLANTZ CPAS & ADVISORS, LLC Firm's address ► 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575		Dasse	THAT	916	15/12/17	TREAS	JRER L	X Yes	No
Paid Preparer Use Only Paid		Signature of officer or trustee	<u> </u>	<u> </u>	Date	Tı <u>tle</u>	_		
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Preparer Use Only Firm's name ► HEIMLANTZ CPAS & ADVISORS, LLC Firm's address ► 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575				1 10	1	[, [self- employed \\ \(\mathcal{O} \)	1/14 3:	, ,
Use Only Firm's address ▶ 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575	Paid			()	13	1 5/12/17/	₽9	000539	注
Use Only Firm's address ▶ 1997 ANNAPOLIS EXCH PKWY, # 310 ANNAPOLIS, MD 21401 Phone no. 410-841-5575	Prepare	er Firm's name ► HEI	MLANTZ C	PAS & A	DVISORS, LLC		Firm's EIN ► 81-4	895946	5
ANNAPOLIS, MD 21401 Phone no. 410-841-5575	Use On	niy		//	•				
ANNAPOLIS, MD 21401 Phone no. 410-841-5575		•	97 ANNAPO	OLIS EX	CH PKWY, # 3	10	 		
						_	Phone no. 410-8	841-55	75

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
DELTA PI OMEGA CHAPTER		PC	SUMMER ENRICHMENT	
P.O. BOX 6269		}	PROGRAM, SUMMER	44.00
ANNAPOLIS, MD 21401		 	TUTORING AND MENTORING	11,00
CREATING COMMUNITIES	}	PC	SUMMER ENRICHMENT	
16 SUNSET DRIVE		1	PROGRAM, SUMMER	
ANNAPOLIS, MD 21403		 	TUTORING AND MENTORING	2,00
LINKS- HEALTHY KIDS		PC	SUMMER ENRICHMENT	
PO BOX 6652		FC	PROGRAM, SUMMER	
ANNAPOLIS, MD 21401		}	TUTORING AND MENTORING	4,50
A TRIBUTE TO WOMEN OF COLOR, MT.		PC	SCHOLARSHIP FUND	
DLIVE CDC/ATWOC (PRIOR YEAR		1		
SET-ASIDE)			1	
2 HICKS AVE.		1		
ANNAPOLIS, MD 21401	+	 -	-	7,00
ALPHA PHI ALPHA FRATERNITY, INC.		PC	YOUTH MENTORING	
(PRIOR YEAR SET-ASIDE)			PROGRAM	
P.O BOX 6387	}	1	1	
ANNAPOLIS, MD 21401		 	 	3,08
ASBURY BROADNECK UMC (PRIOR YEAR		PC	SUMMER ENRICHMENT	
SET-ASIDE)			PROGRAM, SUMMER	
557 BROADNECK RD		1	TUTORING AND MENTORING	
ANNAPOLIS, MD 21409	 	 	 	15,00
DARLENE WASHINGTON, SUMMER ENRICHMENT	NONE	NC	SUMMER ENRICHMENT	
PROGRAM (SEP) (PRIOR YEAR SET-ASIDE))	PROGRAM, SUMMER	
308 SWEETWATER DR.		Į.	TUTORING AND MENTORING	
WEST RIVER, MD 20778		 	+	6,50
IRST BAPTIST CHURCH (PRIOR YEAR		PC	SUMMER ENRICHMENT	
SET-ASIDE)		Ì	PROGRAM, SUMMER	
31 WEST WASHINGTON ST.		1	TUTORING AND MENTORING	
ANNAPOLIS, MD 21401	 	 		15,00
FIRST CHRISTIAN COMMUNITY CHURCH		PC	SUMMER ENRICHMENT	
PRIOR YEAR SET-ASIDE) 800 HALL-BROWN ROAD			PROGRAM, SUMMER	
ANNAPOLIS, MD 21401			TUTORING AND MENTORING	15,00
RANKLIN UNITED METHODIST CHURCH		PC	SUMMER ENRICHMENT	
PRIOR YEAR SET-ASIDE)		Į.	PROGRAM, SUMMER	
6635 SHADYSIDE RD.			TUTORING AND MENTORING	
CHURCHTON, MD 20733				15,00
Total from continuation sheets				121,58

THE HAR-PEARL SPRUILL FOUNDATION, INC. 52-2327138

3 Grants and Contributions Paid During the Ye	ear (Continuation)		1	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
TT. OLIVE A.M.E CHURCH (PRIOR YEAR		₽C	SUMMER ENRICHMENT	
SET-ASIDE)		[PROGRAM, SUMMER	
2 HICKS AVE.		ŧ	TUTORING AND MENTORING	
ANNAPOLIS, MD 21401			TOTORING AND MENTORING	15.0
MINITOLIS, ID 21401	 	 	+	15,0
MENTORING FUTURE LEADERS, MEN AIMING	ļ	₽C	SUMMER ENRICHMENT	
HIGHER (PRIOR YEAR SET-ASIDE)			PROGRAM, SUMMER	
12138 CENTRAL AVENUE, SUITE 157	ļ	ļ	TUTORING AND MENTORING	
MITCHELLVILLE, MD 20721				6,0
DELTA SIGMA THETA SORORITY, INC		PC	SUMMER ENRICHMENT	
(ANNAPOLIS CHAPTER) (PRIOR YEAR		[PROGRAM, SUMMER	
SET-ASIDE)	ì		TUTORING AND MENTORING	
PO BOX 1647		İ	TOTORING AND MATORING	
ANNAPOLIS, MD 21404		}		3,0
				<u>-</u>
ANNAPOLIS YOUTH SUMMER JOBS PROGRAMS		PC	SUMMER ENRICHMENT	
(PRIOR YEAR SET-ASIDE)			PROGRAM, SUMMER	
131 BRIGHTWATER DRIVE		ļ	TUTORING AND MENTORING	
ANNAPOLIS, MD 21401				3,5
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			}	
			}	
Total from continuation sheets		·		

FORM 990-PF INTERI	EST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1	
SOURCE 1ST GLOBAL, CD CFG COMMUNITY BANK, CHECKING TOTAL TO PART I, LINE 3		(A) REVENUE PER BOOKS 3,868. 62.		(B) NET INVESTMENT INCOME 3,868. 62. 3,930.		(C) ADJUSTED NET INCOME	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		
DIVIDENDS	25,456	•	0.	25,456.	25,45	6.	
TO PART I, LINE 4	25,456		0.	25,456.	25,45	6.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		6,944.		6,944.		0.	
TO FORM 990-PF, PG	1, LN 16B	6,944.		6,944.		0.	
FORM 990-PF	0	THER PROFES	SIONAL	FEES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER_BOOKS_	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	(D) CHARITABLE E	
PORTFOLIO ADVISORY	FEES	16,031.	1	6,031.		0.	
TO FORM 990-PF, PG	1, LN 16C	16,031.	1	6,031.	·····	0.	
	_		===				

FORM 990-PF	OTHER E		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
PO BOX MISCELLANEOUS	228. 1,166.		,		0.
TO FORM 990-PF, PG 1, LN 23	1,394.	0.			0.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
ADJUSTMENT FOR UNREALIZED CAP BALANCE EXCISE TAX PAID	PITAL GAIN I	NCLUDED IN BE	GINNING	28,44	44. 84.
TOTAL TO FORM 990-PF, PART II	I, LINE 5			29,0	28.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7
DESCRIPTION		ВС	OOK VALUE	FAIR MARKE	r
MANAGED ACCOUNT- MUTUAL FUNDS MANAGED ACCOUNT- FIXED INCOME			1,079,548. 475,402.	1,086,98 446,8	
TOTAL TO FORM 990-PF, PART II, LINE 10B			1,554,950. 1,533,84		

	VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 8 USTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB			
DONALD C. ROANE, MD 3135 ANCHORAGE DRIVE ANNAPOLIS, MD 21403	PRESIDENT 5.00	0.	0.	0.		
DR. CLASSIE G. HOYLE 2089 FOREST DRIVE ANNAPOLIS, MD 21401	TREASURER 0.25	0.	0.	0.		
ARIS T. ALLEN, JR. 3505 SARATOGA AVENUE ANNAPOLIS, MD 21403	VICE PRESIDENT 0.25	JAN-MAR 2 0.		0.		
ED LEE JOHNSON 1365 LINDEN AVENUE ANNAPOLIS, MD 21403	SECRETARY 0.25	0.	0.	0.		
RUDOLPH ROSS 1108 MERMAID DRIVE ANNAPOLIS, MD 21401	VICE PRESIDENT 0.25	MAR-DEC 2	•	0.		
CYNTHIA Y. BOYD, DDS 3210 WALNUT DR. ANNAPOLIS, MD 21401	DIRECTOR 0.25	0.	0.	0.		
ANNETTA SPRUILL 123 DEALE ROAD TRACYS LANDING, MD 20779	DIRECTOR 0.25	0.	0.	0.		
MYRTLE LINK 737 MATCH POINT DRIVE ARNOLD, MD 21012	DIRECTOR 0.25	0.	0.	0.		
WALLACE WILLIAMS 1411 DAMSEL LANE ANNAPOLIS, MD 21403	DIRECTOR 0.25	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0,				