Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

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

▶Go to www.irs.gov/Form990PF for instructions and the latest information.

ginning 07/01/17 , and ending 06/30/18

Open to Public Inspection

For	calend	lar year 2017 or tax year beginning $07/01/17$ ,	and ending 06/3	0/18			
Na	me of fou	indation		, ,	A Empl	oyer identification number	
		HREYS FOUNDATION, INC				<u>-1639319</u>	
		d street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instructions	5)
		STEPHEN DECATUR HWY STE 103 , state or province, country, and ZIP or foreign postal code			41	0-213-8700	
		N CITY MD 21842			C If exe	mption application is pending,	check here
			rn of a former public ob		D 1 5	YOUR ASSESSMENT Should be	
6	Check a		rn of a former public ch	larity		oreign organizations, check he	
						oreign organizations meeting t i% test, check here and attach	
		Address change Name cha	<del></del>	- ()	0.	on test, dieck liefe and attack	Computation
		type of organization X Section 501(c)(3) exempt private		041		ate foundation status was tern	ninated under
		1 4947(a)(1) nonexempt charitable trust Other taxable		secuo	n 507(b)(1)(A), check here	• 🗆	
I F	air mar	ket value of all assets at J Accounting method	X Cash Accr	rual		foundation is in a 60-month te	. f l
<b>∞</b> e	nd of ye	ear (from Part II, col (c),  \$ 8,853,097 (Part I, column (d) must		`	under	section 507(b)(1)(B), check h	ere
윘	ne 16) l	▶ \$ 8,853,097 (Part I, column (d) must	be on cash basis )	1		<u> </u>	(d) Dahamanah
ĻΡ	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
೧೦		the amounts in column (a) (see instructions))	books	incom	е	ıncome	purposes (cash basis only)
5	1	Contributions, gifts, grants, etc., received (attach schedule)	-	<del></del>			,
8	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					. 1
-	3	Interest on savings and temporary cash investments	14,679		4,679		· · · · · · · · · · · · · · · · · · ·
	₄	Dividends and interest from securities	296,430		6,430		<del> ,</del>
	5a	Gross rents	· · · · · · · · · · · · · · · · · · ·		<del></del> -		, .
	b	Net rental income or (loss)					<del></del>
€2	6a	Net g ain or (loss) from sale of assets not on line 10	102,189	;		,	4
<b>€</b> .⊌	ь	Gross sales price for all assets on line 6a 759, 795	·				
Revenue	7	Capital gain net income (from Part IV, line 2)		10	2,189		'
_	8	Net short-term capital gain			<del></del>	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances		<del></del>	<del></del>		
	Ь	Less Cost of goods sold					
	l c	Gross profit or (loss) (attach schedule)	-				,
	11	Other income (attach schedule) STMT 1	14				,
	12	Total. Add lines 1 through 11	413,312	41	3,298	0	
	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages				1	
ë	15	Pension plans, employee benefits					
	16a	DEUEIVEU					
Operating and Administrative Ex	ь	Accounting fees (attach schedule) SUMT 2	2,540				
.≧	С	Other professionablees (attach/scredule)					
<u>a</u>	17	Interest Taxes (attach schedule) (see-lastructions) —STMT 3					
<u>:</u>	18	Taxes (attach schedule) (see-lastructions) - STMT 3	1,515				
Ē	19	Depreciation (attach schedule) and depletion					, ,
d	20	Occupancy					
Q P	21	Travel, conferences, and meetings					
aŭ	22	Printing and publications					
5	23	Other expenses (att sch ) STMT 4	25,510	2	4,440		
Ξţ	24	Total operating and administrative expenses.					
ers		Add lines 13 through 23	29,565	2	4,440	0	0
ā	25	Contributions, gifts, grants paid	439,680				439,680
	26	Total expenses and disbursements. Add lines 24 and 25	469,245	2	4,440	0	439,680
	27	Subtract line 26 from line 12	8	' `	,	,	,
	а	Excess of revenue over expenses and disbursements	-55,933				<u> </u>
	b	Net investment income (if negative, enter -0-)		38	8,858		_ <del></del>
	l c	Adjusted net income (if negative, enter -0-)	<u>क</u> ्री	-		oi	

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	f year
	Part I	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
٦	1	Cash - non-interest-bearing	98,522	37,761	37,747
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
l		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
- }	5	Grants receivable			
١	6	Receivables due from officers, directors, trustees, and other			
- 1		disqualified persons (attach schedule) (see			
- }		instructions)			
	7	Other notes and loans receivable (att schedule)			
		Less allowance for doubtful accounts ▶ 0			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule) STMT 5	317,948	345,846	337,445
	b	Investments – corporate stock (attach schedule) SEE STMT 6	890,974	1,031,763	1,245,049
	С	Investments – corporate bonds (attach schedule) SEE STMT 7	177,662	190,300	187,438
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans	90,239		
	13	Investments – other (attach schedule) SEE STATEMENT 8	5,231,343	5,145,085	7,045,418
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
		instructions Also, see page 1, item I)	6,806,688	6,750,755	8,853,097
	17	Accounts payable and accrued expenses			1
	18	Grants payable			
es	19	Deferred revenue			!
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			i
jab	21	Mortgages and other notes payable (attach schedule)			•
_	22	Other liabilities (describe ▶ )			
	23_	Total liabilities (add lines 17 through 22)	0	0	,
_		Foundations that follow SFAS 117, check here			!
S	Į	and complete lines 24 through 26 and lines 30 and 31.			į
Š	24	Unrestricted	6,806,688	6,750,755	1
ala	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances	l	Foundations that do not follow SFAS 117, check here			1
Ē		and complete lines 27 through 31.			1
ō	27	Capital stock, trust principal, or current funds			
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ASS	29	Retained earnings, accumulated income, endowment, or other funds			:
et/	30	Total net assets or fund balances (see instructions)	6,806,688	6,750,755	ř.
Ž	31	Total liabilities and net assets/fund balances (see			1
		instructions)	6,806,688	6,750,755	· · · · · · · · · · · · · · · · · · ·
-	Part I	II Analysis of Changes in Net Assets or Fund Balances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
	end-	of-year figure reported on prior year's return)		1	6,806,688
2	2 Ente	r amount from Part I, line 27a		2	-55,933
:	3 Othe	r increases not included in line 2 (itemize)		3	·
4	Add	lines 1, 2, and 3		4	6,750,755
	5 Decr	eases not included in line 2 (itemize) ▶		5	
_6	5 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (I	b), line 30	6	6,750,755
			<del></del>		Form 990-PF (2017)

Part IV Capital Gains at	nd Losses for Tax on Investm	ent Income			1 090		
(a) List and describe	the kind(s) of property sold (for example, real estate rehouse, or common stock, 200 shs MLC Co.)	,	(b) How acquired P ~ Purchase D ~ Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1a PUBLICLY TRADED	SECURITIES		P	VARIOUS	VARIOUS		
b PUBLICLY TRADED	SECURITIES		P	VARIOUS	VARIOUS		
<u>c</u>	<del></del>						
<u>d</u>					<del></del>		
			1				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	r other basis ense of sale		ain or (loss) s (f) minus (g))		
a 710,456	· · · · · · · · · · · · · · · · · · ·	ļ	619,356		91,100		
ь 49,339		<u> </u>	38,250		11,089		
<u>c</u>	<del></del>	<del> </del>					
d		<del> </del> -					
Complete Only for exacts chayun	r con in column (b) and award by the	foundation on 12/21/	60				
(i) FMV as of 12/31/69	g gain in column (h) and owned by the t (j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col (k), but	(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
	as 01 12/31/09	Over cor	(j), ii arry		<del></del>		
<u>a</u>					91,100 11,089		
<u>b</u>		<del> </del>			11,069		
d d		<del> </del>					
e	<del></del>	<u> </u>					
• • •	apital loss)  If gain, also enter in If (loss), enter -0- in If (loss) as defined in sections 1222(5) and (column (c) See instructions If (loss),	Part I, line 7 _	-	2	102,189		
(For optional use by domestic private If section 4940(d)(2) applies, leave the	nder Section 4940(e) for Redu- foundations subject to the section 494 his part blank.	0(a) tax on net invest	tment income )	ne	Yes X No		
If "Yes," the foundation does not qua	lify under section 4940(e) Do not comp	lete this part	·				
	each column for each year, see the inst	ructions before maki	ng any entries				
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value	(c) e of nonchantable-use assets		(d) instribution ratio b) divided by col (c))		
2016		,200	<u>7,382,9</u>		0.048517		
2015		, 988	7,358,0		0.047158		
2014		,185	7,222,3		0.043640		
2013		,000	7,164,2		0.053320		
2012		,545	7,301,5	68	0.048968		
2 Total of line 1, column (d)				2	0.241603		
	5-year base period – divide the total on as been in existence if less than 5 year		ne	3	0.048321		
4 Enter the net value of noncharital	ple-use assets for 2017 from Part X, line	e 5		4	8,309,989		
5 Multiply line 4 by line 3				5	401,547		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	3,889		
7 Add lines 5 and 6				7	405,436		
8 Enter qualifying distributions from	Part XII, line 4 I line 7, check the box in Part VI, line 1b	and complete that	nart liging a 10/ tay	8 Soo the	439,680		
Part VI instructions	i inio 7, oneon die box in Pait VI, line It	, and complete mat	pur using a 170 tax fa	10 366 mg			

orm	990-PF (2017) HUMPHREYS FOUNDATION, INC 31-1639319 /			P	<u>age <b>4</b></u>
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				t
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				_ = = '
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		3,	<u>889</u>
	here ▶ X and enter 1% of Part I, line 27b				,
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)	Ī			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0
3	Add lines 1 and 2	3	<u>.</u>	3,	889
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		3,	889
6	Credits/Payments				1
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,900				į
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				1
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7		2,	900
8	Enter any penalty for underpayment of estimated tax. Check hereif 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>989</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11			
<u>Pa</u>	rt VII-A Statements Regarding Activities			1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	Instructions for the definition		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				1
	published or distributed by the foundation in connection with the activities				i
C	Did the foundation file Form 1120-POL for this year?		<u>1c</u>		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	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				,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		-		v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37/7	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
_	If "Yes," attach the statement required by General Instruction T				!
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			X	
	conflict with the state law remain in the governing instrument?	<b>M</b> /	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV	7_	^	<del></del> ;
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 General			_	_
	(or designate) 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 4942(j)(3) or		_		٠, ٦
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				$\mid  \mathcal{L}$
	complete Part XIV		9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	<u> </u>	X
			Form 99	0-PF	(2017)

Pa	rt VII-A Statements Regarding Activities (continued)					
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		L	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement See instructions		L	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		L	13	X	
	Website address ► N/A				_	
14	The books are in care of ▶ RAYMOND I ROBINSON JR Telephone in	o <b>▶ 41</b>	0-23	L3-	870	10
	100 20TH STREET					
	Located at ▶ OCEAN CITY MD ZIP-	-4 <b>▶</b> 21	842			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	15				
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		_		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the Instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		ſ			
	the foreign country					
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either directly or indirectly)				•	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es X	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	es X	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es X	No			[
	(5) Trans fer any income or assets to a disqualified person (or make any of either available for					
	the benefit or use of a disqualified person)?	es X	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days )	es X	No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations					
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N	/A L	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	•				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_			
	were not corrected before the first day of the tax year beginning in 2017?	N	/A L	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		I			
	6e, Part XIII) for tax year(s) beginning before 2017?	es 🛚 🗶 I	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			-		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)	N	/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		Ì			1
	<b>▶</b> 20 , 20 , 20 , 20					1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					1
	at any time during the year?	es 🗓 I	No			1
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or					ł
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		İ			1
	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, Form 4720, to determine if the					_
	foundation had excess business holdings in 2017)	N,	/A [	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		Γ.			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?			4b		X
			For	m <b>99</b>	0-PF	(2017)

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Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (co	<u>ntinue</u>	<u>ed)</u>		<b>,</b> ——		
5a	During the year did the foundation pay or incur any amount to				(GII)			. {	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	•		Yes	X	No.	1 1	.	
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,					j		!
	directly or indirectly, any voter registration drive?		$\sqcup$	Yes		No !			ĺ
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Yes	X	10		. [	r	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in			[		1 }	i	
	section 4945(d)(4)(A)? See instructions		Yes	X	lo l		.		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or			[==]		i	ľ		
	purposes, or for the prevention of cruelty to children or animals?		Yes	X	No	i i	.		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und		escribed in						-
	Regulations section 53 4945 or in a current notice regarding disaster assistance				N/	/ <u>A</u>	5b		
	Organizations relying on a current notice regarding disaster assistance, check h	ere				$\sqcup$		. }	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax	1						1
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes	<u></u>	lo			i
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)							.	, 1
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums	_				1	, [	
	on a personal benefit contract?			Yes	X	No	- <b></b>		الأخيات
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	act?				6b		<u> </u>
	If "Yes" to 6b, file Form 8870				F=21				
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?		Yes		lo			!
	If "Yes," did the foundation receive any proceeds or have any net income attribu				N/		7b		
Pa	art VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highl	y Pai	d Emp	oloy	ees,		
	and Contractors	<del></del>	<del></del>						
1 1	List all officers, directors, trustees, and foundation managers and their comp	pensation. See ins	structions.						
		(b) Title, and average	(c) Compensation		Contribution ployee be		(e) Ev	nense ac	count
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	pla	ins and def	erred			
		<del>                                     </del>		+-'	compensati	on			
SE	E STATEMENT 9	[		ĺ					
		<del> </del>	<del></del>				├		
		,		}			j		
		<del> </del>					L		
		*			-		I		
					-				
	<del></del>								
	<del></del>								
2	Compensation of five highest-paid employees (other than those included of	on line 1 – see ins	tructions). If no	ne, er	iter				
2	Compensation of five highest-paid employees (other than those included of "NONE."	on line 1 – see ins	tructions). If no	, -					
2	"NONE."	(b) Title, and average	<del></del>	(d)	Contribution		(e) Exp	pense acc	count,
2			tructions). If no	(d) er pla	Contribution ployee be uns and def	enefit erred		pense aco	
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution	enefit erred			
	"NONE."	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			
	"NONE."  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	<del></del>	(d) er pla	Contribution ployee be uns and def	enefit erred			

Form 990-PF (	2017) HUMPHREYS FOUNDATION, INC	31-1639319	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid	Employees,
3 Five hig	hest-paid independent contractors for professional services. See ins	structions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number	of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc	on such as the number of	Expenses
-	RIBUTIONS WERE GIVEN TO ORGANIZATION EMENT 10	S LISTED ON	420, 600
2			439,680
3			
•			
Part IX-B	Summary of Program-Related Investments (see inst	tructions)	<del></del>
	plargest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A	-		
2			
All other program	n-related investments. See instructions		

▼

Total. Add lines 1 through 3

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	439,680
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
а	Suitability 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	439,680
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 See instructions	5	3,889
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	435,791
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	

qualifies for the section 4940(e) reduction of tax in those years

Pa	rt XIII Undistributed Incom	e (see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part	XI,	Corpus	Years prior to 2016	2016	2017
	line 7					411,610
2	Undistributed income, if any, as of the e	nd of 2017				
а	Enter amount for 2016 only				8,716	
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2017				
а	From 2012					
b	From 2013			Ì		,
С	From 2014		j	}	j	
d	From 2015					
е	From 2016				}	
f	Total of limes 3a through e					
4	Qualifying distributions for 2017 from Pa	art XII,				
	line 4 ▶ \$ <b>439</b> ,680		ļ	]_		
а	Applied to 2016, but not more than line	2a			8,716	
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (E	Election				,
	required — see instructions)					
d	Applied to 2017 distributable amount					411,610
е	Remaining amount distributed out of co	rpus	19,354			
5	Excess distributions carryover applied to	2017				
	(If an amount appears in column (d), the	e same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtra	act line 5	19,354			
b	Prior years' undistributed income Subtr	act		1		
	line 4b from line 2b					
С	Enter the amount of prior years' undistri	buted		16		
	income for which a notice of deficiency	has				
	been issued, or on which the section 49	42(a)				
	tax has been previously assessed		<u></u>			
d	Subtract line 6c from line 6b Taxable			ļ		
	amount - see instructions					·
е	Undistributed income for 2016 Subtract	t line				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2017 Subtract	lines		}		
	4d and 5 from line 1 This amount must	be				_
	distributed in 2018					0
7	Amounts treated as distributions out of	-				
	to satisfy requirements imposed by sect					
	170(b)(1)(F) or 4942(g)(3) (Election may	/ be		1		
	required—see instructions)					
8	Excess distributions carryover from 201	2 not		Ì		
	applied on line 5 or line 7 (see instruction	′				
9	Excess distributions carryover to 201	8.				
	Subtract lines 7 and 8 from line 6a		19,354			
10	Analysis of line 9	ļ				
а	Excess from 2013		ĺ			
b	Excess from 2014	ļ	ļ	1		
C	Excess from 2015					
d	Excess from 2016	ļ	l	ļ		
<u>e</u>	Excess from 2017	19,354				

Part XV   Supplementary Information (CO	Nunueu)	Eutura Baymant	<del></del>	
Grants and Contributions Paid During the	If recipient is an individual,	1		
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year		<del> </del>	<del></del>	
SEE STATEMENT 10				
				439,680
				•
			1	
		}		
			{	
		}	ļ	
	<del></del>	<u></u>		
Total		<del></del>	<b>▶</b> 3a	439,680
b Approved for future payment				
N/A				
		1		
		1		
		1		
		1		
			Ţ	
İ			1	
		1	}	
		1	]	
	<del></del>	1		
Total			<b>&gt;</b> _3b	

	er gross amounts unless otherwise indicated		ed business income	Excluded b	y section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	Program service revenue	<b> </b>	<del> </del>		<del></del> +	(OGG INSTRUCTIONS)
	a	<del></del>		<del>-                                    </del>	<del></del>	
	b	<del></del>				
	c				<del></del>	
	d	_		+	<del></del>	
	e			<del></del>	<del></del>	
	g Fees and contracts from government agencies	<del></del>		<del></del>	<del></del>	<del></del>
•	Membership dues and assessments			+-+		
	Interest on savings and temporary cash investments			14	14,679	
	Dividends and interest from securities			14	296,430	<del></del>
	Net rental income or (loss) from real estate.	<del></del>		++		
3	a Debt-financed property			<del></del>		
	b Not debt-financed property			+-+		
6	Net rental income or (loss) from personal property	<del> </del>		+-+		
	Other investment income	<del></del>				
	Gain or (loss) from sales of assets other than inventor	v ———		18	102,189	
	Net income or (loss) from special events	,		+=-+		
	Gross profit or (loss) from sales of inventory			-		<del></del>
	Other revenue a			+-+		
• •	b OTHER INCOME					14
	c					
	d					
	e					
12	Subtotal Add columns (b), (d), and (e)			0	413,298	14
	Total. Add line 12, columns (b), (d), and (e)	<u></u>			13	413,312
	ee worksheet in line 13 instructions to verify calculations	s)				
	Part XVI-B Relationship of Activities to	o the Accomplishm	ent of Exempt	<b>Purposes</b>	_	
	Line No. Explain below how each activity for which				ted importantly to the	<del> </del>
	▼ accomplishment of the foundation's exe				ted importantly to the	ns)
					ted importantly to the	ns)
	▼ accomplishment of the foundation's exe				ted importantly to the	ns )
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	▼ accomplishment of the foundation's exe				ted importantly to the	ns )
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	▼ accomplishment of the foundation's exe				ted importantly to the	ns )
	▼ accomplishment of the foundation's exe				ted importantly to the	ns )

Part 2		Information Rega Exempt Organiza		ansfers To an	nd Transaction	ns and Relation	onships Wi	th Noncharitab	le		
1 Die		nization directly or ind		ge in any of the fo	illowing with any o	ther organization	described	<del></del>	Γ	Yes	No
ın :	section 50	01(c) (other than secti		-	- •	-					
-	ganization		_4: 4								
		om the reporting found	ation to a no	oncharitable exem	ipt organization of	•					
	Cash	4 .							1a(1)		X
٠,	Other as								1a(2)		X
	her transa										
		assets to a noncharita		•					1b(1)	ļ	<u> </u>
		es of assets from a no			tion				1b(2)	ļ	<u>X</u>
		of facilities, equipment,		sets					1b(3)		X
		rsement arrangements	6						1b(4)		X
		r loan guarantees							1b(5)	<u> </u>	X
		ance of services or me	•	_					1b(6)		<u>X</u>
	-	acilities, equipment, m	-	•					1c		<u>X</u>
		r to any of the above is					=				
		goods, other assets, o	-	•	•						
		transaction or sharing			"						
	ine no	(b) Amount involved	(c) Nam	e of noncharitable exen	npt organization	(d) Descrip	otion of transfers, tra	ansactions, and sharing ar	angeme	ents	
A/k						<del></del>					
								<u> </u>			
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	_										
22 le	the found	Lation directly or indirec	tly affiliated	with or related to	one or more tay	evernt organizat	lone				
		section 501(c) (other	•			exempt organizat	10115		¬ ,	es X	No
		nplete the following sci		1 00 1(0)(0)) 0: 111 3	COLOTI OZI				┙"		110
<u> </u>		Name of organization	ilicadic	(b) Type of	organization		(c) Descrip	tion of relationship			
N/.				(-)-)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
						<del></del>	<del></del>				
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- I		alties of perjury. I declare the						my knowledge and belief,	ıt ıs true		
	correct, an	d complete Declaration of p	reparer (other t	than taxpayer) is based	d on all information of w	flich preparer has any	knowledge	May the IRS discu	ss this re	eturn	
Sign		4/1	//					with the preparer			٦ ا
lere		$\mathcal{A}$	//		а	1.1.6		See instructions	X	Yes	No
	<b>.</b>	1000m y	1			(1) ()()	TREA	SURER			
	Signa	ture of officer or trustee	0		Date		Title				
	Print/Typ	pe preparer's name			Preparer's signature	,		Date		Check	٦,
ام:ما										self-emp	Land II
Paid	CHAD	T VENT			CHAD T VEN	rr / T/ /		08/23	/18		
repare	Firm's na	me ► FAW,	CASSON	1 & CO.,	LLP					680	
Jse Onl	y Firm's ac			EN DECATU		103		Firm's EIN ► 52-			
		OCEAN	CITY,	MD 218	43			Phone no 410			

Statement 1 - Form 990-PF, Part   Statement 2 - Form 990-PF, Part	Staten Staten CK DIVID	1 - Form 990-PF, Pa - Form 990-PF, Pa 2,540 2,540 2,540	Part I, Line 11 - Other Income Revenue per Net Inversional Sooks  \$ 14 \$ \$ Income Income Income Income Income Investment    Net	Net Investment Income  \$	Adjusted Net Income
Description  Total  Description  CTAL  Statement 2 - Form 990-PF, Part I, Statement 3 - Form 990-PF, Part II, Statement 3 - Form 990-PF, Statement 3 - Form 990-PF, Part II, Statement 3 - Form 990-PF, Part II, TOTAL  Statement 4 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statement 9 - Form 990-PF, Part Statem	Staten CK DIVID	E   10	Revenue per Books  \$ 14	estmen ome usted let	Adjusted Net
Statement 2 - Form 990-PF, Part I,  Description  Total  OBSCRIPTION  Statement 3 - Form 990-PF, Part II  TOTAL  Statement 3 - Form 990-PF, Part  Statement 3 - Form 990-PF, Part  TOTAL  Statement 4 - Form 990-PF, Part  Statement 4 - Form 990-PF, Part	Staten CK DIVID	E   Joh	\$ 14	usted let	
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CK DI	CK DIVID	, n	•		Charitable Purpose
Description N TAXES PAID - STOCK DI STATES TREASURY OTAL	scription PAID - STOCK DIVID TREASURY	<del>د</del>			\$ \$
Description N TAXES PAID - STOCK DI STATES TREASURY Description	scription PAID - STOCK DIVID TREASURY			Taxes	
N TAXES PAID - STOCK DI STATES TREASURY OTAL	PAID - STOCK DIVID TREASURY	Total	Net Investment	Adjusted Net	Charitable Purpose
OTAL		1,	w.	w	v,
		1,	\$	\$	\$
Total	Statement	1 - Form 990-PF, P	art I, Line 23 - Other I	Expenses	
וסומו	Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES \$	,		٠ «	v.	٠
TMENT FEES 24,440 24,		24,440	24,440		;
\$ 24,		2		\$	\$
					1-4

### Federal Statements

31-1639319

ent Investments
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t II, Line 10a
990-PF, Par
ment 5 - Form
State

Fair Market Value	\$ 337,445 \$ 337,445
Basis of Valuation	MARKET
End of Year	345,846
!	๛ <sup> </sup> ๛ <sup> </sup>
Beginning of Year	317,948
Description	MERRILL LYNCH SEE ATTACHED STMT TOTAL

### Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Basis of Fair Market Valuation	**AARKET \$ 1,245,049 \$ 1,245,049
End of Year	\$ 1,031,763
Beginning of Year	\$ 890,974
Description	MERRILL LYNCH SEE ATTACHED STMT TOTAL

## Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Fair Market Value	187,438	187,438
Basis of Valuation	MARKET	o,
End of Year	190,300	190,300
	\$	တ
Beginning of Year	177,662	177,662
ш	ၯ	တ
Description	MERRILL LYNCH SEE ATTACHED STMT	TOTAL

### Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CALVIN B. TAYLOR BANK STOCK MERRILL LYNCH SEE ATTACHED STMT	\$ 4,292,772 105,245	\$ 4,165,272 73,467	MARKET MARKET	\$ 6,092,731 73,467
MERRILL LYNCH SEE ATTACHED STMT	833, 326	906,346	MARKET	879,220
TOTAL	\$ 5,231,343	\$ 5,145,085		\$ 7,045,418

#### Federal Statements

# Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Ţ	Average	Compensation	Benefits	Expenses
ELLEN H. LANG 107 TINGLE ROAD BERLIN MD 21811	VICE PRESIDE	2.00	0	0	0
RAYMOND I ROBINSON JR 100 20TH STREET OCEAN CITY MD 21842	TREASURER	2.00	0	0	0
L. SUSAN TAYLOR 10308 CALEB ROAD BERLIN MD 21811	SECRETARY	2.00	0	0	0
THOMAS K COATES 6200 COASTAL HWY., SUITE 300 OCEAN CITY MD 21842	PRESIDENT	2.00	0	0	0
REGINA MONTAGNA 9748 STEPHEN DECATUR HWY. SUITE 103 OCEAN CITY MD 21842	BOARD MEMBER	2.00	0	0	0

31-1639319	Federal Statements	
Form 990-PF	Part XV, Line 2b - Application Format and Required Content	ts
<u> </u>	Description	~
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#### Federal Statements

# Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Add	Address		
Address	Relationship	Status	Purpose	Amount
ART LEAGUE OF OCEAN CITY	PO BOX 3503			10.000
ATLANTIC GENERAL HOSPITAL	9733 HEALTHWAY DRIVE	AY DRIVE		
BERLIN FIRST BAPTIST CHURCH	613 WILLIAMS	ST		10,000
BERLIN MD 21811				2,500
BUCKINGHAM PRESBYTERIAN CHURCH BERLIN MD 21811	PO BOX 248			19,000
COASTAL HOSPICE & PALLIATIVE CARE	PO BOX 1733			75,000
DIAKONIA INC	12747 OLD BRIDGE ROAD	IDGE ROAD		000 101
OCEAN CITY MD 21842		מת מס גוומוזם		40,000
SHOW HILL MD 21863	2010 0100			20,000
GREATER OC CHAMBER OF COMMERCE FOUN	12320 OC	EAN GATEWAY		
OCEAN CITY MD Z1842 HABITAT FOR HUMANITY OF WORCESTER C	PO BOX 1327			2,500
				20,000
JESSE KLUMP MEMORIAL FUND	10737 PINEY ISLAND	ISLAND DR		
BISHOPVILLE MD ZIBIS THINIOR ACHTEVEMENT OF FASTERN SHODE	TO INTAM IN OUC.	E		10,000
	NITULI N 007	_		0,950
LIGHTHOUSE CHRISTIAN SCHOOL	28157 LIGHTH	LIGHTHOUSE XING		
DAGSBORO DE 19939	,			30,000
LOWER SHOKE LAND INUST BERLIN MD 21811	9931 OLD OCE.	OCEAN CITY BLVD		25.000
MAC INC	909 PROGRESS	CIRCLE		
	L			2,500
MAGI FUND SALTSRIBV MD 21803	FO BOX 521			100001
OCEAN CITY BAPTIST CHURCH	12637 B OCEAN	N GATEWAY		0000
OCEAN CITY MD 21842 OCEAN CITY MUSEUM SOCIETY	PO ROX 603			16,300
	) ) ; ; )			1,000
SALEM METHODIST CHURCH	29 CHURCH ST			C
SNOW HILLMIDDLE SCHOOL	522 COULBOURNE	NE LANE		00677
SNOW HILL MI				200

9

# Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	2.500	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7, 200	000'7	20,000	2,300		000'6	26,000	11 000	0000	, 000 rc	20,000	-20,000	439, 680
	Purpose															
Address	Relationship Status	1705 PHILADELPHIA AVE	302 N BALTIMORE AVE	9815 SEAHAWK RD	9815 SEAHAWK RD	123 N MAIN ST	10 WILLIAM STREET	6 JEFFERON STREET	6270 WORCESTER HIGHWAY	10003 COASTAL HIGHWAY	6270 WORCESTER HIGHWAY	PO BOX 333	124 N MAIN ST	6290 WORCESTER HWY	7603 SPENCE CHURCH ROAD	
Name	Address	ST MARY'S STAR OF THE SEA CATHLIC C 1705 PHILADELPHIA AVE OCEAN CITY MD 21842	ST PAUL BY THE SEA CHURCH OCEAN CITY MD 21842	STEPHEN DECATUR HIGH SCHOOL BERLIN MD 21811	STEPHEN DECATUR MIDDLE SCHOOL RERIIN MD 21811	STEVENSON UNITED METHODIST CHURCH BERLIN MD 21811	TOWN OF BERLIN BERLIN MD 21811	WORCESTER COUNTY ARTS COUNCIL BERLIN MD 21811	WORCESTER COUNTY BD OF EDUCATION NEWARK MD 21841	WORCESTER COUNTY LIBRARY FOUNDATION OCEAN CITY MD 21842	WORCESTER COUNTY PUBLIC SCHOOLS EDU NEWARK MD 21841	WORCESTER COUNTY WARRIORS BERLIN MD 21811	WORCESTER YOUTH AND FAMILY CENTER BERLIN MD 21811	WORCESTER COUNTY TECH HIGH SCHOOL NEWARK MD 21841	SPENCE BAPTIST CHURCH GRANT RETURN SNOW HILL MD 21863	TOTAL