**Return of Organization Exempt From Income Tax**

**Form 990**

Department of the Treasury
Internal Revenue Service

**Name of organization:**

**HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.**

**Address change:**

**Name change:**

**Initial return:**

**Final return terminated:**

**Amended return:**

**Application pending:**

**Employer Identification number:**

**52-1549551**

**Telephone number:**

**410-857-2999**

**Gross receipts:**

**4,819,906**

**J. Website:**

**HSPINC.ORG**

**K. Form of organization:**

**Corporation**

**Year of formation:**

**1987**

**M. State of legal domicile:**

**MD**

**Part I - Summary**

1. Briefly describe the organization's mission or most significant activities:

   "HSP GIVES HOPE, INSPIRES CHANGE, AND PROVIDES OPPORTUNITY BY MOBILIZING THE COMMUNITY IN THE FIGHT AGAINST POVERTY."

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

   - **Yes**

3. Number of voting members of the governing body (Part VI, line 1a)

   **12**

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

   **10**

5. Total number of individuals employed in calendar year 2020 (Part V, line 2a)

   **102**

6. Total number of volunteers (estimate if necessary)

   **8**

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

   **0**

7b. Net unrelated business taxable income from Form 990-T, Part I, line 11

   **0**

8. Contributions and grants (Part VIII, line 1b)

   **4,243,233**

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

   **18,939**

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

    **29,645**

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

    **42,593**

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

    **4,334,410**

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

    **1,191,493**

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

    **0**

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

    **2,600,581**

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

16b. Total fundraising expenses (Part IX, column D, line 25)

    **73,648**

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

    **0**

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

    **4,282,605**

19. Revenue less expenses. Subtract line 18 from line 12

    **15,805**

**Part II - Signature Block**

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

**Sign Here**

Signature of officer

**ROBERT L. MILLER**

PRESIDENT

Type or print name and title

Date

11/15/2021

**Paid**

Preparer's name:

**WANDA K. LYNN, CPA**

Preparer's signature:

**WANDA K. LYNN, CPA**

Date:

11/15/21

Check [ ] self-employed

PTIN:

090729749

**Preparer Use Only**

Firm's name:

**BROWN SCHULTZ SHERIDAN & FRITZ**

Firm's EIN:

25-1644459

Firm's address:

**205 EAST MAIN STREET**

**WESTMINSTER, MD 21157**

Phone no.: 410-876-3990

May the IRS discuss this return with the preparer shown above? Yes [ ] No [x]

For Paperwork Reduction Act Notice, see the separate instructions.
Part III  Statement of Program Service Accomplishments

1. Briefly describe the organization's mission:
   HSP GIVES HOPE, INSPIRES CHANGE, AND PROVIDES OPPORTUNITY BY MOBILIZING THE COMMUNITY IN THE FIGHT AGAINST POVERTY.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

   If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   4a (Code: ) (Expenses $932,603 including grants of $426,263) (Revenue $)
   THE HOME ENERGY PROGRAM PROVIDES ASSISTANCE FOR LOW-INCOME CARROLL COUNTY RESIDENTS WHO ARE FACED WITH ANY NUMBER OF SITUATIONS THAT COULD RESULT IN HOMELESSNESS AND OR LACK OF BASIC NEEDS THAT AFFECT THE INDIVIDUAL OR FAMILY'S ABILITY TO MAINTAIN SELF-SUFFICIENCY.
   THE NUMBER OF CLIENTS SERVED UNDER THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2021 ARE AS FOLLOWS:
   HOME ENERGY SERVICES: 11 HOUSEHOLDS, 24 INDIVIDUALS
   OFFICE OF HOME ENERGY PROGRAMS: 2,321 HOUSEHOLDS

   4b (Code: ) (Expenses $2,030,108 including grants of $607,680) (Revenue $17,502)
   SEE SCHEDULE O

   4c (Code: ) (Expenses $517,112 including grants of $37,210) (Revenue $)
   SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses $420,328 including grants of $83,342) (Revenue $)

4e Total program service expenses 3,900,151
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in nine or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11b</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>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 &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 9 and 11c? If &quot;Yes,&quot; complete Schedule G, Part I See instructions</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>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 17? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 27? <em>Yes,</em> complete Schedule I, Parts I and II.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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? <em>Yes,</em> complete Schedule J.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule L, Part II.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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? If &quot;Yes,&quot; complete Schedule L, Part III.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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):</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 11c? Note: All Form 990 filers are required to complete Schedule O.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

b If at least one was reported on line 2a, did the organization file all required federal employment tax returns?

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country ▶


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8888-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

7e X

7f X

7g

7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4958?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initial fees and capital contributions included on Part VIII, line 12

10a

10b

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain in the states in which the organization is licensed to issue qualified health plans

13b

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.
**Part VI** Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included on line 1a, above, who are independent</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>7b Were any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b Each committee with authority to act on behalf of the governing body?</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

**Section B. Policies**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td>12c</td>
<td>X</td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>a The organization's CEO, Executive Director, or top management official</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>16b</td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed: MD, PA

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

- [x] Own website
- [x] Another's website
- [x] Upon request
- [ ] Other (explain on Schedule O)

19 Describe on 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:

- **RUTH CARSKI**
- **10 DISTILLERY DRIVE, SUITE G1**
- **WESTMINSTER, MD 21157**
- **410-857-2999**
Part VII  Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter "0" in columns (D), (E), and (F) if no compensation was paid.  
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."  
- List the organization's five current Highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6 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, and 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (as any hours for related organizations below listed line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SCOTT YARD</td>
<td>40.00</td>
<td>EXECUTIVE DIRECT</td>
<td>83,793</td>
<td>0</td>
<td>16,261</td>
</tr>
<tr>
<td>(2) ROBERT L. MILLER</td>
<td>0.00</td>
<td>PRESIDENT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) LISA GORETSAS</td>
<td>6.00</td>
<td>VICE PRESIDENT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) ANDREW DODGE</td>
<td>6.00</td>
<td>TREASURER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) KIMBERLEE SCHULTZ</td>
<td>6.00</td>
<td>SECRETARY</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) K. LYNN WHEELER</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) DIANE FOSTER</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) VELMA GREEN</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) JEAN LEWIS</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) STACIA SMITH</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) MISSIE WILCOX</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(12) VICKY KELLER</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) TOM LEDWELL</td>
<td>3.00</td>
<td>BOARD MEMBER</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

---

1b Subtotal ▶ 83,793 ▶ 16,261

c Total from continuation sheets to Part VII, Section A ▶ 83,793 ▶ 16,261

d Total (add lines 1b and 1c) ▶ 83,793 ▶ 16,261

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 ▶ 0

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
   Yes No
   3 X

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.
   Yes No
   4 X

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.
   Yes No
   5 X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(C) Description of services</th>
<th>(D) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ▶ 0
Form 990 (2020) HUMAN SERVICES PROGRAMS OF CARROLL 52-1549551

Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Undistributed business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>8,403</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>4,845</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>4,146,072</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>263,049</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>$ 88,609</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td>4,421,869</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a SHELTER CLIENT FEES</td>
<td>624100</td>
</tr>
<tr>
<td></td>
<td>17,502</td>
</tr>
<tr>
<td></td>
<td>17,502</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Undistributed business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>625</td>
</tr>
<tr>
<td>6c Rental inc. or (loss)</td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>9,009</td>
</tr>
<tr>
<td>e Gross amount from sales of assets other than inventory</td>
<td>354,700</td>
</tr>
<tr>
<td>7a Net gain or (loss)</td>
<td>482,277</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>9,009</td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>-127,577</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events</td>
<td>325</td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>300</td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>325</td>
</tr>
<tr>
<td>9a Gross income from gaming activities</td>
<td>9a</td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td>9b</td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>9c</td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>10b</td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>10c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCELLANEOUS</td>
<td>900099</td>
</tr>
<tr>
<td>11b</td>
<td>2,211</td>
</tr>
<tr>
<td>11c</td>
<td>2,211</td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td>2,211</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total revenue. See instructions</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Undistributed business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>4,337,329</td>
<td>19,713</td>
<td>0</td>
<td>-104,253</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Funding expenses</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
<td>1,154,495</td>
<td>1,154,495</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>100,696</td>
<td>60,416</td>
<td>20,140</td>
<td>20,140</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>2,190,502</td>
<td>1,890,495</td>
<td>273,474</td>
<td>26,533</td>
</tr>
<tr>
<td>8</td>
<td>63,911</td>
<td>40,602</td>
<td>22,941</td>
<td>368</td>
</tr>
<tr>
<td>9</td>
<td>154,143</td>
<td>139,406</td>
<td>7,341</td>
<td>7,396</td>
</tr>
<tr>
<td>10</td>
<td>168,158</td>
<td>143,517</td>
<td>21,400</td>
<td>3,241</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>3,625</td>
<td>3,625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>25,963</td>
<td>7,879</td>
<td>18,084</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>2,653</td>
<td>2,653</td>
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<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>31,261</td>
<td>11,550</td>
<td>19,711</td>
<td>1,943</td>
</tr>
<tr>
<td>12</td>
<td>26,856</td>
<td>24,913</td>
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<td>1,753</td>
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<tr>
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<td>148,227</td>
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<td>13,388</td>
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<td>14</td>
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<td>9,399</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>130,689</td>
<td>127,432</td>
<td>3,178</td>
<td>79</td>
</tr>
<tr>
<td>17</td>
<td>2,897</td>
<td>2,349</td>
<td>503</td>
<td>45</td>
</tr>
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<tr>
<td>19</td>
<td>2,125</td>
<td>1,225</td>
<td>850</td>
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<td>20</td>
<td>2,124</td>
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<td>21</td>
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</tr>
<tr>
<td>22</td>
<td>40,684</td>
<td>33,965</td>
<td>6,385</td>
<td>334</td>
</tr>
<tr>
<td>23</td>
<td>39,843</td>
<td>34,400</td>
<td>4,267</td>
<td>1,176</td>
</tr>
<tr>
<td>24</td>
<td>PROGRAM SUPPLIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>30,956</td>
<td>30,927</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>b</td>
<td>EQUIP RENTAL &amp; MAINT</td>
<td>29,624</td>
<td>12,991</td>
<td>10,766</td>
</tr>
<tr>
<td>c</td>
<td>MISCELLANEOUS</td>
<td>14,516</td>
<td>6,249</td>
<td>6,218</td>
</tr>
<tr>
<td>d</td>
<td>STAFF TRAINING</td>
<td>6,420</td>
<td>2,205</td>
<td>2,255</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>4,420,402</td>
<td>3,900,151</td>
<td>446,603</td>
<td>73,648</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2020)
### Form 990 (2020) HUMAN SERVICES PROGRAMS OF CARROLL 52-1549551

**Part X Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>1,117,482</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>712,587</td>
</tr>
<tr>
<td>3</td>
<td>Plaques and grants receivable, net</td>
<td>286,747</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>13,919</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from 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</td>
<td>491,623</td>
</tr>
<tr>
<td>6</td>
<td>Notes and loans receivable, net</td>
<td>629,320</td>
</tr>
<tr>
<td>7</td>
<td>Inventories for sale or use</td>
<td>1,401,947</td>
</tr>
<tr>
<td>8</td>
<td>Prepaid expenses and deferred charges</td>
<td>375,871</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D</td>
<td>679,894</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>491,623</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>375,871</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>1,401,947</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>4,537,873</td>
</tr>
<tr>
<td>17</td>
<td>Total liabilities. Add lines 1 through 25</td>
<td>25</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Total liabilities. Add lines 1 through 25</td>
<td>1,176,259</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>1,853,663</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>1,507,951</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>3,361,614</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>4,537,873</td>
</tr>
</tbody>
</table>
Form 990 (2020)  HUMAN SERVICES PROGRAMS OF CARROLL 52-1549551  

Page 12

Part XI  Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>4,337,329</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>4,420,402</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses (Subtract line 2 from line 1)</td>
<td>-33,073</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>3,361,614</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (loss) on investments</td>
<td>79,788</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>336,795</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>3,021,534</td>
</tr>
</tbody>
</table>

Part XII  Financial Statements and Reporting

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Name of the organization</td>
<td>Employer Identification Number</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.</td>
<td>52-1549551</td>
<td></td>
</tr>
</tbody>
</table>

**Part I: Reason for Public Charity Status**

- [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- [ ] 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:

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) 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)(v). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>(2) 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)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>(3) 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, 1976. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
</tr>
</tbody>
</table>

**Part II: Type of Organization**

- [ ] 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.

**Part III: Number of Supported Organizations**

- Enter the number of supported organizations.

---

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>LIN</th>
<th>Type of organization (described on lines 1-10 above (see instructions))</th>
<th>Is the organization listed in your governing document?</th>
<th>Amount of monetary support (see instructions)</th>
<th>Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year or fiscal year beginning in</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unnatural grants.”)</td>
<td>4,179,298</td>
<td>4,273,453</td>
<td>4,440,479</td>
<td>4,243,333</td>
<td>4,423,869</td>
<td>21,558,331</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>535,987</td>
<td>545,987</td>
<td>552,984</td>
<td>452,843</td>
<td>355,250</td>
<td>2,443,051</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>4,715,285</td>
<td>4,819,440</td>
<td>4,993,463</td>
<td>4,696,076</td>
<td>4,777,119</td>
<td>24,001,382</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24,001,382</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year or fiscal year beginning in</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>4,715,285</td>
<td>4,819,440</td>
<td>4,993,462</td>
<td>4,696,076</td>
<td>4,777,119</td>
<td>24,001,382</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>24,164</td>
<td>12,528</td>
<td>14,531</td>
<td>25,196</td>
<td>13,990</td>
<td>90,409</td>
</tr>
<tr>
<td>9 Not income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>727</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>727</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>2,963</td>
<td>15,572</td>
<td>2,304</td>
<td>2,053</td>
<td>625</td>
<td>23,517</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>175,176</td>
</tr>
<tr>
<td>13 First 5 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| (a) Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.52 % |
| (b) Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 99.43 % |

16a 33 1/3% support test—2020. 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

16b 33 1/3% support test—2019. 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—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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

17b 10%-facts-and-circumstances test—2019. 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
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and prizes received (do not include any unrelated business)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c. Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support. (Add lines 9, 10a, 11, 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15. Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))

16. Public support percentage from 2013 Schedule A, Part III, line 15

### Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))

18. Investment income percentage from 2019 Schedule A, Part III, line 17
### Schedule A (Form 990 or 990-EZ) 2020

**Human Services Programs of Carroll**

**Page 4**

**Part IV: Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A: All Supporting Organizations**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>2</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>3a</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td></td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>3b</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>3c</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>4a</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
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<td>4b</td>
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</tr>
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<td>4c</td>
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<tr>
<td>5a</td>
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<tr>
<td>5c</td>
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</tr>
<tr>
<td>6</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>7</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>8</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>9a</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>9b</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
<tr>
<td>9c</td>
<td><img src="image" alt="Yes/No" /></td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990 or 990-EZ) 2020**

**DNA**
### Part IV: Supporting Organizations (continued)

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 lines 11b and 11c below, the governing body of a supported organization?
   b A family member of a person described in line 11a above?
   c A 35% controlled entity of a person described in line 11a above?

#### Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### 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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.
   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
Schedule A (Form 990 or 990-EZ) 2020  HUMAN SERVICES PROGRAMS OF CARROLL  52-1549551  Page 6

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>3</td>
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<tr>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>4</td>
<td>5</td>
<td>5</td>
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<tr>
<td>6</td>
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<td>6</td>
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<tr>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B – Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>1a</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>1b</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>1c</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>1d</td>
<td>1d</td>
</tr>
</tbody>
</table>

2  Acquisition indebtedness applicable to non-exempt-use assets
3  Subtract line 2 from line 1d.
4  Cash deemed held for exempt use. Enter 0.016 of line 3 (for greater amount, see instructions).
5  Net value of non-exempt-use assets (subtract line 4 from line 3)
6  Multiply line 5 by 0.035.
7  Recoveries of prior-year distributions
8  Minimum Asset Amount (add line 7 to line 6)

### Section C – Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

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)**

<table>
<thead>
<tr>
<th>Section D – Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2. Amounts paid to perform activities that directly further exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3. Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4. Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5. Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)</td>
<td></td>
</tr>
<tr>
<td>6. Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7. Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9. Distributable amount for 2020 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10. Line 8 amount divided by line 8 amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E – Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2020</th>
<th>(iii) Distributable Amount for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2020 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, to 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through 3e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2020 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2020 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess distributions carryover to 2021. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule B
[Form 990, 990-EZ, or 990-PF]
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization
HUMAN SERVICES PROGRAMS OF CARROLL
COUNTY, INC

Organization type (check all)

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (9), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount of the Form 990, Part VIII, line 1h; or (3) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (9), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "no" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$2,019,342</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$898,063</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$376,760</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$341,745</td>
<td>Person</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
<td>$308,228</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
</tr>
</tbody>
</table>
**Part I**
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

If the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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 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.

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 (example, recreation or education)
   - Protection of natural habitat
   - Preserved open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

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 Tax Year
   - 2a
   - 2b
   - 2c
   - 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 XII, 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.

If the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work 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.

1b. If the organization elected, as permitted under FASB 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:

   - Revenue included on Form 990, Part VIII, line 1
   - $ $ 
   - 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 FASB ASC 958 relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - $ $ 
   - Assets included in Form 990, Part X
   - $ $ }

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020
Schedule D (Form 990) 2020  HUMAN SERVICES PROGRAMS OF CARROLL  52-1549551

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 make 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 program
   e. Other

4. Provide a description of the organization's collection and explain how they further the organization's exempt purpose (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

1b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

2b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds.

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

1a. Beginning of year balance
   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
   | 692,634         | 680,202        | 665,025            | 647,618             | 612,793            |

b. Contributions
   | 101,683         | 14,268         | 16,953             | 19,151              | 37,967             |

c. Net investment earnings, gains, and losses
   | 2,653           | 1,836          | 1,776              | 1,744               | 3,142              |

d. Grants or scholarships
   | 791,664         | 692,634        | 680,202            | 665,025             | 647,618            |

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment 100.00 %
   b. Permanent endowment %
   c. Term 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
   □ Yes  □ No
   (ii) Related organizations
   □ Yes  □ No

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>10,000</td>
<td></td>
<td></td>
<td>10,000</td>
</tr>
<tr>
<td>b Buildings</td>
<td>192,794</td>
<td>157,842</td>
<td>34,952</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>110,884</td>
<td>58,824</td>
<td>52,060</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>366,216</td>
<td>274,957</td>
<td>91,259</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) □ 188,271
### Schedule D (Form 990) 2020

**HUMAN SERVICES PROGRAMS OF CARROLL**
52-1549551

#### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial Derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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</tr>
<tr>
<td>(2)</td>
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<td>(8)</td>
<td></td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMISED USE OF FACILITY</td>
<td>1,065,153</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

1,065,153

#### Part X: Other Liabilities
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
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<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. [X]
### Schedule D (Form 990) 2020

**HUMAN SERVICES PROGRAMS OF CARROLL 52-1549551**

**Page 4**

**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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>4,562,032</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>79,788</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td>19,991</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td>127,577</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 2a through 2d</td>
<td>227,356</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>4,334,676</td>
</tr>
<tr>
<td></td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>2,653</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 4a and 4b</td>
<td>2,653</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>4,337,329</td>
</tr>
</tbody>
</table>

**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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>4,902,112</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td>356,786</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td>127,577</td>
</tr>
<tr>
<td></td>
<td>Add lines 2a through 2d</td>
<td>484,363</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>4,417,749</td>
</tr>
<tr>
<td></td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>2,653</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add lines 4a and 4b</td>
<td>2,653</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>4,420,402</td>
</tr>
</tbody>
</table>

**Part XIII** Supplemental Information.

Provide the descriptions required for Part I, lines 3, 5, and 6; 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.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE ENDOWMENT FUND IS TO BE USED TO PROVIDE SUPPORT FOR THE PROGRAMS, CLIENT SERVICES, AND THE OVERALL OPERATIONS OF THE ORGANIZATION.

**PART X - FIN 48 FOOTNOTE**

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC. IS INCORPORATED UNDER THE LAWS OF THE STATE OF MARYLAND AS A NONPROFIT ORGANIZATION. THE ORGANIZATION HAS ELECTED UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE INCOME TAX STATUTES TO BE EXCLUDED FROM TAXES ON EXEMPT FUNCTION INCOME. THEREFORE, NO PROVISION IS MADE FOR TAXES ON INCOME.

CARROLLTOWNE HSPCC, INC. ACCOUNTS FOR ITS INCOME TAXES BY RECOGNIZING...
Deferred Tax Liabilities and Assets for the Expected Future Tax Consequences of Events That Have Been Included in the Financial Statements. Under this method, deferred tax liabilities and assets are determined based on the differences between the financial statements and tax basis of assets and liabilities, using enacted tax rates in effect for the year in which the differences are expected to reverse. The subsidiary has no such assets or liabilities.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Loss on Disposal of Assets $ 127,577

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Loss on Disposal of Assets $ 127,577
**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.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.</td>
<td>52-1549551</td>
</tr>
</tbody>
</table>

**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? [X] 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Type of grant or assistance</th>
<th>Number of recipients</th>
<th>Amount of cash grant</th>
<th>Amount of noncash assistance</th>
<th>Method of valuation (box, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FOOD</td>
<td>235</td>
<td>25,105</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>HOME ENERGY AND UTILITIES</td>
<td>2332</td>
<td>426,263</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>HOUSING ASSISTANCE</td>
<td>687</td>
<td>578,198</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>OTHER</td>
<td>335</td>
<td>23,612</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>HOUSING WATER UTILITIES</td>
<td>63</td>
<td>12,708</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>SECOND CHANCES FREE STORE</td>
<td>576</td>
<td>88,609</td>
<td>TSV</td>
<td>CLOTHING</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
### SCHEDULE M (Form 990)

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

#### Part I - Types of Property

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if applicable</td>
<td>Number of contributions or items contributed</td>
<td>Noncash contribution amounts reported on Form 990, Part VIII, line 1g</td>
<td>Method of determining noncash contribution amounts</td>
</tr>
</tbody>
</table>

1. Art — Works of art
2. Art — Historical treasures
3. Art — Fractional interests
4. Books and publications
5. Clothing and household goods
6. Cars and other vehicles
7. Boats and planes
8. Intellectual property
9. Securities — Publicly traded
10. Securities — Closely held stock
11. Securities — Partnership, LLC, or trust interests
12. Securities — Miscellaneous
13. Qualified conservation contribution — Historic structures
14. Qualified conservation contribution — Other
15. Real estate — Residential
16. Real estate — Commercial
17. Real estate — Other
18. Collectibles
19. Food inventory
20. Drugs and medical supplies
21. Taxidermy
22. Historical artifacts
23. Scientific specimens
24. Archeological artifacts
25. Other (FURNITURE) | X | 1 | 5 THrift SHOP VALUE |
26. Other (ELECTRONICS) | X | 4 | 1,575 THrift SHOP VALUE |
27. Other (TOYS) | X | 1 | 100 THrift SHOP VALUE |
28. Other |
29. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

#### Related Questions

- **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?

  - Yes [X]

- **31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

  - Yes [X]

- **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

  - Yes [X]

- **33** If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

HSP OPERATES THE SHELTER AND HOUSING PROGRAM WITH THE HOUSING FIRST APPROACH. PROGRAMMING SERVES THE MOST IN NEED FIRST, PROVIDING OPEN ACCESS, LOW BARRIER SERVICES. HSP BELIEVES HOMELESSNESS SHOULD BE PREVENTED. IF IT CANNOT BE PREVENTED, HOMELESSNESS SHOULD BE BRIEF. SHELTER AND HOUSING SERVICES STRIVE TO HELP PARTICIPANTS INCREASE THEIR INCOME, SECURE PERMANENT HOUSING, AND PROVIDE NECESSARY COMMUNITY SUPPORTS AND LINKAGES TO PREVENT AND END HOMELESSNESS. DURING THIS YEAR, SHELTER AND HOUSING SERVICES EXPANDED TO MEET THE NEEDS OF OUR COMMUNITY DURING THE COVID 19 PANDEMIC. SERVICES REMAINED OPEN, OPERABLE, AND ACCESSIBLE. SHELTER SERVICES PROVIDE OVERNIGHT SUPPORT AND CASE MANAGEMENT SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES. SHELTER STAFF CONNECT HOMELESS PARTICIPANTS TO HOUSING OPPORTUNITIES - REGARDLESS OF WHAT MIGHT BE GOING ON IN THEIR LIFE. SHELTER SERVICES CASE MANAGERS FOCUS ON STABILIZING PARTICIPANTS, CONNECTING THEM WITH BASIC NEEDS AND COMMUNITY RESOURCES, INCREASING THEIR INCOME, AND RAPIDLY SECURING PERMANENT HOUSING. HSP MANAGES 3 OF CARROLL COUNTY'S HOMELESS SHELTERS. SHELTER SERVICES OPERATE 24 HOURS, SEVEN DAYS A WEEK, TO ENSURE PARTICIPANTS ARE SAFE AND STABLE. IN ADDITION TO STABILITY AND SUPPORT SERVICES, SHELTERS ALSO PROVIDE FOOD, LAUNDRY FACILITIES, TELEPHONE, AND MAIL ASSISTANCE.

DURING THIS PROGRAM YEAR HSP REORGANIZED OUR SHELTER SERVICES TO EXPAND SERVICES, INCREASE SAFETY, AND PROVIDE YEAR-ROUND ACCESS TO IMMEDIATE SHELTER BEDS. MEN'S, WOMEN'S, AND SAFE HAVEN SHELTERS WERE CONSOLIDATED INTO ONE LOCATION, MAINTAINING THE SAME BED CAPACITY. OUR COLD WEATHER SHELTER BECAME OUR NIGHT-BY-NIGHT SHELTER, TO PROVIDE OPEN-ACCESS
ADDITIONAL SHELTER BEDS, YEAR-ROUND, NOT JUST DURING THE COLDEST MONTHS.

THIS ALLOWED HSP TO INCREASE STAFF CAPACITY AS WELL AS CASE MANAGEMENT SERVICES TO OUR MOST VULNERABLE COMMUNITY MEMBERS. IN ADDITION, IN RESPONSE TO COVID-19, HSP OPENED AND OPERATED A TEMPORARY OVERNIGHT SHELTER AND DAY CENTER TO ENSURE SOCIAL DISTANCING.

IN FISCAL YEAR 2021:

- FAMILY SHELTER SERVED 69 TOTAL PARTICIPANTS: 29 ADULTS AND 40 CHILDREN, 44% EXITED TO PERMANENT HOUSING
- ADULT ONLY SHELTER SERVED 119 TOTAL PARTICIPANTS: 79 MEN AND 40 WOMEN, 56% EXITED TO PERMANENT HOUSING
- NIGHT-BY-NIGHT SHELTER SERVED 89 PARTICIPANTS, 5% EXITED TO PERMANENT HOUSING, 37% TRANSITIONED INTO ADULT SHELTER
- TEMPORARY COVID-19 SHELTER, OPERATING FROM NOVEMBER 3RD TO MARCH 31ST, SERVED 100 PARTICIPANTS, 8% EXITED TO PERMANENT HOUSING, 36% TRANSITIONED INTO PERMANENT HSP SHELTERS
- THE TEMPORARY SHELTER OPENED HAS ALSO SERVED AS A DAY CENTER FOR OUR STREET HOMELESS, PROVIDING ACCESS TO MEALS, SHOWERS, LAUNDRY, AND CASE MANAGEMENT SERVICES, 166 PARTICIPANTS SERVED

- SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 271 UNIQUE PARTICIPANTS, 224 HOUSEHOLDS
- 14% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME
- 71% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 45 DAYS
- 104 OUT OF 153 (68%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE CV TEMP AND NIGHT-BY-NIGHT SHELTERS, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION

HOUSING SERVICES WORK TO PREVENT HOMELESSNESS WHEREVER POSSIBLE. HOUSING SERVICES SEAMLESSLY BLEND SERVICES FOR THOSE EXPERIENCING HOMELESSNESS TO

PAGE 1 OF 8

Schedule O (Form 990 or 990-EZ) 2020
THOSE AT RISK OF BECOMING HOMELESS, HSP CONDUCTS SHELTER AND HOUSING ELIGIBILITY SCREENINGS 5 DAYS A WEEK VIA WALK-IN HOURS, OVER THE PHONE, AND THROUGHOUT THE COMMUNITY. AS PARTICIPANTS COMPLETE THE ASSESSMENT, THEY ARE REFERRED TO APPROPRIATE HOUSING RESOURCES. IF A PARTICIPANT MEETS THE FEDERAL DEFINITION OF HOMELESS, THEY THEN ARE REFERRED TO COORDINATED ENTRY. COORDINATED ENTRY COMPLETES A NEEDS ASSESSMENT, TO OBJECTIVELY ASSESS THE PARTICIPANT'S VULNERABILITY OR NEED. PARTICIPANTS ARE THEN REFERRED TO SHELTER SERVICES, PERMANENT SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (PSPWD), OR RAPID REHOUSING PROGRAM. PSPWD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 21 RENTAL UNITS FOR PARTICIPANTS. RAPID REHOUSING PROVIDES SHORT TERM RENTAL ASSISTANCE TO PARTICIPANTS EXPERIENCING HOMELESSNESS. WHILE PARTICIPANTS WAIT TO ACCESS SERVICES, THEY CAN PARTICIPATE IN HOMELESS RECOVERY CASE MANAGEMENT SERVICES, WITH A FOCUS ON SECURING HOUSING.

IF A PARTICIPANT IS AT RISK OF BECOMING HOMELESS, HAS AN EVICTION, OR NEEDS A SECURITY DEPOSIT, HSP HAS ADDITIONAL SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS. HSP IS THE COUNTY-WIDE ACCESS POINT FOR SECURITY DEPOSITS AND EVICTION PREVENTION, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS.

DURING THIS PROGRAM YEAR HSP ADDED 6 ADDITIONAL PERMANENT HOUSING UNITS FOR OUR CHRONICALLY HOMELESS. HSP ALSO RECEIVED ADDITIONAL FUNDING, IN RESPONSE TO THE COVID-19 PANDEMIC TO PROVIDE HOUSING ASSISTANCE, IN ADDITION, HSP PARTNERED WITH CARROLL COUNTY GOVERNMENT TO APPROVE EVICTION PREVENTION FUNDING.

IN FISCAL YEAR 2021:

- COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 272 HOUSEHOLDS/431 TOTAL PARTICIPANTS; 312 ADULTS AND 119 CHILDREN
COORDINATED ENTRY SERVED 231 HOUSEHOLDS/325 TOTAL PARTICIPANTS; 257 ADULTS AND 68 CHILDREN; 45% EXITED TO PERMANENT HOUSING. 21% INCREASED INCOME.

PERMANENT HOUSING SERVED 31 HOUSEHOLDS/45 TOTAL PARTICIPANTS; 35 ADULTS AND 10 CHILDREN; 75% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING.

RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 28 HOUSEHOLDS/61 TOTAL HOMELESS PARTICIPANTS; 38 ADULTS AND 23 CHILDREN, 94% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING.

HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 6 HOUSEHOLDS/13 TOTAL PARTICIPANTS: 10 ADULTS AND 3 CHILDREN, EXPENDING $11,379.

PREVENTED EVICTIONS FOR 58 HOUSEHOLDS/160 PARTICIPANTS; 97 ADULTS AND 63 CHILDREN; WITH $125,457.

COMPLETED 108 SECURITY DEPOSITS FOR 219 PARTICIPANTS; 132 ADULTS AND 87 CHILDREN; WITH $100,304.

ASSISTED WITH WATER TURNOFFS FOR 63 HOUSEHOLDS/196 PARTICIPANTS: 96 ADULTS AND 100 CHILDREN, EXPENDING $53,258.

WITH ADDITIONAL COVID 19 FUNDS RECEIVED, HSP PREVENTED 154 HOUSEHOLDS, 408 PARTICIPANTS: 229 ADULTS AND 179 CHILDREN, FROM EVICTION, TOTALING $1,106,177 IN LIFE SAVING FUNDS.

HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 14 HOUSEHOLDS/42 TOTAL PARTICIPANTS: 20 ADULTS AND 22 CHILDREN, DISBURSING $110,809.

RAPID RE-HOUSING PROGRAM SERVED 7 HOUSEHOLDS/8 TOTAL PARTICIPANTS: 8 ADULTS AND 0 CHILDREN, 100% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING.

EMERGENCY RENTAL ASSISTANCE PROGRAM PREVENTED EVICTIONS FOR 77 HOUSEHOLDS/204 PARTICIPANTS: 124 ADULTS AND 80 CHILDREN, DISBURSING $622,222, AND PREVENTED UTILITY TURNOFFS FOR 29 HOUSEHOLDS/80 PARTICIPANTS: 47 ADULTS AND 33 CHILDREN, $23,143.
. CARROLL COUNTY COVID RELIEF FUNDING PREVENTED EVICTIONS FOR 86 HOUSEHOLDS/234 PARTICIPANTS: 128 ADULTS AND 106 CHILDREN - $337,387

. ADDITIONAL COVID EVICTION PREVENTION DOLLARS ASSISTED 14 HOUSEHOLDS/43 PARTICIPANTS: 24 ADULTS AND 19 CHILDREN, DISBURSING $12,616

. PROVIDED WEEKLY OUTREACH TO HOMELESS ENCAMPMENTS, CONNECTING TO MEDICAL SERVICES AS NEEDED DELIVERING NECESSARY SUPPLIES, AND LINKAGES TO SERVICES, 74 PARTICIPANTS SERVED.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

FAMILY SUPPORT: THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS WITH THEIR CHILDREN UNDER FOUR YEARS OF AGE.

A PRIORITY IS TO ENSURE THAT CHILDREN ARE HEALTHY - PHYSICALLY, DEVELOPMENTALLY AND EMOTIONALLY. THIS IS ACCOMPLISHED THROUGH A VARIETY OF SERVICES, INCLUDING IMMUNIZATION CHECKS, DEVELOPMENTAL SCREENINGS, AND PARENT/CHILD ACTIVITIES. THE FAMILY CENTER SUPPORTS PARENTS THROUGH PROGRAMS DESIGNED TO INCREASE SELF-SUFFICIENCY AND NURTURING PARENTING SKILLS. OUR ADULT EDUCATION PARTNER, CARROLL COMMUNITY COLLEGE, PROVIDES GED PREPARATION AND ESL CLASSES FOR OUR ENROLLED PARENTS. THE CENTER PROVIDES PARENT EDUCATION PROGRAMS, USING RESEARCH-BASED CURRICULA THAT INCLUDES: THE NURTURING PARENT PROGRAM; THE CHICAGO PARENTING PROGRAM; AND PARENTS AS TEACHERS. OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT; HEALTH PRESENTATIONS, PARENT LEADERSHIP, JOB READINESS AND PEER SUPPORT ACTIVITIES. THE FAMILY CENTER ALSO INCLUDES A HOME VISITING PROGRAM. THE HOME VISITOR PROVIDES PARENT EDUCATION, CASE MANAGEMENT, AND PARENT/CHILD ACTIVITIES TO THE FAMILIES ENROLLED IN THAT PROGRAM.

DUE TO THE CORONAVIRUS PANDEMIC IN FY2021, ALL SERVICES WERE PROVIDED REMOTELY USING A VARIETY OF STRATEGIES, INCLUDING ON-LINE CLASSES, ZOOM
MEETINGS, POSTS TO OUR CLOSED GROUP ON SOCIAL MEDIA, TEXT MESSAGES, AND PHONE CALLS. WHEN POSSIBLE, EVENTS WERE HELD OUTDOORS. THE STAFF ALSO PREPARED AND DELIVERED WEEKLY DROP-OFFS TO THE FAMILIES. THESE DELIVERIES INCLUDED THE MATERIALS AND WORKSHEETS NEEDED BY THE FAMILIES TO TAKE PART IN THE ACTIVITIES DESCRIBED ABOVE.

IN FY 2021, 40 FAMILIES (85 PEOPLE) PARTICIPATED IN CENTER-BASED ACTIVITIES AND 19 FAMILIES (44 PEOPLE) PARTICIPATED IN HOME-BASED SERVICES. A TOTAL OF 7,114 PARTICIPATION VISITS WERE LOGGED BY CENTER-BASED FAMILIES, AND 1,545 PARTICIPATION VISITS BY HOME-VISIT FAMILIES. THIS WAS A VERY PRODUCTIVE YEAR, DESPITE THE CHALLENGESPOSED BY THE PANDEMIC.

CHILD & ADULT CARE FOOD PROGRAM: THE CHILD & ADULT CARE FOOD PROGRAM (CACFP) IS A PROGRAM OF THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) AND ALLOWS ENROLLED FAMILY CHILD CARE PROVIDERS TO BE REIMBURSED FOR THE HEALTHY MEALS AND SNACKS THEY SERVE TO THE CHILDREN IN THEIR PROGRAMS.

FY2021 MARKED THE LAST YEAR HSP SPONSORED THIS PROGRAM. IT ENDED IN SEPTEMBER 2020 AND THE AGENCY TRANSITIONED ITS ENROLLED PROVIDERS TO OTHER SPONSOR AGENCIES. THIRTY-TWO (32) LICENSED FAMILY CHILD CARE PROVIDERS PARTICIPATED IN THE CACFP IN JULY, AUGUST AND SEPTEMBER OF 2020, PROVIDING MEALS AND SNACKS FOR OVER 235 CHILDREN. THE PROVIDERS RECEIVED $24,905 IN REIMBURSEMENTS, AND A TOTAL OF 25,376 MEALS AND SNACKS WERE SERVED DURING THIS TIME.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR
VOLUNTEER INCOME TAX PREPARATION (VITA) SITE.

OPPORTUNITY WORKS MAINTAINED ITS COMMITMENT TO PROVIDING QUALITY, IN-PERSON SERVICES THROUGHOUT THE COVID 19 PANDEMIC, OFFERING A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY-BASED RE-ENTRY SERVICES.

IN FY21 OPPORTUNITY WORKS SERVED 88 INDIVIDUALS: 94% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT; 98% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 47% MASTERED 5 OR MORE JOB SKILLS; 50% RESOLVED TWO BARRIERS TO EMPLOYMENT; 52% SECURED EMPLOYMENT, WITH 94% MAINTAINING EMPLOYMENT FOR 180 DAYS OR MORE.

OPPORTUNITY WORKS UTILIZES JOB TRAINING PLATFORMS TO TEACH PARTICIPANTS HANDS-ON SKILLS:

SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, SERVED 576 HOUSEHOLDS. STORE OPERATIONS WERE LIMITED THROUGHOUT THE YEAR DUE TO THE PANDEMIC, BUT EMERGENCY NEEDS WERE FILLED BY STAFF AND PARTICIPANTS VIA APPOINTMENT OR OUTDOOR PICKUP.

THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER. IN FY 21, 750 POUNDS OF PRODUCE FED OVER 200 PEOPLE THROUGH SECOND CHANCES, SHELTER, SOUP KITCHENS, AND FOOD BANKS THROUGHOUT THE COMMUNITY.
FINANCIAL EDUCATION SERVICES HELP PARTICIPANTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, AND DEVELOPING SOLID FINANCIAL HABITS. SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR. WE SAW A LARGE SPIKE IN ENROLLMENT AFTER TRANSITIONING FINANCIAL EDUCATION WORKSHOPS TO AN ONLINE FORMAT, FOLLOWING COVID PROTOCOLS, MAKING IT AVAILABLE TO A WIDE RANGE OF PARTICIPANTS. FOR THOSE UNABLE TO ACCESS COMPUTERS OR INTERNET IN THEIR HOME THEY WERE STILL ABLE TO UTILIZE OPPORTUNITY WORKS TO ATTEND THE WORKSHOPS. WE SERVED 109 PARTICIPANTS WHO ATTENDED 40 SCHEDULED FINANCIAL EDUCATION WORKSHOPS. 105 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES: 65% INCREASED THEIR FINANCIAL WELL-BEING; 35% MAINTAINED A BUDGET FOR 90 DAYS; 40% ACHIEVED A FINANCIAL GOAL, PURCHASED AN ASSET, PAID DOWN DEBT, OR CREATED SAVINGS.

OUR VITA SITE PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS, VITA IS AN IRS SPONSORED PROGRAM. THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND. SERVICES THIS YEAR WERE PROVIDED VIA 'DROP-OFF' METHOD, ALLOWING FOR AN IN-PERSON INTERVIEW, SEPARATE PREPARATION, THEN FOLLOW UP PHONE CALLS TO COMPLETE THE RETURN. TAXPAYERS SAW AN AVERAGE REFUND OF $1,809 WITH A TOTAL OF $977,191 GOING BACK INTO THE COMMUNITY IN THE FORM OF FEDERAL AND STATE REFUNDS. VITA PREPARED A TOTAL OF 1,099 TAX RETURNS BETWEEN JANUARY AND JUNE OF THIS YEAR.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE FILING WITH THE IRS.
FORM 990, PART VI, LINE 12G - ENFORCEMENT OF CONFLICTS POLICY
Confront conflict of interest issues are dealt with on a board level via self-declaration of conflicts. Abstentions from votes are documented in the organization's minutes.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
The executive committee considers the executive director's salary separate from all other staff and submits a recommendation to the board. The recommendation is based on the executive committee members' experiences in the industry, and the committee will also request HR to perform a comparability study from time to time (not necessarily annually). Salary decisions made at the board level are communicated via memo directly to the accounting specialist and human resources manager. Board members are also involved in the board approval of annual budgets.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
The organization makes its governing bylaws, conflict of interest policy, and financial statements available upon request in its main office at 10 distillery drive, westminster, MD. The organization's financial statements are also available on the organization's website.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th></th>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state of foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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### Part II: Identification of Related Tax-Exempt Organizations

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<th></th>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state of foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
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### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Principal place of business</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unless excluded from tax under sections 512-614)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Unrelated business taxable income?</th>
<th>(i) Yes No</th>
<th>(j) Code V-UIT amount in box 26 of Schedule K-1 (Form 1065)</th>
<th>(k) General or managing partner?</th>
<th>(l) Percentage ownership</th>
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### 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.

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<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp., S corp., or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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<td>(1) CARROLLTOWNE HSPCC, INC.</td>
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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 in 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)

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.

<table>
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<tr>
<th></th>
<th>(a) Name of related organization</th>
<th>(b) Transaction Type (1-6)</th>
<th>(c) Amount Involved</th>
<th>(d) Method of determining amount involved</th>
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<td>(a) Name, address, and EIN of entity</td>
<td>(b) Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>(e) Are all partners section 501(c)(3) organizations?</td>
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Part VI: Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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