

Return of Organization Exempt From Income Tax

2004

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 DISTILLERY DRIVE

City or town, state or country, and ZIP + 4
WESTMINSTER, MD 21158

D Employer identification number
52-1549551

E Telephone number
410-857-2999

F Accounting method Cash Accrual
 Other (specify) _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **N/A**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,871,362.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	69,876.		
b Indirect public support	1b			
c Government contributions (grants)	1c	2,758,823.		
d Total (add lines 1a through 1c) (cash \$ 2,828,699. noncash \$ _____)			1d	2,828,699.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3 Membership dues and assessments			3	
4 Interest on savings and temporary cash investments			4	42,663.
5 Dividends and interest from securities			5	
6 a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe _____)			7	
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses	8a	5,364.		
c Gain or (loss) (attach schedule)	8b	-5,364.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	STMT 1	8d	-5,364.
Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (including \$ _____ of contributions reported on line 3)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,865,998.
13 Program services (from line 44, column (B))			13	2,788,615.
14 Management and general (from line 44, column (C))			14	4,731.
15 Fundraising (from line 44, column (D))			15	
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17	2,793,346.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	72,652.
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	877,283.
20 Other changes in net assets or fund balances (attach explanation)			20	0.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	949,935.

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HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

52-1549551

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____)					
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	144,071.	144,071.	0.	0.
26 Other salaries and wages	26	1,370,165.	1,370,165.		
27 Pension plan contributions	27	31,768.	31,768.		
28 Other employee benefits	28	98,126.	98,126.		
29 Payroll taxes	29	123,489.	123,489.		
30 Professional fundraising fees	30				
31 Accounting fees	31	28,300.	28,300.		
32 Legal fees	32				
33 Supplies	33	47,953.	47,953.		
34 Telephone	34	41,861.	41,861.		
35 Postage and shipping	35	8,373.	8,373.		
36 Occupancy	36	17,542.	17,542.		
37 Equipment rental and maintenance	37	6,100.	6,100.		
38 Printing and publications	38				
39 Travel	39	5,784.	5,784.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	50,122.	50,122.		
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 2	43e	819,692.	814,961.	4,731.	
<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	2,793,346.	2,788,615.	4,731.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a OPERATION OF HOMELESS SHELTERS, EMERGENCY ASSISTANCE PROGRAMS, ENERGY ASSISTANCE PROGRAMS, AND VARIOUS CHILDREN AND ADOLESCENT PROGRAMS.	(Grants and allocations \$ _____)	2,788,615.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 2,788,615.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	736,413.	45 654,337.	
	46 Savings and temporary cash investments		46 51,200.	
	47 a Accounts receivable	47a 210,330.		
	b Less: allowance for doubtful accounts	47b	47c 210,330.	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	123,652.	54 132,463.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 4	76,981.	56 173,144.	
57 a Land, buildings, and equipment: basis	57a 532,226.			
b Less: accumulated depreciation	57b 352,595.	216,513.	57c 179,631.	
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,307,590.	59 1,401,105.	
Liabilities	60 Accounts payable and accrued expenses	133,377.	60 137,527.	
	61 Grants payable		61	
	62 Deferred revenue	256,830.	62 275,193.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 5	40,100.	64b 38,450.
	65 Other liabilities (describe <input type="checkbox"/>)			65
66 Total liabilities (add lines 60 through 65)		430,307.	66 451,170.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	786,959.	67 859,611.	
	68 Temporarily restricted	45,162.	68 45,162.	
	69 Permanently restricted	45,162.	69 45,162.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		877,283.	73 949,935.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,307,590.	74 1,401,105.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.

Form 990 (2004)

52-1549551 Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a 3,280,115.	a Total expenses and losses per audited financial statements	▶ a 3,207,463.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$ _____		(1) Donated services and use of facilities \$ <u>408,753.</u>	
(2) Donated services and use of facilities \$ <u>408,753.</u>		(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Recoveries of prior year grants \$ _____		(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify):		(4) Other (specify):	
STMT 7 \$ <u>5,364.</u>		STMT 8 \$ <u>5,364.</u>	
Add amounts on lines (1) through (4)	▶ b 414,117.	Add amounts on lines (1) through (4)	▶ b 414,117.
c Line a minus line b	▶ c 2,865,998.	c Line a minus line b	▶ c 2,793,346.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$ _____		(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify):		(2) Other (specify):	
\$ _____		\$ _____	
Add amounts on lines (1) and (2)	▶ d 0.	Add amounts on lines (1) and (2)	▶ d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e 2,865,998.	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e 2,793,346.

Part V List of Officers, Directors, Trustees, and Key Employees <small>(List each one even if not compensated.)</small>				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		144,071.	9,520.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ Yes No

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

Form 990 (2004)

52-1549551

Page 5

Part VI Other Information	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 408,753.	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members 85c N/A	85c	
d Section 162(e) lobbying and political expenditures 85d N/A	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	86a	
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a List the states with which a copy of this return is filed ▶ MARYLAND		
b Number of employees employed in the pay period that includes March 12, 2004 90b 68	90b	68
91 The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 410-857-2999		
Located at ▶ 10 DISTILLERY AVENUE WESTMINSTER, MARYLAND ZIP + 4 ▶ 21157		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	42,663.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-5,364.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		37,299.	0.
105 Total (add line 104, columns (B), (D), and (E))					37,299.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

12/15/05
Date

STEPHEN G. MOOD, EXECUTIVE DIRECTOR
Type or print name and title.

Date Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.** Employer identification number **52 1549551**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2004 COUNTY, INC.

52-1549551 Page 2

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 10		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

HUMAN SERVICES PROGRAMS OF CARROLL

Schedule A (Form 990 or 990-EZ) 2004 COUNTY, INC.

52-1549551 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.					
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,601,142.	3,054,923.	2,948,646.	2,887,992.	11,492,703.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,591.	23,710.	17,960.	34,193.	110,454.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	236,000.	236,000.			472,000.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 11 38,873.	35,775.	74,648.
23 Total of lines 15 through 22	2,871,733.	3,314,633.	3,005,479.	2,957,960.	12,149,805.
24 Line 23 minus line 17	2,871,733.	3,314,633.	3,005,479.	2,957,960.	12,149,805.
25 Enter 1% of line 23	28,717.	33,146.	30,055.	29,580.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 242,996.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,149,805.
d Add: Amounts from column (e) for lines: 18 110,454. 19 _____ 22 74,648. 26b _____					26d 185,102.
e Public support (line 26c minus line 26d total)					26e 11,964,703.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.4765%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

HUMAN SERVICES PROGRAMS OF CARROLL

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

HUMAN SERVICES PROGRAMS OF CARROLL

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
	N/A													
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table -														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT	VARIOUS	06/30/05	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	0.	90,122.	0.	84,758.
				-5,364.
TO FM 990, PART I, LN 8		90,122.	0.	84,758.
				-5,364.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD	27,975.	27,975.		
CLIENT BENEFITS	610,439.	610,439.		
BANK CHARGES	732.		732.	
INSURANCE	38,457.	34,458.	3,999.	
VEHICLE EXPENSE	23,698.	23,698.		
PROGRAM SUPPLIES	33,939.	33,939.		
MEMBERSHIP FEES	3,495.	3,495.		
STAFF TRAINING	5,956.	5,956.		
ADMINISTRATION				
ALLOCATION	3,664.	3,664.		
CONSULTANT FEES	18,828.	18,828.		
EQUIPMENT PURCHASES	2,695.	2,695.		
ADVERTISING	2,673.	2,673.		
CONTRACTUAL SERVICES	6,001.	6,001.		
RENT	41,140.	41,140.		
TOTAL TO FM 990, LN 43	819,692.	814,961.	4,731.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO MEET THE BASIC NEEDS OF AT-RISK LOW-INCOME PEOPLE IN CARROLL COUNTY WHICH ARE PRESENTLY UNSERVED.

FORM 990	OTHER INVESTMENTS	STATEMENT	4
DESCRIPTION	VALUATION METHOD	AMOUNT	
SECURITIES	MARKET VALUE	173,144.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		173,144.	

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
DESCRIPTION		BALANCE DUE	
CITY OF WESTMINSTER		38,450.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		38,450.	

FORM 990	OTHER SECURITIES	STATEMENT	6
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES	
ENDOWMENT FUND	FMV	132,463.	
TO FORM 990, LINE 54, COL B		132,463.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
REALIZED LOSS ON SALE OF FIXED ASSETS		5,364.	
TOTAL TO FORM 990, PART IV-A		5,364.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
REALIZED LOSS ON SALE OF FIXED ASSETS		5,364.	
TOTAL TO FORM 990, PART IV-B		5,364.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH W. WEIKEL 1938 BABBS COURT MARRIOTTSTVILLE, MARYLAND 21104	PRESIDENT 1	0.	0.	0.
MARC RASINSKY 80 WEST GREEN STREET WESTMINSTER, MARYLAND 21157	VICE-PRES. 1	0.	0.	0.
NICK PASTA 3605 FROSTWAY DRIVE HAMPSTEAD, MARYLAND 21074	TREASURER 1	0.	0.	0.
GEORGE GIESE 10005 OAK GLEN ROAD RANDALLSTOWN, MARYLAND 21133	SECRETARY 1	0.	0.	0.
DR. ROBERT WACK 93 WEST GREEN STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.
TOM LANGAN 1960 POLARIS ROAD FINKSBURG, MARYLAND 21048	BOARD MEMBER 1	0.	0.	0.
JACK GAMBATESE 309 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787	BOARD MEMBER 1	0.	0.	0.
DR. ROBERT HARTMAN 1302 WOODLAND DRIVE WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.

HUMAN SERVICES PROGRAMS OF CARROLL COUNT

52-1549551

STEVEN KELLY 125 NORTH COURT STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.
ROBERT MILLER 1324 WAREHIME ROAD WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.
DAVID HORN 444 NOAH COURT WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.
VELMA GREEN 1106 WESTERN CHAPEL ROAD NEW WINDSOR, MARYLAND 21776	BOARD MEMBER 1	0.	0.	0.
JACKIE BOISVERT 309 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787	BOARD MEMBER 1	0.	0.	0.
JEAN LEWIS 1124 WESTERN CHAPEL ROAD NEW WINDSOR, MARYLAND 21776	BOARD MEMBER 1	0.	0.	0.
RITA ROYSTER 18 GOLDEN EAGLE COURT WESTMINSTER, MARYLAND 21158	BOARD MEMBER 1	0.	0.	0.
NANCY B. MCCORMICK 17 EAST BALTIMORE STREET TANEYTOWN, MARYLAND 21787	BOARD MEMBER 1	0.	0.	0.
JIMMIE L. SAYLOR 125 NORTH COURT STREET WESTMINSTER, MARYLAND 21157	BOARD MEMBER 1	0.	0.	0.
STEPHEN MOOD 312 PUMA DRIVE HANOVER, PENNSYLVANIA 17331	EXECUTIVE DIRECTOR 40	84,554.	2,537.	0.
JEANETTE BERGER WESTMINSTER, MARYLAND	ASSOCIATE DIRECTOR 40	59,517.	6,983.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>144,071.</u>	<u>9,520.</u>	<u>0.</u>

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 10

SEE PART V, FORM 990

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
CLIENT FEES COLL.	0.	0.	38,873.	35,775.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	38,873.	35,775.

Depreciation Expense

Federal

Sorted: General - category

07/01/2004 - 06/30/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
BUILDING - 21 W. GREEN STREET FAM SH												
7			10/31/1991	SL / N/A	27.0000	67,128.30	100.0000	0.00	0.00	31,699.44	2,486.23	34,185.67
LAND - 21 W. GREEN STREET FAM SH												
8			10/31/1991	No Calc / N/A	27.0000	10,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
GREEN STREET RENOVATIONS HOSTETTER CONSTRUCTION												
71			1/17/1999	SL / N/A	27.0000	50,000.00	100.0000	0.00	0.00	10,185.18	1,851.85	12,037.03
GREEN STREET RENOVATIONS FS												
72			2/1/1999	SL / N/A	27.0000	21,796.30	100.0000	0.00	0.00	4,372.71	807.27	5,179.98
GREEN STREET RENOVATIONS FS												
62			4/1/1999	SL / N/A	27.0000	6,100.40	100.0000	0.00	0.00	1,186.19	225.94	1,412.13
GREEN STREET FURNISHINGS FS												
73			4/20/1999	SL / N/A	7.0000	11,719.80	100.0000	0.00	0.00	9,208.43	1,674.26	10,882.69
Subtotal. BUILDINGS						<u>166,744.80</u>		<u>0.00</u>	<u>0.00</u>	<u>56,651.95</u>	<u>7,045.55</u>	<u>63,697.50</u>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Net for: BUILDINGS						<u>166,744.80</u>		<u>0.00</u>	<u>0.00</u>	<u>56,651.95</u>	<u>7,045.55</u>	<u>63,697.50</u>

PLATO SOFTWARE FRS

49			10/1/1996	SL / N/A	5.0000	7,545.00	100.0000	0.00	0.00	7,042.05	0.00	7,042.05
COMPUTER EQUIPMENT HSP												
50			10/1/1996	SL / N/A	5.0000	4,200.00	100.0000	0.00	0.00	3,920.03	0.00	3,920.03
COMPUTER EQUIPMENT CCFP												
51			10/1/1996	SL / N/A	5.0000	2,475.00	100.0000	0.00	0.00	2,310.02	0.00	2,310.02
COMPUTER EQUIPMENT CSBG												
46			2/3/1997	SL / N/A	5.0000	1,983.93	100.0000	0.00	0.00	1,983.93	0.00	1,983.93
COMPUTER EQUIPMENT CSBG												
47			3/1/1997	SL / N/A	5.0000	2,715.59	100.0000	0.00	0.00	2,715.59	0.00	2,715.59
NOVA TECHNOLOGY CSBG												
48			5/9/1997	SL / N/A	5.0000	12,927.48	100.0000	0.00	0.00	12,927.48	0.00	12,927.48
TOSHIBA 4550 COPIER SYSTEM CCR&R												
59	D		7/10/1997	SL / N/A	5.0000	8,250.00	100.0000	0.00	0.00	7,287.55	0.00	7,287.55
5 COMPUTERS - NOVA TECHNOLOGY MEAP ADMIN												
56	D		8/1/1997	SL / N/A	5.0000	7,700.00	100.0000	0.00	0.00	6,930.00	0.00	6,930.00
2 COMPUTERS - NOVA TECHNOLOGY CCFP ADMIN												
57	D		8/1/1997	SL / N/A	5.0000	3,598.00	100.0000	0.00	0.00	3,238.20	0.00	3,238.20
COMPUTER EQUIP - NOVA TECHNOLOGY FOF												
58	D		8/1/1997	SL / N/A	5.0000	8,791.97	100.0000	0.00	0.00	7,912.76	0.00	7,912.76
COMPUTER EQUIPMENT - KANDL DATA HSP												
52	D		8/13/1997	SL / N/A	5.0000	2,224.30	100.0000	0.00	0.00	2,001.87	0.00	2,001.87
3 NOVA WORKSTATIONS FOF												
60			8/21/1997	SL / N/A	5.0000	5,397.00	100.0000	0.00	0.00	4,947.29	0.00	4,947.29

Depreciation Expense

Federal

Sorted: General - category

07/01/2004 - 06/30/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
COMP EQUIP - MACWAREHOUSE HSP												
53	D		11/20/1997	SL / N/A	5.0000	1,386.25	100.0000	0.00	0.00	1,340.06	0.00	1,340.06
COMP EQUIP NOVA TECHNOLOGY HSP												
55	D		12/8/1997	SL / N/A	5.0000	1,955.00	100.0000	0.00	0.00	1,889.85	0.00	1,889.85
MAC COMPUTER HSP												
61			2/17/1998	SL / N/A	5.0000	2,169.14	100.0000	0.00	0.00	2,169.14	0.00	2,169.14
EQUIP - EDWARDS BUSINESS MACHINES HSP												
54			5/18/1998	SL / N/A	5.0000	7,390.98	100.0000	0.00	0.00	7,390.98	0.00	7,390.98
COMPUTER EQUIP KANDL DATA CCR&R												
69	D		9/21/1998	SL / N/A	5.0000	12,382.00	100.0000	0.00	0.00	11,556.62	0.00	11,556.62
FREEZER & REFRIGERATOR FS												
70			3/29/1999	SL / N/A	7.0000	5,845.00	100.0000	0.00	0.00	4,592.50	835.00	5,427.50
DIGITAL CAMERA CCR&R												
64	D		6/25/1999	SL / N/A	7.0000	1,869.79	100.0000	0.00	0.00	1,469.11	267.11	1,736.22
PROGRAMABLE PAPER FOLDER CCR&R												
65	D		6/30/1999	SL / N/A	7.0000	3,995.00	100.0000	0.00	0.00	3,138.91	570.71	3,709.62
COMPUTER & PRINTER CCR&R												
66	D		6/30/1999	SL / N/A	5.0000	1,289.94	100.0000	0.00	0.00	1,289.94	0.00	1,289.94
PROXIMA ULTRALIGHT EQUIPMENT CCR&R												
67	D		6/30/1999	SL / N/A	7.0000	4,055.00	100.0000	0.00	0.00	3,186.09	579.29	3,765.38
(2) DESKTOP COMPUTERS CCR&R												
68	D		6/30/1999	SL / N/A	5.0000	2,552.00	100.0000	0.00	0.00	2,552.00	0.00	2,552.00
PHONE SYSTEM UPGRADES & VOICE MAIL CO												
77			8/4/1999	SL / N/A	5.0000	10,956.00	100.0000	0.00	0.00	9,860.40	0.00	9,860.40
TOSHIBA 3550 COPIER SYSTEM CO												
76			8/10/1999	SL / N/A	5.0000	5,990.00	100.0000	0.00	0.00	5,391.00	0.00	5,391.00
OFFICE FURNITURE - MARKDOWNS CO												
78			9/8/1999	SL / N/A	7.0000	6,461.44	100.0000	0.00	0.00	4,153.77	923.06	5,076.83
NEW IDS PHONE SYSTEM CCR&R												
79	D		10/26/1999	SL / N/A	5.0000	10,510.00	100.0000	0.00	0.00	9,459.00	525.57	9,984.57
WINDOWS NT FILE SERVER SYSTEM CO												
80			11/8/1999	SL / N/A	5.0000	6,469.00	100.0000	0.00	0.00	5,822.10	323.50	6,145.60
ACCESS SECURITY SYSTEM CO												
81			11/8/1999	SL / N/A	5.0000	5,475.00	100.0000	0.00	0.00	4,927.50	273.79	5,201.29
HP NETSERVER P3 500 & ARMADA 1750 PII 400 CO												
82			12/14/1999	SL / N/A	5.0000	8,375.00	100.0000	0.00	0.00	7,537.50	558.39	8,095.89
TOSHIBA DIGITAL COPIER/PRINTER - CSBG												
84			9/12/2000	SL / N/A	5.0000	19,368.00	100.0000	0.00	0.00	14,848.80	3,873.60	18,722.40
CANON MULTIMEDIA PROJECTOR CSBG												
83			10/31/2000	SL / N/A	5.0000	4,399.00	100.0000	0.00	0.00	3,225.93	879.80	4,105.73
(15) HP MINITOWERS WITH MONITORS - CSBG GRANT												

Depreciation Expense

Sorted: General - category

Federal

07/01/2004 - 06/30/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
89			9/13/2001	SL / N/A	5 0000	25,530.00	100.0000	0.00	0.00	14,467.00	5,106.00	19,573.00
CAN SOLUTION SYSTEM - COUNTY GRANT												
88			10/25/2001	SL / N/A	5.0000	12,216.00	100.0000	0.00	0.00	6,515.20	2,443.20	8,958.40
Dell P4 Precision 360 Minitower- County Grant for Andrew Minneman												
91			5/14/2004	SL / N/A	5 0000	1,257.16	100.0000	0.00	0.00	41.91	251.43	293.34
Compaq Proliant ML350 G3 Zeon 2 8 GHZ Small Business Server												
90			5/28/2004	SL / N/A	5.0000	17,004.00	100.0000	0.00	0.00	283.40	3,400.80	3,684.20
HP/Compaq Netserver TC2120 P4- 2 53- CSBG- Grant												
92			6/30/2004	SL / N/A	5.0000	5,328.00	100.0000	0.00	0.00	0.00	1,065.60	1,065.60
Safehouse Furniture												
93			10/24/2004	SL / N/A	7 0000	7,243.75	100.0000	0.00	0.00	0.00	689.88	689.88
Security System												
94			2/4/2005	SL / N/A	5.0000	7,297.46	100.0000	0.00	0.00	0.00	608.12	608.12
Pentium- 4 processor 2 80GHz												
95			2/4/2005	SL / N/A	5.0000	4,064.00	100.0000	0.00	0.00	0.00	338.67	338.67
Subtotal: EQUIPMENT						<u>270,842.18</u>		<u>0.00</u>	<u>0.00</u>	<u>190,325.48</u>	<u>23,513.52</u>	<u>213,839.00</u>
Less dispositions and exchanges						70,559.25		0.00	0.00	63,251.96	0.00	65,194.64
Net for: EQUIPMENT						<u><u>200,282.93</u></u>		<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>127,073.52</u></u>	<u><u>23,513.52</u></u>	<u><u>148,644.38</u></u>
3RD FLOOR RENOVATIONS FOF												
24			11/1/1992	SL / N/A	15 0000	14,011.27	100.0000	0.00	0.00	10,897.60	934.08	11,831.68
1ST FLOOR RENOVATIONS HSP												
22			3/25/1993	SL / N/A	15.0000	5,372.84	100.0000	0.00	0.00	4,059.49	358.19	4,417.68
1ST FLOOR RENOVATIONS HSP												
23			5/1/1993	SL / N/A	15.0000	9,033.00	100.0000	0.00	0.00	6,724.57	602.20	7,326.77
JHW CONSTRUCTION FOF												
45			5/16/1996	SL / N/A	15.0000	10,860.00	100.0000	0.00	0.00	5,912.67	724.00	6,636.67
Subtotal: LEASEHOLD IMPROVEMENTS						<u>39,277.11</u>		<u>0.00</u>	<u>0.00</u>	<u>27,594.33</u>	<u>2,618.47</u>	<u>30,212.80</u>
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Net for: LEASEHOLD IMPROVEMENTS						<u><u>39,277.11</u></u>		<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>27,594.33</u></u>	<u><u>2,618.47</u></u>	<u><u>30,212.80</u></u>
1992 CHEVROLET SPORTVAN FOF												
4	D		6/4/1992	SL / N/A	5 0000	19,562.50	100.0000	0.00	0.00	19,562.50	0.00	19,562.50
1993 FORD ESCORT LX CCFP												
30			8/6/1993	SL / N/A	5.0000	9,548.00	100.0000	0.00	0.00	9,548.00	0.00	9,548.00
(2) 1997 PLYMOUTH NEONS FS												
74			12/7/1998	SL / N/A	5 0000	17,019.04	100.0000	0.00	0.00	16,451.84	0.00	16,451.84
2000 CHEVY 12 PASSENGER VAN - FOF												
75			4/10/2000	SL / N/A	5.0000	29,657.75	100.0000	0.00	0.00	26,691.98	2,965.77	29,657.75

Depreciation Expense

Sorted: General - category

Federal

07/01/2004 - 06/30/2005

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
2001		FORD E350 FORD BOXTRUCK FS										
85			6/14/2001	SL / N/A	5.0000	27,612.80	100.0000	0.00	0.00	17,027.89	5,522.56	22,550.45
2001		FORD WINDSTAR LX - CSBG										
86			6/14/2001	SL / N/A	5.0000	22,044.00	100.0000	0.00	0.00	13,593.80	4,408.80	18,002.60
2002		FORD ECONOLINE FS										
87			2/6/2002	SL / N/A	5.0000	20,239.50	100.0000	0.00	0.00	9,782.43	4,047.90	13,830.33
Subtotal: VEHICLE						<u>145,683.59</u>		<u>0.00</u>	<u>0.00</u>	<u>112,658.44</u>	<u>16,945.03</u>	<u>129,603.47</u>
Less dispositions and exchanges:						19,562.50		0.00	0.00	19,562.50	0.00	19,562.50
Net for: VEHICLE						<u><u>126,121.09</u></u>		<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>93,095.94</u></u>	<u><u>16,945.03</u></u>	<u><u>110,040.97</u></u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC.	Employer identification number 52-1549551
<small>File by the due date for filing your return. See instructions</small>	Number, street, and room or suite no. If a P.O. box, see instructions 10 DISTILLERY DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WESTMINSTER, MD 21158	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ THE ORGANIZATION
 Telephone No. ▶ 410-857-2999 FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2004, and ending JUN 30, 2005
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.