

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC  
Doing business as  
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 province, country, and ZIP or foreign postal code  
WESTMINSTER, MD 21158

**D** Employer identification number  
52-1549551

**E** Telephone number  
(410) 857-2999

**G** Gross receipts \$ 4,202,286

**F** Name and address of principal officer  
ANGELA GUSTUS  
10 DISTILLERY DRIVE  
WESTMINSTER, MD 21158

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW HSPINC ORG

**H(c)** Group exemption number

**K** Form of organization  Corporation  Trust  Association  Other

**L** 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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	107
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	782
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	4,256,299
<b>9</b> Program service revenue (Part VIII, line 2g)	39,763	29,644	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,982	24,433	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,080	5,311	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,323,964	4,195,579	

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,290,849	2,322,155
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 10,570		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,899,277	1,855,985
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,190,126	4,178,140
<b>19</b> Revenue less expenses Subtract line 18 from line 12	133,838	17,439

		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16)	2,018,168
<b>21</b> Total liabilities (Part X, line 26)	317,734	427,589	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,700,434	2,616,164	

**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: \*\*\*\*\*  
Date: 2017-02-01  
ANGELA GUSTUS EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: WANDA K LYNN CPA  
Preparer's signature: WANDA K LYNN CPA  
Date: 2017-02-01  
Check  if self-employed  
PTIN: P00726749  
Firm's name: RLH CPAS & BUSINESS ADVISORS LLC  
Firm's EIN: 47-4974197  
Firm's address: 205 EAST MAIN STREET  
Phone no: (410) 876-3990  
WESTMINSTER, MD 211575227

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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? [X] 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 [X] 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 \$ 1,349,974 including grants of \$ ) (Revenue \$ )
THE EMERGENCY & PREVENTION 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 THESE SERVICES INCLUDE HOME ENERGY SERVICES AND COMMUNITY RESOURCE SERVICES THE NUMBER OF CLIENTS SERVED UNDER THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2016 ARE AS FOLLOWS HOME ENERGY SERVICES 715 HOUSEHOLDS, 2,488 INDIVIDUALS COMMUNITY RESOURCE SERVICES 196 HOUSEHOLDS, 638 INDIVIDUALS OFFICE OF HOME ENERGY PROGRAMS 2,431 HOUSEHOLDS

4b (Code ) (Expenses \$ 1,072,526 including grants of \$ ) (Revenue \$ 29,644 )
HOMELESS SERVICES EMERGENCY SHELTER PROGRAMS, WHICH INCLUDE THE WOMEN & CHILDREN'S, MEN'S, AND INTAKE FAMILY SHELTERS PROVIDE A SAFE, CLEAN PLACE FOR HOMELESS INDIVIDUALS OR FAMILIES TO LIVE ON A FULL-TIME BASIS EACH SHELTER PROVIDES FOOD PREPARATION FACILITIES (SOME PROVIDE FOOD), LAUNDRY FACILITIES, TELEPHONE, AND MAIL SERVICE TO RESIDENTS FOR UP TO 84 NIGHTS THE SHELTERS PROVIDE CASE MANAGEMENT AND SUPPORTIVE SERVICES TO EACH RESIDENT THAT LINK THE RESIDENT TO EDUCATION, EMPLOYMENT, ENTITLEMENT, COMMUNITY, AND FAITH- BASED RESOURCES SAFE HAVEN IS HOUSING FOR HOMELESS ADULTS WITH A SERIOUS MENTAL ILLNESSES THIS SHELTER PROVIDES FOOD PREPARATION FACILITIES (SOME MEALS ARE PROVIDED), LAUNDRY FACILITIES, TELEPHONE, AND MAIL SERVICE TO RESIDENTS WITH NO TIME LIMIT ON THEIR LENGTH OF STAY THIS PROGRAM PROVIDES CASE MANAGEMENT AND SUPPORTIVE SERVICES TO EACH RESIDENT THAT LINK THE RESIDENT TO MENTAL HEALTH, HEALTH CARE, EDUCATIONAL, EMPLOYMENT, ENTITLEMENT, COMMUNITY, AND FAITH-BASED RESOURCES THE GOAL OF THE PROGRAM IS TO HELP RESIDENTS MOVE ON TO PERMANENT HOUSING THE COLD WEATHER SHELTER IS OPEN FROM NOVEMBER 15 THROUGH MARCH 31 OPEN EACH EVENING AT 7PM THROUGH 7AM AND SERVES HOMELESS ADULTS WHO ARE LIVING OUTDOORS THIS SHELTER HAS FOOD PREPARATION FACILITIES VOLUNTEERS BRING DINNER EACH NIGHT THERE ARE LAUNDRY FACILITIES AND TELEPHONE AND MAIL SERVICE AVAILABLE TO RESIDENTS SOME RESIDENTS STAY FOR ONE OR TWO NIGHTS, SOME UTILIZE THE SHELTER ALL SEASON IN THE 2016 FISCAL YEAR WOMEN AND CHILDREN'S SHELTER SERVED 50 WOMEN AND 44 CHILDREN FAMILY SHELTER SERVED 55 ADULTS AND 42 CHILDREN MEN'S SHELTER SERVED 36 MEN SAFE HAVEN SERVED 47 ADULTS COLD WEATHER SHELTER SERVED 156 ADULTS PERMANENT SUPPORTIVE HOUSING PROGRAM FOR PERSONS WITH DISABILITIES HSP PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO FORMERLY HOMELESS ADULTS THROUGH THIS PROGRAM HSP'S PROGRAM HAS FUNDS FOR APARTMENTS - 14 FOR CHRONICALLY HOMELESS DISABLED ADULTS, ONE FOR A U S VETERAN, ONE FOR A NON-CHRONICALLY HOMELESS DISABLED ADULT, AND FOR ONE HOMELESS FAMILY WITH A DISABLED HEAD OF HOUSEHOLD HSP LEASES THESE APARTMENTS AND PAYS THE ENTIRE RENT EACH PARTICIPANT PAYS AN OCCUPANCY CHARGE NOT TO EXCEED 30% OF THEIR ADJUSTED INCOME PARTICIPANTS ARE RESPONSIBLE TO PAY FOR THEIR OWN UTILITIES UNLESS THEY ARE INCLUDED WITH THE RENT CASE MANAGEMENT IS PROVIDED ON A MONTHLY, OR MORE FREQUENT, BASIS DEPENDING ON NEED PARTICIPANTS ARE ENCOURAGED AND ASSISTED TO USE ALL AVAILABLE MAINSTREAM RESOURCES THE MAIN GOAL OF THIS PROGRAM IS FOR RESIDENTS TO REMAIN HOUSED AND EVENTUALLY EXIT THE PROGRAM PERMANENTLY HOUSED AND CONNECTED TO THE COMMUNITY SERVICES THEY NEED IN THE 2016 FISCAL YEAR, 22 FORMERLY HOMELESS INDIVIDUALS WERE SERVED IN THIS PROGRAM, 6 WERE CHILDREN THE RENTAL ASSISTANCE PROGRAM HSP ASSISTS HOMELESS FAMILIES TO LOCATE AND LEASE RENTAL APARTMENTS ELIGIBLE FAMILIES WILL RECEIVE UP TO 12 MONTHS OF RENTAL STIPENDS, FOR THE RENTAL ALLOWANCE PROGRAM, THAT THE DEPARTMENT OF CITIZEN SERVICES PAYS DIRECTLY TO THEIR LANDLORDS HSP ALSO ADMINISTERS FUNDS FROM THE EMERGENCY SOLUTIONS GRANTS TO PAY RENTAL STIPENDS DIRECTLY TO LANDLORDS ON BEHALF OF FAMILIES SERVED MONTHLY OR MORE FREQUENT CASE MANAGEMENT IS PROVIDED BY HSP STAFF TO MEET THE RESIDENTS' NEEDS CASE MANAGEMENT INCLUDES ASSISTANCE WITH BUDGETING, APPLYING FOR MAINSTREAM RESOURCES, AND IDENTIFYING EACH FAMILY'S INDIVIDUAL GOALS IN THE 2016 FISCAL YEAR 22 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE THESE HOUSEHOLDS CONTAINED 34 ADULTS AND 41 CHILDREN THE PRIMARY GOALS OF THIS PROGRAM ARE TO ASSIST THESE HOUSEHOLDS TO REMAIN STABLY HOUSED AND, BY EXIT, HAVE THEM BE MORE SELF-SUFFICIENT AND ENGAGED WITH APPROPRIATE COMMUNITY RESOURCES




4c (Code ) (Expenses \$ 865,182 including grants of \$ ) (Revenue \$ )
FAMILY SUPPORT THE CARROLL COUNTY FAMILY CENTER PROVIDES SUPPORT SERVICES TO PARENTS AND THEIR CHILDREN UNDER FOUR YEARS OF AGE A PRIORITY IS TO ASSIST PARENTS IN MAKING SURE THAT ALL THEIR CHILDREN ARE HEALTHY PHYSICALLY, DEVELOPMENTALLY, AND EMOTIONALLY THIS IS ACCOMPLISHED THROUGH A VARIETY OF ACTIVITIES AND SERVICES, INCLUDING IMMUNIZATION CHECKS, DEVELOPMENTAL SCREENINGS, PARENT/CHILD ACTIVITIES, AND QUALITY CHILD DEVELOPMENTAL CARE WHILE PARENTS ENGAGE IN SUPPORT PROGRAMMING AT THE CENTER THE FAMILY CENTER SUPPORTS PARENTS THROUGH PROGRAMS DESIGNED TO INCREASE PARENTING EFFECTIVENESS AND SELF SUFFICIENCY SKILLS THE PARENTING CLASS UTILIZES THE RESEARCH-BASED CURRICULUM, "THE NURTURING PROGRAM " SELF-SUFFICIENCY SERVICES INCLUDE ADULT EDUCATION CLASSES IN GED PREPARATION, ESL COMPUTER LITERACY, AND JOB READINESS OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, A PARENT LEADERSHIP PROGRAM, COOKING CLASSES, AND SOCIAL ACTIVITIES TRANSPORTATION IS PROVIDED WITHIN A 12 MILES RADIUS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES FOR FAMILIES WITH CHALLENGES TO ATTENDING THE CENTER, WE PROVIDE A HOME VISITING PROGRAM THE IN-HOME INTERVENTIONIST VISITS FAMILIES IN THEIR HOMES AND UTILIZES THE "PARENTS AS TEACHERS" PROGRAM CASE MANAGEMENT SERVICES ARE ALSO PROVIDED FOR THESE HOME VISIT FAMILIES IN THE 2016 FISCAL YEAR, 47 FAMILIES PARTICIPATED IN CENTER-BASED ACTIVITIES AND 29 FAMILIES RECEIVED HOME VISIT SERVICES

See Additional Data

4d Other program services (Describe in Schedule O )
(Expenses \$ 227,820 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 3,515,502

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**BEVERLY DAVIS 10 DISTILLERY DRIVE 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 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT MILLER ..... PRESIDENT	6 00 .....	X		X				0	0	0
(2) PERRY L JONES ..... VICE PRESIDE	6 00 .....	X		X				0	0	0
(3) ANDREW DODGE ..... TREASURER	6 00 .....	X		X				0	0	0
(4) MARLENE DUFF ..... SECRETARY	6 00 .....	X		X				0	0	0
(5) DIANE FOSTER ..... BOARD MEMBER	3 00 .....	X						0	0	0
(6) VELMA GREEN ..... BOARD MEMBER	3 00 .....	X						0	0	0
(7) LEZA GRIFFITH ..... BOARD MEMBER	3 00 .....	X						0	0	0
(8) JEAN LEWIS ..... BOARD MEMBER	3 00 .....	X						0	0	0
(9) RICKEY PAULEY ..... BOARD MEMBER	3 00 .....	X						0	0	0
(10) KIMBERLEE SCHULTZ ..... BOARD MEMBER	3 00 .....	X						0	0	0
(11) STACIA SMITH ..... BOARD MEMBER	3 00 .....	X						0	0	0
(12) JEFFREY SPAULDING ..... BOARD MEMBER	3 00 .....	X						0	0	0
(13) FRANK VALENTI JR ..... BOARD MEMBER	3 00 .....	X						0	0	0
(14) K LYNN WHEELER ..... BOARD MEMBER	3 00 .....	X						0	0	0



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____ 4,950					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____ 3,695,412					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 435,829					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 204,389					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		4,136,191			
<b>Program Service Revenue</b>	<b>2a</b> SHELTER CLIENT FEES _____ Business Code 624100	29,644	29,644			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		29,644			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	28,066			28,066	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		3,633		
		<b>c</b> Gain or (loss)		-3,633		
	<b>d</b> Net gain or (loss) . . . . . ▶	-3,633	-3,633			
	<b>8a</b> Gross income from fundraising events (not including \$ 4,950 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> _____	8,385			
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____ 3,074				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶	5,311			5,311
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> _____				
		<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
		<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> _____				
<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See Instructions . . . . . ▶		4,195,579	26,011		33,377	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	59,795		59,795	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	1,903,604	1,464,248	432,347	7,009
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	43,489	30,237	13,070	182
<b>9</b>	Other employee benefits . . . . .	159,167	132,675	25,876	616
<b>10</b>	Payroll taxes . . . . .	156,100	116,760	38,743	597
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	37,765	33,621	4,144	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b>	Advertising and promotion . . . . .	3,398	2,592	806	
<b>13</b>	Office expenses . . . . .	38,982	20,823	17,930	229
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	169,105	166,621	2,461	23
<b>17</b>	Travel . . . . .	2,549	1,956	593	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	22,605	11,857	9,890	858
<b>23</b>	Insurance . . . . .	42,083	37,471	4,612	
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	CLIENT BENEFITS	1,279,998	1,279,998		
<b>b</b>	PROGRAM SUPPLIES	107,205	104,293	1,926	986
<b>c</b>	EQUIPMENT RENTAL AND MAIN	104,555	82,182	22,373	
<b>d</b>	STAFF TRAINING	17,679	13,867	3,811	1
<b>e</b>	All other expenses	30,061	16,301	13,691	69
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	4,178,140	3,515,502	652,068	10,570
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	555,686	<b>1</b>	688,748
	<b>2</b> Savings and temporary cash investments . . . . .	464,387	<b>2</b>	468,045
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	270,604	<b>4</b>	268,276
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 651,416		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 487,381	122,605	<b>10c</b> 164,035
	<b>11</b> Investments—publicly traded securities . . . . .	604,886	<b>11</b>	539,855
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	914,794
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,018,168	<b>16</b>	3,043,753	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	153,847	<b>17</b>	166,726
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	141,937	<b>19</b>	240,563
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	21,950	<b>23</b>	20,300
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	317,734	<b>26</b>	427,589
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,602,111	<b>27</b>	1,568,048
	<b>28</b> Temporarily restricted net assets . . . . .	98,323	<b>28</b>	1,048,116
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,700,434	<b>33</b>	2,616,164	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,018,168	<b>34</b>	3,043,753	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,195,579
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,178,140
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	17,439
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,700,434
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-16,502
<b>6</b>	Donated services and use of facilities	<b>6</b>	-122,217
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	1,037,010
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,616,164

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-1549551

**Name:** HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 227,820 including grants of \$ ) (Revenue \$ )

WORKFORCE DEVELOPMENT PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE WORKFORCE DEVELOPMENT PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, THE COMMUNITY GARDEN, AND FINANCIAL EDUCATION SERVICES OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS GAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN FY 16 OPPORTUNITY WORKS SERVED 119 INDIVIDUALS 93% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 92% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 88% MASTERED AT LEAST 5 SKILLS, 77% RESOLVED AT LEAST 2 BARRIERS TO EMPLOYMENT, 65% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, AND 77% MAINTAINED EMPLOYMENT FOR 90 DAYS OR MORE OPPORTUNITY WORKS UTILIZES HSP'S SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, AND EBAY BUSINESS AS TRAINING PLATFORMS FOR ENROLLED PARTICIPANTS IN FY 16 SECOND CHANCES SERVED 3,161 HOUSEHOLDS THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER 100% OF THE HARVEST DIRECTLY BENEFITS OUR LOW-INCOME COMMUNITY IN FY 16 OVER 600 POUNDS OF PRODUCE FED OVER 400 HOUSEHOLDS FINANCIAL EDUCATION INCLUDES WORKSHOPS, ONGOING COACHING SERVICES, AND VOLUNTEER INCOME TAX ASSISTANCE SITE (VITA) SITE, PREPARING FREE TAXES FOR LOW TO MODERATE INCOME HOUSEHOLDS FINANCIAL EDUCATION SERVICES HELP CLIENTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, PROMOTES SAVINGS, AND ENCOURAGES SOLID FINANCIAL HABITS IN FY 16 157 CLIENTS ATTENDED 71 FINANCIAL EDUCATION WORKSHOPS, 85 INDIVIDUALS ATTENDED FINANCIAL CONSULTATION MEETINGS, AND 17 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES VITA PREPARED 692 TAX RETURNS GIVING BACK OVER 1 2 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC

Employer identification number

52-1549551

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	3,898,354	4,203,241	4,013,460	4,249,822	4,136,191	20,501,068
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	435,535	405,044	403,925	362,635	325,020	1,932,159
<b>4 Total.</b> Add lines 1 through 3	4,333,889	4,608,285	4,417,385	4,612,457	4,461,211	22,433,227
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						22,433,227

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	4,333,889	4,608,285	4,417,385	4,612,457	4,461,211	22,433,227
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,510	23,700	20,946	32,183	28,066	128,405
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	30,240	17,577	11,370	-4,080	8,385	63,492
<b>11 Total support.</b> Add lines 7 through 10						22,625,124
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	199,968

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99 150 %
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	99 010 %

- 16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**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).

	Yes	No
<b>1</b>		

**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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% 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 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
PART II, LINE 10	FUNDRAISING GROSS REV/ OTHER INC 63,492

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	604,886	604,957	548,654	513,348	493,928
<b>b</b> Contributions . . . . .		5,021		10,100	9,650
<b>c</b> Net investment earnings, gains, and losses	10,872	-2,078	56,303	25,206	9,770
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	2,965	3,014			
<b>g</b> End of year balance . . . . .	612,793	604,886	604,957	548,654	513,348

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶  
The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes              | No |
|--|------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 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' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		10,000		10,000
<b>b</b> Buildings . . . . .		200,391	133,719	66,672
<b>c</b> Leasehold improvements . . . . .		68,299	51,030	17,269
<b>d</b> Equipment . . . . .		372,726	302,632	70,094
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				164,035



**Part II Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	4,394,953
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-16,502	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	202,803	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	23,208	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 209,509
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,185,444
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,135	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 10,135
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 4,195,579

**Part III Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,516,233
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	325,020	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>	3,632	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	19,576	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 348,228
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 4,168,005
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	10,135	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 10,135
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 4,178,140

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND IS TO BE USED TO CONTINUE OPERATING A PROGRAM IF A PROGRAM RUNS OUT OF FUNDING

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT FUNDRAISING EXPENSES 3,074 LOSS ON DISPOSAL OF EQUIPMENT 3,632 UNREALIZED LOSS INCLUDED IN EXPENSES 16,502
SCHEDULE D, PAGE 4, PART XI, LINE 4B	ENDOWMENT INVESTMENT INCOME 10,135
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES 3,074 UNREALIZED LOSS INCLUDED IN EXPENSES 16,502
SCHEDULE D, PAGE 4, PART XII, LINE 4B	ENDOWMENT INVESTMENT INCOME 10,135

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization  
HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC

**Employer identification number**  
52-1549551

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		154,064	THRIFT SHOP VALUE
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 . . . . .	X	4	1,117	THRIFT SHOP VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( TOYS )	X	65	12,050	THRIFT SHOP VALUE
26 Other ▶ ( GIFTS/OTHER )	X	81	17,598	THRIFT SHOP VALUE
27 Other ▶ ( FURNITURE )	X	50	14,272	THRIFT SHOP VALUE
28 Other ▶ ( ELECTRONICS )	X	34	5,288	THRIFT SHOP VALUE

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

		Yes	No
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 is not required to be used for exempt purposes for the entire holding period? . . . . .	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

**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.

Return Reference

Explanation

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC**Employer identification number**

52-1549551

**Return Reference****Explanation**FORM 990, PAGE 2, PART III, LINE  
2THE ORGANIZATION STARTED A NEW PROGRAM WITHIN THE YEAR NAMED WORKFORCE  
DEVELOPMENT

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>THIS SHELTER PROVIDES FOOD PREPARATION FACILITIES (SOME MEALS ARE PROVIDED), LAUNDRY FACILITIES, TELEPHONE, AND MAIL SERVICE TO RESIDENTS WITH NO TIME LIMIT ON THEIR LENGTH OF STAY THIS PROGRAM PROVIDES CASE MANAGEMENT AND SUPPORTIVE SERVICES TO EACH RESIDENT THAT LINK THE RESIDENT TO MENTAL HEALTH, HEALTH CARE, EDUCATIONAL, EMPLOYMENT, ENTITLEMENT, COMMUNITY, AND FAITH-BASED RESOURCES THE GOAL OF THE PROGRAM IS TO HELP RESIDENTS MOVE ON TO PERMANENT HOUSING THE COLD WEATHER SHELTER IS OPEN FROM NOVEMBER 15 THROUGH MARCH 31 OPEN EACH EVENING AT 7PM THROUGH 7AM AND SERVES HOMELESS ADULTS WHO ARE LIVING OUTDOORS THIS SHELTER HAS FOOD PREPARATION FACILITIES VOLUNTEERS BRING DINNER EACH NIGHT THERE ARE LAUNDRY FACILITIES AND TELEPHONE AND MAIL SERVICE AVAILABLE TO RESIDENTS SOME RESIDENTS STAY FOR ONE OR TWO NIGHTS, SOME UTILIZE THE SHELTER ALL SEASON IN THE 2016 FISCAL YEAR WOMEN AND CHILDREN'S SHELTER SERVED 50 WOMEN AND 44 CHILDREN FAMILY SHELTER SERVED 55 ADULTS AND 42 CHILDREN MEN'S SHELTER SERVED 36 MEN SAFE HAVEN SERVED 47 ADULTS COLD WEATHER SHELTER SERVED 156 ADULTS PERMANENT SUPPORTIVE HOUSING PROGRAM FOR PERSONS WITH DISABILITIES HSP PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO FORMERLY HOMELESS ADULTS THROUGH THIS PROGRAM HSP'S PROGRAM HAS FUNDS FOR APARTMENTS - 14 FOR CHRONICALLY HOMELESS DISABLED ADULTS, ONE FOR A U S VETERAN, ONE FOR A NON-CHRONICALLY HOMELESS DISABLED ADULT, AND FOR ONE HOMELESS FAMILY WITH A DISABLED HEAD OF HOUSEHOLD HSP LEASES THESE APARTMENTS AND PAYS THE ENTIRE RENT EACH PARTICIPANT PAYS AN OCCUPANCY CHARGE NOT TO EXCEED 30% OF THEIR ADJUSTED INCOME PARTICIPANTS ARE RESPONSIBLE TO PAY FOR THEIR OWN UTILITIES UNLESS THEY ARE INCLUDED WITH THE RENT CASE MANAGEMENT IS PROVIDED ON A MONTHLY, OR MORE FREQUENT, BASIS DEPENDING ON NEED PARTICIPANTS ARE ENCOURAGED AND ASSISTED TO USE ALL AVAILABLE MAINSTREAM RESOURCES THE MAIN GOAL OF THIS PROGRAM IS FOR RESIDENTS TO REMAIN HOUSED AND EVENTUALLY EXIT THE PROGRAM PERMANENTLY HOUSED AND CONNECTED TO THE COMMUNITY SERVICES THEY NEED IN THE 2016 FISCAL YEAR, 22 FORMERLY HOMELESS INDIVIDUALS WERE SERVED IN THIS PROGRAM, 6 WERE CHILDREN THE RENTAL ASSISTANCE PROGRAM HSP ASSISTS HOMELESS FAMILIES TO LOCATE AND LEASE RENTAL APARTMENTS ELIGIBLE FAMILIES WILL RECEIVE UP TO 12 MONTHS OF RENTAL STIPENDS, FOR THE RENTAL ALLOWANCE PROGRAM, THAT THE DEPARTMENT OF CITIZEN SERVICES PAYS DIRECTLY TO THEIR LANDLORDS HSP ALSO ADMINISTERS FUNDS FROM THE EMERGENCY SOLUTIONS GRANTS TO PAY RENTAL STIPENDS DIRECTLY TO LANDLORDS ON BEHALF OF FAMILIES SERVED MONTHLY OR MORE FREQUENT CASE MANAGEMENT IS PROVIDED BY HSP STAFF TO MEET THE RESIDENTS' NEEDS CASE MANAGEMENT INCLUDES ASSISTANCE WITH BUDGETING, APPLYING FOR MAINSTREAM RESOURCES, AND IDENTIFYING EACH FAMILY'S INDIVIDUAL GOALS IN THE 2016 FISCAL YEAR 22 HOUSEHOLDS RECEIVED RENTAL ASSISTANCE THESE HOUSEHOLDS CONTAINED 34 ADULTS AND 41 CHILDREN THE PRIMARY GOALS OF THIS PROGRAM ARE TO ASSIST THESE HOUSEHOLDS TO REMAIN STABLY HOUSED AND, BY EXIT, HAVE THEM BE MORE SELF-SUFFICIENT AND ENGAGED WITH APPROPRIATE COMMUNITY RESOURCES</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 4C	PREPARATION, ESL COMPUTER LITERACY , AND JOB READINESS OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, A PARENT LEADERSHIP PROGRAM, COOKING CLASSES, AND SOCIAL ACTIVITIES TRANSPORTATION IS PROVIDED WITHIN A 12 MILES RADIUS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES FOR FAMILIES WITH CHALLENGES TO ATTENDING THE CENTER, WE PROVIDE A HOME VISITING PROGRAM THE IN-HOME INTERVENTIONIST VISITS FAMILIES IN THEIR HOMES AND UTILIZES THE "PARENTS AS TEACHERS" PROGRAM CASE MANAGEMENT SERVICES ARE ALSO PROVIDED FOR THESE HOME VISIT FAMILIES IN THE 2016 FISCAL YEAR, 47 FAMILIES PARTICIPATED IN CENTER-BASED ACTIVITIES AND 29 FAMILIES RECEIVED HOME VISIT SERVICES

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>WORKFORCE DEVELOPMENT PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE</p> <p>WORKFORCE DEVELOPMENT PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, THE COMMUNITY GARDEN, AND FINANCIAL EDUCATION SERVICES OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS GAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN FY 16 OPPORTUNITY WORKS SERVED 119 INDIVIDUALS 93% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 92% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 88% MASTERED AT LEAST 5 SKILLS, 77% RESOLVED AT LEAST 2 BARRIERS TO EMPLOYMENT, 65% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, AND 77% MAINTAINED EMPLOYMENT FOR 90 DAYS OR MORE OPPORTUNITY WORKS UTILIZES HSP'S SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, AND EBAY BUSINESS AS TRAINING PLATFORMS FOR ENROLLED PARTICIPANTS IN FY 16 SECOND CHANCES SERVED 3,161 HOUSEHOLDS THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER 100% OF THE HARVEST DIRECTLY BENEFITS OUR LOW-INCOME COMMUNITY IN FY 16 OVER 600 POUNDS OF PRODUCE FED OVER 400 HOUSEHOLDS FINANCIAL EDUCATION INCLUDES WORKSHOPS, ONGOING COACHING SERVICES, AND VOLUNTEER INCOME TAX ASSISTANCE SITE (VITA) SITE, PREPARING FREE TAXES FOR LOW TO MODERATE INCOME HOUSEHOLDS FINANCIAL EDUCATION SERVICES HELP CLIENTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, PROMOTES SAVINGS, AND ENCOURAGES SOLID FINANCIAL HABITS IN FY 16 157 CLIENTS ATTENDED 71 FINANCIAL EDUCATION WORKSHOPS, 85 INDIVIDUALS ATTENDED FINANCIAL CONSULTATION MEETINGS, AND 17 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES VITA PREPARED 692 TAX RETURNS GIVING BACK OVER 1.2 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY</p>

**Return Reference****Explanation**

FORM 990, PAGE 6, PART VI,  
LINE 11B

A COPY OF THE 990 IS PROVIDED TO THE FINANCE COMMITTEE VIA EMAIL FOR COMMENTS AND  
QUESTIONS BEFORE FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	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 PAYROLL CLERK IN HUMAN RESOURCES BOARD MEMBERS ARE ALSO INVOLVED IN THE BOARD APPROVAL OF ANNUAL BUDGETS

**Return Reference****Explanation**

FORM 990, PAGE 6,  
PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING BY LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST IN ITS MAIN OFFICE AT 10 DISTILLERY DRIVE, WESTMINSTER, MD

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSSES REPORTED ON RETURN -3,632 DIRECT FUNDRAISING EXPENSES 3,074 LOSS ON DISPOSAL OF EQUIPMENT 3,632 UNREALIZED LOSS INCLUDED IN EXPENSES 16,502 ENDOWMENT INVESTMENT INCOME -10,135 DIRECT FUNDRAISING EXPENSES -3,074 UNREALIZED LOSS INCLUDED IN EXPENSES -16,502 ENDOWMENT INVESTMENT INCOME 10,135