

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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 21157

D Employer identification number
52-1549551
E Telephone number
(410) 857-2999
G Gross receipts \$ 4,284,849

F Name and address of principal officer
ANGELA GUSTUS
10 DISTILLERY DRIVE
WESTMINSTER, MD 21157

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW.HSPINC.ORG

K Form of organization
Corporation
L Year of formation 1987
M State of legal domicile MD

Part I Summary

Table with 2 columns: Description, Amount. Rows include: 1 Briefly describe the organization's mission... HSP GIVES HOPE, INSPIRES CHANGE, AND PROVIDES OPPORTUNITY BY MOBILIZING THE COMMUNITY IN THE FIGHT AGAINST POVERTY; 2-7a Summary statistics; 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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: ANGELA GUSTUS EXECUTIVE DIRECTOR
Date: 2017-12-21

Paid Preparer Use Only
Print/Type preparer's name: WANDA K LYNN CPA
Preparer's signature: WANDA K LYNN CPA
Date: 2017-12-21
Check if self-employed
Firm's name: RLH CPAS & BUSINESS ADVISORS LLC
Firm's EIN: 47-4974197
Firm's address: 205 EAST MAIN STREET, 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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,188,533 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,173,277 including grants of \$) (Revenue \$ 29,304)
See Additional Data

4c (Code) (Expenses \$ 619,255 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 548,546 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 17 OPPORTUNITY WORKS SERVED 124 INDIVIDUALS 96% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 94% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 85% MASTERED AT LEAST 5 SKILLS, 70% RESOLVED AT LEAST 2 BARRIERS TO EMPLOYMENT, 65% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, AND 80% 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 17 SECOND CHANCES SERVED 3,135 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 17 OVER 1,428 POUNDS OF PRODUCE FED 718 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 17 78 CLIENTS ATTENDED 33 FINANCIAL EDUCATION WORKSHOPS COMMENCING IN MAY, 9 PARTICIPATED IN FINANCIAL COACHING SERVICES, 56% CREATED A HOUSEHOLD BUDGET, 100% MAINTAINED THAT BUDGET FOR 30 DAYS, 44% ACHIEVED A FINANCIAL GOAL, PAYING DOWN OR DEBT OR CREATING SAVINGS VITA PREPARED 920 RETURNS GIVING BACK OVER 1.6 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY TAY PAYERS SAVED 10,000

4d Other program services (Describe in Schedule O)
(Expenses \$ 548,546 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,529,611

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 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
6 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
7 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
8 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
9 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
10 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	
11 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		
a 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 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
c 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
d 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	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f 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	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15 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
16 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
17 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
18 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
19 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 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); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); 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); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [X] Another's website, [X] 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 (RUTH CARSKI 10 DISTILLERY DRIVE WESTMINSTER, MD 21157 (410) 386-6627).

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 L 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
(15) MISSIE WILCOX BOARD MEMBER	3 00	X						0	0	0
(16) ANGELA GUSTUS EXECUTIVE DI	40 00			X				85,474	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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	13,988				
	b Membership dues	1b					
	c Fundraising events	1c	4,500				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,683,362				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	477,448				
	g Noncash contributions included in lines 1a-1f \$ _____		262,995				
	h Total. Add lines 1a-1f		4,179,298				
Program Service Revenue			Business Code				
	2a SHELTER CLIENT FEES		624100	29,304	29,304		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		29,304					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,164			23,164	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			1,000				
		b Less rental expenses					
		c Rental income or (loss)	1,000				
	d Net rental income or (loss)			1,000		1,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			185				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	185				
	d Net gain or (loss)			185	185		
	8a Gross income from fundraising events (not including \$ 4,500 of contributions reported on line 1c) See Part IV, line 18	a	2,963				
		b Less direct expenses	b	403			
c Net income or (loss) from fundraising events				2,560		2,560	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	48,935	48,935			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			48,935				
12 Total revenue. See Instructions			4,284,446	78,424	1,000	25,724	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	97,409	77,927	19,482	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,970,445	1,535,289	429,962	5,194
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	44,011	33,738	10,081	192
9 Other employee benefits	151,375	132,705	18,229	441
10 Payroll taxes	153,356	114,959	37,875	522
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	35,610	29,742	5,868	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,400	20,548	2,852	
12 Advertising and promotion	4,239	1,729	1,890	620
13 Office expenses	36,393	20,187	15,801	405
14 Information technology	44,064	36,785	7,279	
15 Royalties				
16 Occupancy	28,413	26,740	1,673	
17 Travel	12,098	9,842	2,108	148
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,264	1,264		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,888	11,192	14,976	720
23 Insurance	25,814	22,269	3,545	
24 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.)				
a CLIENT BENEFITS	1,336,104	1,336,104		
b PROGRAM SUPPLIES	67,226	65,198	1,406	622
c EQUIPMENT PURCH & RENTS	28,636	16,714	11,922	
d REPAIRS & MAINTENANCE	22,171	18,509	3,632	30
e All other expenses	31,841	18,170	13,287	384
25 Total functional expenses. Add lines 1 through 24e	4,140,757	3,529,611	601,868	9,278
26 Joint costs. 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	688,748	1	557,529
	2 Savings and temporary cash investments	468,045	2	705,009
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	268,276	4	211,717
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	21,715
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,093,483		
	b Less accumulated depreciation	514,266		
		164,035	10c	579,217
	11 Investments—publicly traded securities	539,855	11	370,350
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	914,794	15	791,661	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,043,753	16	3,237,198	
Liabilities	17 Accounts payable and accrued expenses	166,726	17	182,449
	18 Grants payable		18	
	19 Deferred revenue	240,563	19	80,350
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,300	23	326,650
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	427,589	26	589,449
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,568,048	27	1,698,380
	28 Temporarily restricted net assets	1,048,116	28	949,369
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,616,164	33	2,647,749
	34 Total liabilities and net assets/fund balances	3,043,753	34	3,237,198

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,284,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,140,757
3	Revenue less expenses Subtract line 2 from line 1	3	143,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,616,164
5	Net unrealized gains (losses) on investments	5	17,883
6	Donated services and use of facilities	6	-129,987
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,647,749

Part XII Financial Statements and Reporting

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

		Yes	No
1 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			
2a 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	2a		No
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	2b	Yes	
c 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	2c	Yes	
3a 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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1549551

Name: HUMAN SERVICES PROGRAMS OF CARROLL
COUNTY INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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, 2017 ARE AS FOLLOWS HOME ENERGY SERVICES 497 HOUSEHOLDS, 1,391 INDIVIDUALS COMMUNITY RESOURCE SERVICES 292 HOUSEHOLDS, 632 INDIVIDUALS OFFICE OF HOME ENERGY PROGRAMS 2,147 HOUSEHOLDS

Form 990, Part III, Line 4b:

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 SERVICES AVAILABLE TO RESIDENTS SOME RESIDENTS STAY FOR ONE OR TWO NIGHTS, SOME UTILIZE THE SHELTER ALL SEASON IN THE 2017 FISCAL YEAR WOMEN AND CHILDREN'S SHELTER SERVED 60 WOMEN AND 34 CHILDREN FAMILY SHELTER SERVED 39 ADULTS AND 46 CHILDREN MEN'S SHELTER SERVED 39 MEN SAFE HAVEN SERVED 46 ADULTS COLD WEATHER SHELTER SERVED 188 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 2017 FISCAL YEAR, 17 FORMERLY HOMELESS INDIVIDUALS WERE SERVED IN THIS PROGRAM, 7 WERE CHILDREN THE RAPID REHOUSING 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 2017 FISCAL YEAR, UTILIZING RAP, SERVICE LINKED, AND ESG FUNDS HOUSEHOLDS CONTAINING 53 ADULTS AND 67 CHILDREN WERE SERVED THE PRIMARY GOALS OF THIS PROGRAM ARE TO RAPIDLY RE-HOUSE HOMELESS FAMILIES, ASSIST THESE HOUSEHOLDS TO REMAIN STABLY HOUSE AND, BY EXIT, HAVE THEM BE MORE SELF-SUFFICIENT AND ENGAGED WITH APPROPRIATE COMMUNITY RESOURCES

Form 990, Part III, Line 4c:

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 ", "THE CHICAGO PARENTING PLAN", "PARENTS AS TEACHERS", AND "ABC ATTACHMENT AND BIO-BEHAVIORAL CATCH-UP" 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 PEER SUPPORT ACTIVITIES IN ADDITION TO THESE CENTER-BASED SERVICES, THE FAMILY CENTER ALSO OFFERS A HOME VISITING PROGRAM OUR IN-HOME INTERVENTIONIST IS TRAINED IN THE "PARENTS AS TEACHERS- AND "ABC" CURRICULA, AND PROVIDES THESE PROGRAMS AS WELL AS CASE MANAGEMENT TO FAMILIES IN THEIR OWN HOMES SERVICES ARE PROVIDED FREE OF CHARGE, AND TRANSPORTATION IS PROVIDED WITHIN A 12 MILE RADIUS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES IN THE 2017 FISCAL YEAR, 42 FAMILIES PARTICIPATED IN CENTER-BASED ACTIVITIES AND 20 FAMILIES RECEIVED HOME VISIT SERVICES

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

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.

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 12, 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)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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)**. Enter the hospital's name, city, and state _____
- 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)**. (Complete Part II)
- 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)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - 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) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,203,241	4,013,460	4,249,822	4,136,191	4,179,298	20,782,012
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	405,044	403,925	362,635	325,020	535,987	2,032,611
4 Total. Add lines 1 through 3	4,608,285	4,417,385	4,612,457	4,461,211	4,715,285	22,814,623
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						22,814,623

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	4,608,285	4,417,385	4,612,457	4,461,211	4,715,285	22,814,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,700	20,946	32,183	28,066	24,164	129,059
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,577	11,370	-4,080	8,385	2,963	36,215
11 Total support. Add lines 7 through 10						22,979,897
12 Gross receipts from related activities, etc. (see instructions)					12	248,563

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.280%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99.150%

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
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)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	FUNDRAISING GROSS REV/ OTHER INC 33,252

Schedule A Form 990 or 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

9 In Part 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	612,793	604,886	604,957	548,654	513,348
b Contributions			5,021		10,100
c Net investment earnings, gains, and losses	37,967	10,872	-2,078	56,303	25,206
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,142	2,965	3,014		
g End of year balance	647,618	612,793	604,886	604,957	548,654

- 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 |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		596,150	140,708	455,442
c Leasehold improvements		68,299	53,482	14,817
d Equipment		406,541	320,076	86,465
e Other		12,493		12,493
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				579,217

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) PROMISED USE OF FACILITIES	791,661
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	791,661

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	4,708,359
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	17,883
b	Donated services and use of facilities	2b	406,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	30
e	Add lines 2a through 2d	2e	423,913
3	Subtract line 2e from line 1	3	4,284,446
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,284,446

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	4,676,774
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	535,987
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	30
e	Add lines 2a through 2d	2e	536,017
3	Subtract line 2e from line 1	3	4,140,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,140,757

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 52-1549551

Name: HUMAN SERVICES PROGRAMS OF CARROLL
COUNTY INC

Supplemental 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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS INCORPORATED UNDER THE LAWS OF THE STATE OF MARYLAND AS A NONPROFIT ORGANIZATION THE ORGANIZATION HAS ELECTED UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE INCOME TAX STATUTES TO BE EXCLUDED FROM TAXES ON EXEMPT FUNCTION INCOME THEREFORE, NO PROVISION IS MADE FOR TAXES ON INCOME HOWEVER, INCOME FROM RENTAL ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION CONSIDERATION AS UNRELATED BUSINESS INCOME

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSES 30

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 30

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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**

OMB No 1545-0047

2016

Open to Public Inspection

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		198,240	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	1,437	THRIFT SHOP VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS)	X	59	15,505	THRIFT SHOP VALUE
26 Other ▶ (GIFTS/OTHER)	X	74	22,644	THRIFT SHOP VALUE
27 Other ▶ (FURNITURE)	X	45	18,364	THRIFT SHOP VALUE
28 Other ▶ (ELECTRONICS)	X	31	6,805	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 **29**

		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	Yes	
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

OMB No 1545-0047

SCHEDULE O
(Form 990 or 990-EZ)

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.

2016

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

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FORM 990, PAGE 2, PART III, LINE 4B	<p>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 SERVICES AVAILABLE TO RESIDENTS SOME RESIDENTS STAY FOR ONE OR TWO NIGHTS, SOME UTILIZE THE SHELTER ALL SEASON IN THE 2017 FISCAL YEAR WOMEN AND CHILDREN'S SHELTER SERVED 60 WOMEN AND 34 CHILDREN FAMILY SHELTER SERVED 39 ADULTS AND 46 CHILDREN MEN'S SHELTER SERVED 39 MEN SAFE HAVEN SERVED 46 ADULTS COLD WEATHER SHELTER SERVED 188 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 2017 FISCAL YEAR, 17 FORMERLY HOMELESS INDIVIDUALS WERE SERVED IN THIS PROGRAM, 7 WERE CHILDREN THE RAPID REHOUSING 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 2017 FISCAL YEAR, UTILIZING RAP, SERVICE LINKED, AND ESG FUNDS HOUSEHOLDS CONTAINING 53 ADULTS AND 67 CHILDREN WERE SERVED THE PRIMARY GOALS OF THIS PROGRAM ARE TO RAPIDLY RE-HOUSE HOMELESS FAMILIES, ASSIST THESE HOUSEHOLDS TO REMAIN STABLY HOUSED AN</p>

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FORM 990, PAGE 2, PART III, LINE 4B	D, BY EXIT, HAVE THEM BE MORE SELF-SUFFICIENT AND ENGAGED WITH APPROPRIATE COMMUNITY RESOURCES

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	ATTACHMENT AND BIO-BEHAVIORAL CATCH-UP" 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 PEER SUPPORT ACTIVITIES IN ADDITION TO THESE CENTER-BASED SERVICES, THE FAMILY CENTER ALSO OFFERS A HOME VISITING PROGRAM OUR IN-HOME INTERVENTIONIST IS TRAINED IN THE "PARENTS AS TEACHERS- AND "ABC" CURRICULA, AND PROVIDES THESE PROGRAMS AS WELL AS CASE MANAGEMENT TO FAMILIES IN THEIR OWN HOMES SERVICES ARE PROVIDED FREE OF CHARGE, AND TRANSPORTATION IS PROVIDED WITHIN A 12 MILE RADIUS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES IN THE 2017 FISCAL YEAR, 42 FAMILIES PARTICIPATED IN CENTER-BASED ACTIVITIES AND 20 FAMILIES RECEIVED HOME VISIT SERVICES

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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 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 17 OPPORTUNITY WORKS SERVED 124 INDIVIDUALS 96% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 94% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 85% MASTERED AT LEAST 5 SKILLS, 70% RESOLVED AT LEAST 2 BARRIERS TO EMPLOYMENT, 65% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, AND 80% 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 17 SECOND CHANCES SERVED 3,135 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 17 OVER 1,428 POUNDS OF PRODUCE FED 718 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 17 78 CLIENTS ATTENDED 33 FINANCIAL EDUCATION WORKSHOPS COMMENCING IN MAY, 9 PARTICIPATED IN FINANCIAL COACHING SERVICES, 56% CREATED A HOUSEHOLD BUDGET, 100% MAINTAINED THAT BUDGET FOR 30 DAYS, 44% ACHIEVED A FINANCIAL GOAL, PAYING DOWN OR DEBT OR CREATING SAVINGS VITA PREPARED 920 RETURNS GIVING BACK OVER 1 6 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY TAY PAYERS SAVED 10,000</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 4	THE ORGANIZATION UPDATED THEIR BYLAWS AS APPROVED IN THE JULY 21, 2016 BOARD MINUTES THE UPDATES INCLUDED - UPDATING THE MISSION STATEMENT - ADDING A CLAUSE REQUIRING THAT BOARD MEETINGS ARE SCHEDULED AT LEAST 3 DAYS PRIOR TO THE MEETING - ADDING A CLAUSE SPECIFYING TERMS UNDER WHICH A BOARD MEMBER COULD BE REMOVED WITH CAUSE - UPDATING THE CLAUSE SPECIFYING CIRCUMSTANCES UNDER WHICH A BOARD MEMBER IS CONSIDERED TO HAVE RESIGNED - UPDATING THE TELEPHONE ATTENDANCE TO A BOARD MEETING CLAUSE - UPDATING THE NON-DISCRIMINATION CLAUSE

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE FILING WITH THE IRS

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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

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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

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FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING BYLAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST IN ITS MAIN OFFICE AT 10 DISTILLERY DRIVE, WESTMINSTER, MD THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE

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FORM 990, PART XI, LINE 9	FUNDRAISING EXPENSES 30 FUNDRAISING EXPENSES -30