

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 4,500,714

F Name and address of principal officer
ROBERT L MILLER
10 DISTILLERY DRIVE
WESTMINSTER, MD 21157

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ HSPINC.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987

M State of legal domicile MD

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	101
6 Total number of volunteers (estimate if necessary)	507
7a Total unrelated business revenue from Part VIII, column (C), line 12	-711
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,273,453	4,440,478
9 Program service revenue (Part VIII, line 2g)	32,549	25,145
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,647	18,161
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,978	4,582
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,336,627	4,488,366

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,436,091	2,631,798
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,189		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,819,723	1,877,232
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,255,814	4,509,030
19 Revenue less expenses Subtract line 18 from line 12	80,813	-20,664

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,284,241	3,422,958
21 Total liabilities (Part X, line 26)	682,702	968,766
22 Net assets or fund balances Subtract line 21 from line 20	2,601,539	2,454,192

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-02-21

ROBERT L MILLER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-02-22 Check if self-employed PTIN: P00726749

Firm's name ▶ BROWN SCHULTZ SHERIDAN & FRITZ Firm's EIN ▶ 25-1644159

Firm's address ▶ 205 EAST MAIN STREET Phone no (301) 696-9449
WESTMINSTER, MD 21157

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 \$ 1,418,644 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 1,260,251 including grants of \$) (Revenue \$ 25,145)
See Additional Data

4c (Code) (Expenses \$ 624,694 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 607,545 including grants of \$) (Revenue \$)

ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY- BASED RE-ENTRY SERVICES IN FY 19 OPPORTUNITY WORKS SERVED 146 INDIVIDUALS 90% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 91% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 50% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, 60% MAINTAINED EMPLOYMENT FOR 90 DAYS OR MORE OPPORTUNITY WORKS UTILIZES THREE JOB TRAINING PLATFORMS FOR PARTICIPANTS 1 SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, WHO SERVED 2,788 HOUSEHOLDS, 2 EBAY BUSINESS, GENERATING OVER 400 TO SUPPORT PROGRAMMING, 3 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 19, 555 POUNDS OF PRODUCE FED 469 HOUSEHOLDS FINANCIAL EDUCATION SERVICES HELP PARTICIPANTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, AND DEVELOPING SOLID FINANCIAL HABITS SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION, AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR 241 PARTICIPANTS ATTENDED 101 SCHEDULED FINANCIAL EDUCATION WORKSHOPS 118 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES 68% INCREASED THEIR FINANCIAL WELL-BEING, 63% CREATED A HOUSEHOLD BUDGET, 30% MAINTAINED THAT BUDGET FOR 90 DAYS, 27% MAINTAINED FOR 6 MONTHS, 73% ACHIEVED A FINANCIAL GOAL, PURCHASED AN ASSET, PAID DOWN DEBT, OR CREATED SAVINGS OUR VITA SITE PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS VITA IS AN IRS SPONSORED PROGRAM THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND TAXPAYERS SAVED 2,700 VITA PREPARED 916 TAX RETURNS GIVING BACK OVER 1 2 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY

4d Other program services (Describe in Schedule O)
(Expenses \$ 607,545 including grants of \$) (Revenue \$)

4e Total program service expenses ► 3,911,134

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 23-38 covering various organizational requirements and schedules J through O.

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 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	101		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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) MARLENE DUFF VICE PRESIDE	6 00	X		X				0	0	0
(3) ANDREW DODGE TREASURER	6 00	X		X				0	0	0
(4) KIMBERLEE SCHULTZ 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) JEAN LEWIS BOARD MEMBER	3 00	X						0	0	0
(8) STACIA SMITH BOARD MEMBER	3 00	X						0	0	0
(9) JEFFREY SPAULDING BOARD MEMBER	3 00	X						0	0	0
(10) K LYNN WHEELER BOARD MEMBER	3 00	X						0	0	0
(11) MISSIE WILCOX BOARD MEMBER	3 00	X						0	0	0
(12) LISA GORETSAS BOARD MEMBER	3 00	X						0	0	0
(13) VICKY KELLER BOARD MEMBER	3 00	X						0	0	0
(14) TOM LEDWELL BOARD MEMBER	3 00	X						0	0	0
(15) SCOTT YARD EXECUTIVE DI	40 00			X				58,690	0	9,499
(16) ANGELA GUSTUS EXECUTIVE DI	40 00			X				58,496	0	4,087

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	6,419			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	5,662			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,969,276			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	459,121			
	g Noncash contributions included in lines 1a - 1f \$ _____		257,034			
	h Total. Add lines 1a-1f			4,440,478		

Program Service Revenue			Business Code			
	2a SHELTER CLIENT FEES		624100	25,145	25,145	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			25,145			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,531			14,531	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			11,000					
		b Less rental expenses		11,711				
		c Rental income or (loss)		-711				
	d Net rental income or (loss)				-711		-711	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			3,630					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)		3,630				
	d Net gain or (loss)				3,630		3,630	
	8a Gross income from fundraising events (not including \$ 5,662 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b		2,304			
c Net income or (loss) from fundraising events				1,667			1,667	
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	3,626	3,626				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			3,626					
12 Total revenue. See Instructions			4,488,366	28,771	-711	19,828		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	102,543	63,963	19,290	19,290
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	2,150,789	1,773,967	305,631	71,191
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	48,122	39,183	7,401	1,538
9 Other employee benefits	175,603	163,430	3,531	8,642
10 Payroll taxes	154,741	127,875	21,868	4,998
11 Fees for services (non-employees)				
a Management				
b Legal	1,038		1,038	
c Accounting	25,802	10,849	14,953	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,776		1,776	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,872	10,000	11,872	12,000
12 Advertising and promotion	14,107	6,378	395	7,334
13 Office expenses	96,785	75,346	18,148	3,291
14 Information technology	47,432	37,176	6,857	3,399
15 Royalties				
16 Occupancy	33,458	30,254	3,050	154
17 Travel	8,655	7,293	1,202	160
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,036	1,945	1,073	18
20 Interest	12,952	12,952		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,621	26,460	18,797	364
23 Insurance	33,672	27,532	4,971	1,169
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 SPECIFIC ASSIST TO INDIV	1,415,490	1,415,490		
b PROGRAM SUPPLIES	49,283	48,091	33	1,159
c EQUIP RENTAL & MAINT	33,422	21,841	10,724	857
d MISCELLANEOUS	14,020	7,127	5,268	1,625
e All other expenses	6,811	3,982	2,829	
25 Total functional expenses. Add lines 1 through 24e	4,509,030	3,911,134	460,707	137,189
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	527,144	1	712,846
	2 Savings and temporary cash investments	687,503	2	697,080
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	453,859	4	482,761
	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	20,307	9	10,054
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,122,524		
	b Less accumulated depreciation	10b 507,646	600,845	10c 614,878
	11 Investments—publicly traded securities	326,979	11	362,720
	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	667,604	15	542,619
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,284,241	16	3,422,958	
Liabilities	17 Accounts payable and accrued expenses	291,508	17	525,681
	18 Grants payable		18	
	19 Deferred revenue	66,194	19	119,735
	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	325,000	23	323,350
	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	682,702	26	968,766
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,743,608	27	1,785,919
	28 Temporarily restricted net assets	857,931	28	668,273
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	2,601,539	33	2,454,192	
34 Total liabilities and net assets/fund balances	3,284,241	34	3,422,958	

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	4,488,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,509,030
3	Revenue less expenses Subtract line 2 from line 1	3	-20,664
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,601,539
5	Net unrealized gains (losses) on investments	5	2,613
6	Donated services and use of facilities	6	-129,296
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	2,454,192

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1549551

Name: HUMAN SERVICES PROGRAMS OF CARROLL
COUNTY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE HOME ENERGY PROGRAM PROVIDES ASSISTANCE FOR LOW-INCOME CARROLL COUNTY RESIDENTS WHO ARE FACED WITH ANY NUMBER OF SITUATIONS THAT COULD RESULT IN HOMELESSNESS AND OR LACK OF BASIC NEEDS THAT AFFECT THE INDIVIDUAL OR FAMILY'S ABILITY TO MAINTAIN SELF-SUFFICIENCY THESE SERVICES INCLUDE HOME ENERGY SERVICES AND COMMUNITY RESOURCE SERVICES THE NUMBER OF CLIENTS SERVED UNDER THESE SERVICES FOR THE YEAR ENDED JUNE 30, 2019 ARE AS FOLLOWS HOME ENERGY SERVICES 278 HOUSEHOLDS, 745 INDIVIDUALS COMMUNITY RESOURCE SERVICES 266 HOUSEHOLDS, 656 INDIVIDUALS OFFICE OF HOME ENERGY PROGRAMS 1,727 HOUSEHOLDS

Form 990, Part III, Line 4b:

HSP OPERATES THE SHELTER AND HOUSING PROGRAM WITH THE HOUSING FIRST APPROACH PROGRAMMING SERVICES THE MOST IN NEED FIRST PROVIDING OPEN-ACCESS, LOW BARRIER SERVICES HSP BELIEVES HOMELESSNESS SHOULD BE PREVENTED IF IT CANNOT BE PREVENTED, HOMELESSNESS SHOULD BE BRIEF SHELTER AND HOUSING SERVICES STRIVE TO HELP PARTICIPANTS INCREASE THEIR INCOME, SECURE PERMANENT HOUSING, AND PROVIDE NECESSARY COMMUNITY SUPPORTS AND LINKAGES TO PREVENT HOMELESSNESS FROM RE-OCCURRING SHELTER SERVICES PROVIDE OVERNIGHT SUPPORT AND CASE MANAGEMENT SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES SHELTER STAFF CONNECT HOMELESS PARTICIPANTS TO HOUSING OPPORTUNITIES - REGARDLESS OF WHAT MIGHT BE GOING ON IN THEIR LIFE SHELTER SERVICES CASE MANAGERS FOCUS ON STABILIZING PARTICIPANTS, CONNECTING THEM WITH BASIC NEEDS AND COMMUNITY RESOURCES, INCREASING THEIR INCOME, AND RAPIDLY SECURING PERMANENT HOUSING HSP MANAGES 5 OF CARROLL COUNTY'S HOMELESS SHELTERS SHELTER SERVICES OPERATE 24 HOURS, SEVEN DAYS A WEEK TO ENSURE PARTICIPANTS ARE SAFE AND STABLE IN ADDITION TO STABILITY AND SUPPORT SERVICES SHELTERS ALSO PROVIDE FOOD SUPPORT, LAUNDRY FACILITIES, TELEPHONE, AND MAIL IN FISCAL YEAR 2019 WOMEN'S SHELTER SERVED 52 HOUSEHOLDS/69 TOTAL PARTICIPANTS, 55 ADULTS AN 14 CHILDREN FAMILY SHELTER SERVED 20 HOUSEHOLDS/68 TOTAL PARTICIPANTS, 32 ADULTS AND 36 CHILDREN MEN'S SHELTER SERVED 25 TOTAL PARTICIPANTS SAFE HAVEN (A LONG-TERM SHELTER FOR PARTICIPANTS WITH CHRONIC AND PERSISTENT MENTAL HEALTH DIAGNOSIS)SERVED 57 TOTAL PARTICIPANTS COLD WEATHER SHELTER (OPERATES FROM NOVEMBER 15TH-MARCH 31ST) SERVED 163 PARTICIPANTS SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 305 UNIQUE PARTICIPANTS 53% OF SHELTER PARTICIPANTS EXITED TO PERMANENT HOUSING HOUSING SERVICES WORK TO PREVENT HOMELESSNESS WHEREVER POSSIBLE HOUSING SERVICES SEAMLESSLY BLEND SERVICES FOR THOSE EXPERIENCING HOMELESS TO THOSE AT RISK OF BECOMING HOMELESS HSP CONDUCTS HOUSING AND SHELTER SERVICES SCREENINGS 5 DAYS A WEEK VIA WALK-IN HOURS AND THROUGHOUT THE COMMUNITY A PARTICIPANTS COMPLETE THE ASSESSMENT, THEY ARE REFERRED TO APPROPRIATE HOUSING RESOURCES IF A PARTICIPANT MEETS THE FEDERAL DEFINITION OF HOMELESS, THEY THEN ARE REFERRED TO COORDINATED ENTRY COORDINATED ENTRY COMPLETES A NEEDS ASSESSMENT, TO OBJECTIVELY ASSESS THE PARTICIPANT'S RISK OR NEED PARTICIPANTS ARE THEN REFERRED TO SHELTER SERVICES, PERMANENT SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (PSPWD), OR RAPID RE- HOUSING PROGRAM PSPWD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 15 RENTAL UNITS FOR PARTICIPANTS RAPID RE-HOUSING PROVIDES SHORT TERM RENTAL ASSISTANCE TO PARTICIPANTS EXPERIENCING HOMELESSNESS WHILE PARTICIPANTS WAIT TO ACCESS SERVICES, THEY CAN PARTICIPATE IN HOMELESS RECOVERY CASE MANAGEMENT SERVICES, WITH A FOCUS ON SECURING HOUSING IF A PARTICIPANT IS AT-RISK OF BECOMING HOMELESS, HAS AN EVICTION, OR IS IN NEED OF A SECURITY DEPOSIT, HSP HAS ADDITIONAL SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS HSP IS THE COUNTY-WIDE ACCESS POINT FOR SECURITY DEPOSITS AND EVICTION PREVENTION, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS HSP ALSO PARTNERS WITH THE UNITED WAY, TO ADMINISTER THE FAMILY STABILITY PROGRAM, PROVIDING CASE MANAGEMENT AND SHORT-TERM RENTAL ASSISTANCE TO FAMILIES AT-RISK OF HOMELESSNESS WHO HAVE CHILD IN THE SCHOOL SYSTEM IN FISCAL YEAR 2019 COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 385 HOUSEHOLDS/594 TOTAL PARTICIPANTS, 437 ADULTS AND 157 CHILDREN COORDINATED ENTRY SERVED 424 TOTAL PARTICIPANTS, 317 ADULTS AND 107 CHILDREN PERMANENT HOUSING SERVED 18 HOUSEHOLDS/28 TOTAL PARTICIPANTS, 20 ADULTS AND 8 CHILDREN, 80% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING RAPID RE-HOUSING SERVED 38 HOUSEHOLDS/93 TOTAL PARTICIPANTS, 55 ADULTS AND 38 CHILDREN, 70% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING HOMELESS RECOVERY CASE MANAGERS SERVED 125 HOUSEHOLDS/127 TOTAL PARTICIPANTS, 30% OF PARTICIPANTS EXITED TO PERMANENT HOUSING PREVENTED 117 EVICTIONS FOR 307 PARTICIPANTS, 164 ADULTS AND 143 CHILDREN, SECURING 204,020 COMPLETED 155 SECURITY DEPOSITS FOR 309 PARTICIPANTS, 193 ADULTS AND 116 CHILDREN, SECURING 138,978 FAMILY STABILITY SERVED 20 FAMILIES, 100% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING

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 CURRICULUMS, "THE NURTURING PROGRAM," "THE CHICAGO PARENTING PLAN,- AND "PARENTS AS TEACHERS" 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" 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 ON A CASE BY CASE BASIS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES DURING THE YEAR ENDED JUNE 30, 2019, 34 FAMILIES PARTICIPATED IN CENTER- BASED ACTIVITIES AND 21 FAMILIES RECEIVED HOME VISIT SERVICES THIS COMES TO A TOTAL OF 55 FAMILIES (121 PEOPLE)

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC

Employer identification number

52-1549551

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

The organization is not a private foundation because it is (For lines 1 through 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,249,822	4,136,191	4,179,298	4,273,453	4,440,478	21,279,242
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	362,635	325,020	535,987	545,987	552,984	2,322,613
4	Total. Add lines 1 through 3	4,612,457	4,461,211	4,715,285	4,819,440	4,993,462	23,601,855
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						23,601,855

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	4,612,457	4,461,211	4,715,285	4,819,440	4,993,462	23,601,855
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,183	28,066	24,164	12,528	14,531	111,472
9	Net income from unrelated business activities, whether or not the business is regularly carried on				727		727
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-4,080	8,385	2,963	15,572	2,304	25,144
11	Total support. Add lines 7 through 10						23,739,198
12	Gross receipts from related activities, etc (see instructions)					12	161,732

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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.420%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.340%

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 25,144

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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	665,025	647,618	612,793	604,886	604,957
b Contributions					5,021
c Net investment earnings, gains, and losses	16,953	19,151	37,967	10,872	-2,078
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,776	1,744	3,142	2,965	3,014
g End of year balance	680,202	665,025	647,618	612,793	604,886

- 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | 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		205,400		205,400
b Buildings		393,156	147,660	245,496
c Leasehold improvements		68,438	50,532	17,906
d Equipment		400,603	309,454	91,149
e Other		54,927		54,927
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				614,878

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 FACILITY	542,619
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	542,619

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

1. (a) Description of liability	(b) Book value
(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	4,924,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,613
b	Donated services and use of facilities	2b	423,688
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-1,776
e	Add lines 2a through 2d	2e	424,525
3	Subtract line 2e from line 1	3	4,500,077
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	-11,711
c	Add lines 4a and 4b	4c	-11,711
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,488,366

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	5,071,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	552,984
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	11,711
e	Add lines 2a through 2d	2e	564,695
3	Subtract line 2e from line 1	3	4,507,254
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	1,776
c	Add lines 4a and 4b	4c	1,776
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,509,030

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 PROVIDE SUPPORT FOR THE PROGRAMS, CLIENT SERVICES, AND THE OVERALL OPERATIONS OF THE ORGANIZATION

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, THE ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX ON RENTAL ACTIVITIES THAT AREN'T DIRECTLY RELATED TO THEIR TAX-EXEMPT PURPOSE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	INVESTMENT EXPENSES -1,776

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	RENTAL EXPENSES -11,711

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 11,711

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	INVESTMENT EXPENSES 1,776

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC

Employer identification number
52-1549551

Part I 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		247,005	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	3	416	THRIFT SHOP VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURNITURE)	X	23	3,582	THRIFT SHOP VALUE
26 Other ▶ (MISC)	X	6	475	THRIFT SHOP VALUE
27 Other ▶ (APPLIANCES)	X	7	1,482	THRIFT SHOP VALUE
28 Other ▶ (TOYS)	X	18	4,074	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?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC

Employer identification number

52-1549551

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>HSP OPERATES THE SHELTER AND HOUSING PROGRAM WITH THE HOUSING FIRST APPROACH PROGRAMMING SERVICES THE MOST IN NEED FIRST PROVIDING OPEN- ACCESS, LOW BARRIER SERVICES HSP BELIEVES HOMELESSNESS SHOULD BE PREVENTED IF IT CANNOT BE PREVENTED, HOMELESSNESS SHOULD BE BRIEF SHELTER AND HOUSING SERVICES STRIVE TO HELP PARTICIPANTS INCREASE THEIR INCOME, SECURE PERMANENT HOUSING, AND PROVIDE NECESSARY COMMUNITY SUPPORTS AND LINKAGES TO PREVENT HOMELESSNESS FROM RE-OCCURRING SHELTER SERVICES PROVIDE OVERNIGHT SUPPORT AND CASE MANAGEMENT SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES SHELTER STAFF CONNECT HOMELESS PARTICIPANTS TO HOUSING OPPORTUNITIES - REGARDLESS OF WHAT MIGHT BE GOING ON IN THEIR LIFE SHELTER SERVICES CASE MANAGERS FOCUS ON STABILIZING PARTICIPANTS, CONNECTING THEM WITH BASIC NEEDS AND COMMUNITY RESOURCES, INCREASING THEIR INCOME, AND RAPIDLY SECURING PERMANENT HOUSING HSP MANAGES 5 OF CARROLL COUNTY'S HOMELESS SHELTERS SHELTER SERVICES OPERATE 24 HOURS, SEVEN DAYS A WEEK TO ENSURE PARTICIPANTS ARE SAFE AND STABLE IN ADDITION TO STABILITY AND SUPPORT SERVICES SHELTERS ALSO PROVIDE FOOD SUPPORT, LAUNDRY FACILITIES, TELEPHONE, AND MAIL IN FISCAL YEAR 2019 WOMEN'S SHELTER SERVED 52 HOUSEHOLDS/69 TOTAL PARTICIPANTS, 55 ADULTS AND 14 CHILDREN FAMILY SHELTER SERVED 20 HOUSEHOLDS/68 TOTAL PARTICIPANTS, 32 ADULTS AND 36 CHILDREN MEN'S SHELTER SERVED 25 TOTAL PARTICIPANTS SAFE HAVEN (A LONG-TERM SHELTER FOR PARTICIPANTS WITH CHRONIC AND PERSISTENT MENTAL HEALTH DIAGNOSIS) SERVED 57 TOTAL PARTICIPANTS COLD WEATHER SHELTER (OPERATES FROM NOVEMBER 15TH-MARCH 31ST) SERVED 163 PARTICIPANTS SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 305 UNIQUE PARTICIPANTS 53% OF SHELTER PARTICIPANTS EXITED TO PERMANENT HOUSING HOUSING SERVICES WORK TO PREVENT HOMELESSNESS WHEREVER POSSIBLE HOUSING SERVICES SEAMLESSLY BLEND SERVICES FOR THOSE EXPERIENCING HOMELESSNESS TO THOSE AT RISK OF BECOMING HOMELESS HSP CONDUCTS HOUSING AND SHELTER SERVICES SCREENINGS 5 DAYS A WEEK VIA WALK-IN HOURS AND THROUGHOUT THE COMMUNITY A PARTICIPANT COMPLETE THE ASSESSMENT, THEY ARE REFERRED TO APPROPRIATE HOUSING RESOURCES IF A PARTICIPANT MEETS THE FEDERAL DEFINITION OF HOMELESS, THEY THEN ARE REFERRED TO COORDINATED ENTRY COORDINATED ENTRY COMPLETES A NEEDS ASSESSMENT, TO OBJECTIVELY ASSESS THE PARTICIPANT'S RISK OR NEED PARTICIPANTS ARE THEN REFERRED TO SHELTER SERVICES, PERMANENT SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (PSPWD), OR RAPID RE-HOUSING PROGRAM PSPWD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 15 RENTAL UNITS FOR PARTICIPANTS RAPID RE-HOUSING PROVIDES SHORT TERM RENTAL ASSISTANCE TO PARTICIPANTS EXPERIENCING HOMELESSNESS WHILE PARTICIPANTS WAIT TO ACCESS SERVICES, THEY CAN PARTICIPATE IN HOMELESS RECOVERY CASE MANAGEMENT SERVICES, WITH A FOCUS ON SECURING HOUSING IF A PARTICIPANT IS AT-RISK OF BECOMING HOMELESS, HAS AN EVICTION, OR IS IN NEED OF A SECURITY DEPOSIT, HSP HAS ADDITIONAL</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS HSP IS THE COUNTY-WIDE ACCESS POINT FOR SECURITY DEPOSITS AND EVICTION PREVENTION, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS HSP ALSO PARTNERS WITH THE UNITED WAY, TO ADMINISTER THE FAMILY STABILITY PROGRAM, PROVIDING CASE MANAGEMENT AND SHORT-TERM RENTAL ASSISTANCE TO FAMILIES AT-RISK OF HOMELESSNESS WHO HAVE CHILD IN THE SCHOOL SYSTEM IN FISCAL YEAR 2019 COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 385 HOUSEHOLDS/594 TOTAL PARTICIPANTS, 437 ADULTS AND 157 CHILDREN COORDINATED ENTRY SERVED 424 TOTAL PARTICIPANTS, 317 ADULTS AND 107 CHILDREN PERMANENT HOUSING SERVED 18 HOUSEHOLDS/28 TOTAL PARTICIPANTS, 20 ADULTS AND 8 CHILDREN, 80% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING RAPID RE-HOUSING SERVED 38 HOUSEHOLDS/93 TOTAL PARTICIPANTS, 55 ADULTS AND 38 CHILDREN, 70% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING HOMELESS RECOVERY CASE MANAGERS SERVED 125 HOUSEHOLDS/127 TOTAL PARTICIPANTS, 30% OF PARTICIPANTS EXITED TO PERMANENT HOUSING PREVENTED 117 EVICTIONS FOR 307 PARTICIPANTS, 164 ADULTS AND 143 CHILDREN, SECURING 204,020 COMPLETED 155 SECURITY DEPOSITS FOR 309 PARTICIPANTS, 193 ADULTS AND 116 CHILDREN, SECURING 138,978 FAMILY STABILITY SERVED 20 FAMILIES, 100% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING

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Return Reference	Explanation
FORM 990, PAGE 2, 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 CURRICULUMS, "THE NURTURING PROGRAM," "THE CHICAGO PARENTING PLAN,- AND "PARENTS AS TEACHERS" 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" 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 ON A CASE BY CASE BASIS TO ASSIST FAMILIES IN ACCESSING CENTER SERVICES DURING THE YEAR ENDED JUNE 30, 2019, 34 FAMILIES PARTICIPATED IN CENTER- BASED ACTIVITIES AND 21 FAMILIES RECEIVED HOME VISIT SERVICES THIS COMES TO A TOTAL OF 55 FAMILIES (121 PEOPLE)

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY- BASED RE-ENTRY SERVICES IN FY 19 OPPORTUNITY WORKS SERVED 146 INDIVIDUALS 90% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT, 91% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR, 50% MAINTAINED OR INCREASED THEIR INCOME THROUGH EMPLOYMENT, 60% MAINTAINED EMPLOYMENT FOR 90 DAYS OR MORE OPPORTUNITY WORKS UTILIZES THREE JOB TRAINING PLATFORMS FOR PARTICIPANTS 1 SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, WHO SERVED 2,788 HOUSEHOLDS, 2 EBAY BUSINESS, GENERATING OVER 400 TO SUPPORT PROGRAMMING, 3 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 19, 555 POUNDS OF PRODUCE FED 469 HOUSEHOLDS FINANCIAL EDUCATION SERVICES HELP PARTICIPANTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, AND DEVELOPING SOLID FINANCIAL HABITS SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION, AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR 241 PARTICIPANTS ATTENDED 101 SCHEDULED FINANCIAL EDUCATION WORKSHOPS 118 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES 68% INCREASED THEIR FINANCIAL WELL-BEING, 63% CREATED A HOUSEHOLD BUDGET, 30% MAINTAINED THAT BUDGET FOR 90 DAYS, 27% MAINTAINED FOR 6 MONTHS, 73% ACHIEVED A FINANCIAL GOAL, PURCHASED AN ASSET, PAID DOWN DEBT, OR CREATED SAVINGS OUR VITA SITE PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS VITA IS AN IRS SPONSORED PROGRAM THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND TAXPAYERS SAVED 2,700 VITA PREPARED 916 TAX RETURNS GIVING BACK OVER 1 2 MILLION DOLLARS TO OUR WORKING POOR COMMUNITY</p>

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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 SPECIALIST AND HUMAN RESOURCES MANAGER BOARD MEMBERS ARE ALSO INVOLVED IN THE BOARD APPROVAL OF ANNUAL BUDGETS

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Return Reference	Explanation
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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Return Reference	Explanation
FORM 990, PART XI, LINE 9	INVESTMENT EXPENSES -1,776 RENTAL EXPENSES 11,711 RENTAL EXPENSES -11,711 INVESTMENT EXPENSES 1,776