

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

- 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): PO BOX 489. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: WESTMINSTER, MD 21158

D Employer identification number: 52-1549551. E Telephone number: (410) 857-2999. G Gross receipts \$ 4,819,906

F Name and address of principal officer: ROBERT L MILLER, 10 DISTILLERY DRIVE SUITE G1, WESTMINSTER, MD 21157

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: HSPINC.ORG

K Form of organization: Corporation

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.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (12), 4 Number of independent voting members (12), 5 Total number of individuals employed (102), 6 Total number of volunteers (8), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (4,421,869), 9 Program service revenue (17,502), 10 Investment income (-104,578), 11 Other revenue (2,536), 12 Total revenue (4,337,329), 13 Grants and similar amounts paid (1,154,495), 14 Benefits paid (0), 15 Salaries, other compensation (2,677,410), 16a Professional fundraising fees (0), 16b Total fundraising expenses (73,648), 17 Other expenses (588,497), 18 Total expenses (4,420,402), 19 Revenue less expenses (-83,073).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (4,711,109), 21 Total liabilities (1,689,575), 22 Net assets or fund balances (3,021,534).

Part II Signature Block

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

Sign Here: Signature of officer: ROBERT L MILLER PRESIDENT. Date: 2021-10-28.

Paid Preparer Use Only: Print/Type preparer's name: BROWN SCHULTZ SHERIDAN & FRITZ. Date: 2021-11-15. Firm's EIN: 25-1644159.

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 \$ 932,603 including grants of \$ 426,263 ) (Revenue \$ )

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

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

HSP OPERATES THE SHELTER AND HOUSING PROGRAM WITH THE HOUSING FIRST APPROACH. PROGRAMMING SERVES THE MOST IN NEED FIRST, PROVIDING OPEN- ACCESS, LOW BARRIER SERVICES. HSP BELIEVES HOMELESSNESS SHOULD BE PREVENTED. IF IT CANNOT BE PREVENTED, HOMELESSNESS SHOULD BE BRIEF. SHELTER AND HOUSING SERVICES STRIVE TO HELP PARTICIPANTS INCREASE THEIR INCOME, SECURE PERMANENT HOUSING, AND PROVIDE NECESSARY COMMUNITY SUPPORTS AND LINKAGES TO PREVENT AND END HOMELESSNESS. DURING THIS YEAR, SHELTER AND HOUSING SERVICES EXPANDED TO MEET THE NEEDS OF OUR COMMUNITY DURING THE COVID 19 PANDEMIC. SERVICES REMAINED OPEN, OPERABLE, AND ACCESSIBLE. SHELTER SERVICES PROVIDE OVERNIGHT SUPPORT AND CASE MANAGEMENT SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES. SHELTER STAFF CONNECT HOMELESS PARTICIPANTS TO HOUSING OPPORTUNITIES - REGARDLESS OF WHAT MIGHT BE GOING ON IN THEIR LIFE. SHELTER SERVICES CASE MANAGERS FOCUS ON STABILIZING PARTICIPANTS, CONNECTING THEM WITH BASIC NEEDS AND COMMUNITY RESOURCES, INCREASING THEIR INCOME, AND RAPIDLY SECURING PERMANENT HOUSING. HSP MANAGES 3 OF CARROLL COUNTY'S HOMELESS SHELTERS. SHELTER SERVICES OPERATE 24 HOURS, SEVEN DAYS A WEEK, TO ENSURE PARTICIPANTS ARE SAFE AND STABLE. IN ADDITION TO STABILITY AND SUPPORT SERVICES, SHELTERS ALSO PROVIDE FOOD, LAUNDRY FACILITIES, TELEPHONE, AND MAIL ASSISTANCE. DURING THIS PROGRAM YEAR HSP REORGANIZED OUR SHELTER SERVICES TO EXPAND SERVICES, INCREASE SAFETY, AND PROVIDE YEAR-ROUND ACCESS TO IMMEDIATE SHELTER BEDS. MEN'S, WOMEN'S, AND SAFE HAVEN SHELTERS WERE CONSOLIDATED INTO ONE LOCATION, MAINTAINING THE SAME BED CAPACITY. OUR COLD WEATHER SHELTER BECAME OUR NIGHT-BY-NIGHT SHELTER, TO PROVIDE OPEN-ACCESS ADDITIONAL SHELTER BEDS, YEAR-ROUND, NOT JUST DURING THE COLDEST MONTHS. THIS ALLOWED HSP TO INCREASE STAFF CAPACITY AS WELL AS CASE MANAGEMENT SERVICES TO OUR MOST VULNERABLE COMMUNITY MEMBERS. IN ADDITION, IN RESPONSE TO COVID-19, HSP OPENED AND OPERATED A TEMPORARY OVERNIGHT SHELTER AND DAY CENTER TO ENSURE SOCIAL DISTANCING. IN FISCAL YEAR 2021: . FAMILY SHELTER SERVED 69 TOTAL PARTICIPANTS; 29 ADULTS AND 40 CHILDREN, 44% EXITED TO PERMANENT HOUSING . ADULT ONLY SHELTER SERVED 119 TOTAL PARTICIPANTS; 79 MEN AND 40 WOMEN, 56% EXITED TO PERMANENT HOUSING .NIGHT-BY-NIGHT SHELTER SERVED 89 PARTICIPANTS, 5% EXITED TO PERMANENT HOUSING, 37% TRANSITIONED INTO ADULT SHELTER . TEMPORARY COVID-19 SHELTER, OPERATING FROM NOVEMBER 3RD TO MARCH 31ST, SERVED 100 PARTICIPANTS, 8% EXITED TO PERMANENT HOUSING, 36% TRANSITIONED INTO PERMANENT HSP SHELTERS . THE TEMPORARY SHELTER OPENED HAS ALSO SERVED AS A DAY CENTER FOR OUR STREET HOMELESS, PROVIDING ACCESS TO MEALS, SHOWERS, LAUNDRY, AND CASE MANAGEMENT SERVICES, 166 PARTICIPANTS SERVED . SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 271 UNIQUE PARTICIPANTS, 224 HOUSEHOLDS . 14% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME . 71% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 45 DAYS . 104 OUR OF 153 (68%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE CV TEMP AND NIGHT-BY-NIGHT SHELTERS, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION HOUSING SERVICES WORK TO PREVENT HOMELESSNESS WHEREVER POSSIBLE. HOUSING SERVICES SEAMLESSLY BLEND SERVICES FOR THOSE EXPERIENCING HOMELESSNESS TO THOSE AT RISK OF BECOMING HOMELESS. HSP CONDUCTS SHELTER AND HOUSING ELIGIBILITY SCREENINGS 5 DAYS A WEEK VIA WALK-IN HOURS, OVER THE PHONE, AN THROUGHOUT THE COMMUNITY. AS PARTICIPANTS COMPLETE THE ASSESSMENT, THEY ARE REFERRED TO APPROPRIATE HOUSING RESOURCES. IF A PARTICIPANT MEETS THE FEDERAL DEFINITION OF HOMELESS, THEY THEN ARE REFERRED TO COORDINATED ENTRY. COORDINATED ENTRY COMPLETES A NEEDS ASSESSMENT, TO OBJECTIVELY ASSESS THE PARTICIPANT'S VULNERABILITY OR NEED. PARTICIPANTS ARE THEN REFERRED TO SHELTER SERVICES, PERMANENT SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (PSPWD), OR RAPID RE-HOUSING PROGRAM. PSPWD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 21 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 NEEDS A SECURITY DEPOSIT, HSP HAS ADDITIONAL SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS. HSP IS THE COUNTY-WIDE ACCESS POINT FOR SECURITY DEPOSITS AND EVICTION PREVENTION, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS. DURING THIS PROGRAM YEAR HSP ADDED 6 ADDITIONAL PERMANENT HOUSING UNITS FOR OUR CHRONICALLY HOMELESS. HSP ALSO RECEIVED ADDITIONAL FUNDING, IN RESPONSE TO THE COVID-19 PANDEMIC TO PROVIDE HOUSING ASSISTANCE. IN ADDITION, HSP PARTNERED WITH CARROLL COUNTY GOVERNMENT TO APPROVE EVICTION PREVENTION FUNDING. IN FISCAL YEAR 2021: . COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 272 HOUSEHOLDS/431 TOTAL PARTICIPANTS; 312 ADULTS AND 119 CHILDREN . COORDINATED ENTRY SERVED 231 HOUSEHOLDS/325 TOTAL PARTICIPANTS; 257 ADULTS AND 68 CHILDREN; 45% EXITED TO PERMANENT HOUSING; 21% INCREASED INCOME . PERMANENT HOUSING SERVED 31 HOUSEHOLDS/45 TOTAL PARTICIPANTS; 35 ADULTS AND 10 CHILDREN; 75% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 28 HOUSEHOLDS/61 TOTAL HOMELESS PARTICIPANTS; 38 ADULTS AND 23 CHILDREN, 94% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 6 HOUSEHOLDS/13 TOTAL PARTICIPANTS: 10 ADULTS AND 3 CHILDREN, EXPENDING 11,379 . PREVENTED EVICTIONS FOR 58 HOUSEHOLDS/ 160 PARTICIPANTS; 97 ADULTS AND 63 CHILDREN; WITH 125,457 . COMPLETED 108 SECURITY DEPOSITS FOR 219 PARTICIPANTS; 132 ADULTS AND 87 CHILDREN; WITH 100,304 . ASSISTED WITH WATER TURNOFFS FOR 63 HOUSEHOLDS/196 PARTICIPANTS: 96 ADULTS AND 100 CHILDREN, EXPENDING 53,258 WITH ADDITIONAL COVID 19 FUNDS RECEIVED, HSP PREVENTED 154 HOUSEHOLDS, 408 PARTICIPANTS: 229 ADULTS AND 179 CHILDREN, FROM EVICTION, TOTALING 1,106,177 IN LIFE SAVING FUNDS. . HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 14 HOUSEHOLDS/42 TOTAL PARTICIPANTS: 20 ADULTS AND 22 CHILDREN, DISBURSING 110,809 . RAPID RE-HOUSING PROGRAM SERVED 7 HOUSEHOLDS/8 TOTAL PARTICIPANTS; 8 ADULTS AND 0 CHILDREN, 100% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . EMERGENCY RENTAL ASSISTANCE PROGRAM PREVENTED EVICTIONS FOR 77 HOUSEHOLDS/204 PARTICIPANTS: 124 ADULTS AND 80 CHILDREN, DISBURSING 622,222, AND PREVENTED UTILITY TURNOFFS FOR 29 HOUSEHOLDS/80 PARTICIPANTS:47 ADULTS AND 33 CHILDREN, 23,143 . CARROLL COUNTY COVID RELIEF FUNDING PREVENTED EVICTIONS FOR 86 HOUSEHOLDS/234 PARTICIPANTS: 128 ADULTS AND 106 CHILDREN - 337,387 . ADDITIONAL COVID EVICTION PREVENTION DOLLARS ASSISTED 14 HOUSEHOLDS/43 PARTICIPANTS: 24 ADULTS AND 19 CHILDREN, DISBURSING 12,616 . PROVIDED WEEKLY OUTREACH TO HOMELESS ENCAMPMENTS, CONNECTING TO MEDICAL SERVICES AS NEEDED DELIVERING NECESSARY SUPPLIES, AND LINKAGES TO SERVICES, 74 PARTICIPANTS SERVED.

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

FAMILY SUPPORT: THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS WITH THEIR CHILDREN UNDER FOUR YEARS OF AGE. A PRIORITY IS TO ENSURE THAT CHILDREN ARE HEALTHY - PHYSICALLY, DEVELOPMENTALLY AND EMOTIONALLY. THIS IS ACCOMPLISHED THROUGH A VARIETY OF SERVICES, INCLUDING IMMUNIZATION CHECKS, DEVELOPMENTAL SCREENINGS, AND PARENT/CHILD ACTIVITIES. THE FAMILY CENTER SUPPORTS PARENTS THROUGH PROGRAMS DESIGNED TO INCREASE SELF-SUFFICIENCY AND NURTURING PARENTING SKILLS. OUR ADULT EDUCATION PARTNER, CARROLL COMMUNITY COLLEGE, PROVIDES GED PREPARATION AND ESL CLASSES FOR OUR ENROLLED PARENTS. THE CENTER PROVIDES PARENT EDUCATION PROGRAMS, USING RESEARCH-BASED CURRICULA THAT INCLUDES: THE NURTURING PARENT PROGRAM; THE CHICAGO PARENTING PROGRAM; AND PARENTS AS TEACHERS. OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT; HEALTH PRESENTATIONS, PARENT LEADERSHIP, JOB READINESS AND PEER SUPPORT ACTIVITIES. THE FAMILY CENTER ALSO INCLUDES A HOME VISITING PROGRAM. THE HOME VISITOR PROVIDES PARENT EDUCATION, CASE MANAGEMENT, AND PARENT/CHILD ACTIVITIES TO THE FAMILIES ENROLLED IN THAT PROGRAM. DUE TO THE CORONAVIRUS PANDEMIC IN FY2021, ALL SERVICES WERE PROVIDED REMOTELY USING A VARIETY OF STRATEGIES, INCLUDING ON-LINE CLASSES, ZOOM MEETINGS, POSTS TO OUR CLOSED GROUP ON SOCIAL MEDIA, TEXT MESSAGES, AND PHONE CALLS. WHEN POSSIBLE, EVENTS WERE HELD OUTDOORS. THE STAFF ALSO PREPARED AND DELIVERED WEEKLY DROP-OFFS TO THE FAMILIES. THESE DELIVERIES INCLUDED THE MATERIALS AND WORKSHEETS NEEDED BY THE FAMILIES TO TAKE PART IN THE ACTIVITIES DESCRIBED ABOVE. IN FY 2021, 40 FAMILIES (85 PEOPLE) PARTICIPATED IN CENTER-BASED ACTIVITIES AND 19 FAMILIES (44 PEOPLE) PARTICIPATED IN HOME-BASED SERVICES. A TOTAL OF 7,114 PARTICIPATION VISITS WERE LOGGED BY CENTER-BASED FAMILIES, AND 1,545 PARTICIPATION VISITS BY HOME-VISIT FAMILIES. THIS WAS A VERY PRODUCTIVE YEAR, DESPITE THE CHALLENGES POSED BY THE PANDEMIC. CHILD & ADULT CARE FOOD PROGRAM: THE CHILD & ADULT CARE FOOD PROGRAM (CACFP) IS A PROGRAM OF THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) AND ALLOWS ENROLLED FAMILY CHILDCARE PROVIDERS TO BE REIMBURSED FOR THE HEALTHY MEALS AND SNACKS THEY SERVE TO THE CHILDREN IN THEIR PROGRAMS. FY2021 MARKED THE LAST YEAR HSP SPONSORED THIS PROGRAM. IT ENDED IN SEPTEMBER 2020 AND THE AGENCY TRANSITIONED ITS ENROLLED PROVIDERS TO OTHER SPONSOR AGENCIES. THIRTY-TWO (32) LICENSED FAMILY CHILDCARE PROVIDERS

PARTICIPATED IN THE CACFP IN JULY, AUGUST AND SEPTEMBER OF 2020, PROVIDING MEALS AND SNACKS FOR OVER 235 CHILDREN. THE PROVIDERS RECEIVED 24,905 IN REIMBURSEMENTS, AND A TOTAL OF 25,376 MEALS AND SNACKS WERE SERVED DURING THIS TIME.

(Code: ) (Expenses \$ 420,328 including grants of \$ 83,342 ) (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 MAINTAINED ITS COMMITMENT TO PROVIDING QUALITY, IN-PERSON SERVICES THROUGHOUT THE COVID 19 PANDEMIC, OFFERING A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY-BASED RE-ENTRY SERVICES. IN FY21 OPPORTUNITY WORKS SERVED 88 INDIVIDUALS: 94% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT; 98% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 47% MASTERED 5 OR MORE JOB SKILLS; 50% RESOLVED TWO BARRIERS TO EMPLOYMENT; 52% SECURED EMPLOYMENT, WITH 94% MAINTAINING EMPLOYMENT FOR 180 DAYS OR MORE. OPPORTUNITY WORKS UTILIZES JOB TRAINING PLATFORMS TO TEACH PARTICIPANTS HANDS-ON SKILLS: .SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, SERVED 576 HOUSEHOLDS. STORE OPERATIONS WERE LIMITED THROUGHOUT THE YEAR DUE TO THE PANDEMIC, BUT EMERGENCY NEEDS WERE FILLED BY STAFF AND PARTICIPANTS VIA APPOINTMENT OR OUTDOOR PICKUP. .THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER. IN FY 21, 750 POUNDS OF PRODUCE FED OVER 200 PEOPLE THROUGH SECOND CHANCES, SHELTER, SOUP KITCHENS, AND FOOD BANKS THROUGHOUT THE COMMUNITY. FINANCIAL EDUCATION SERVICES HELP PARTICIPANTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, AND DEVELOPING SOLID FINANCIAL HABITS. SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR. WE SAW A LARGE SPIKE IN ENROLLMENT AFTER TRANSITIONING FINANCIAL EDUCATION WORKSHOPS TO AN ONLINE FORMAT, FOLLOWING COVID PROTOCOLS, MAKING IT AVAILABLE TO A WIDE RANGE OF PARTICIPANTS. FOR THOSE UNABLE TO ACCESS COMPUTERS OR INTERNET IN THEIR HOME THEY WERE STILL ABLE TO UTILIZE OPPORTUNITY WORKS TO ATTEND THE WORKSHOPS. WE SERVED 109 PARTICIPANTS WHO ATTENDED 40 SCHEDULED FINANCIAL EDUCATION WORKSHOPS. 105 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES: 65% INCREASED THEIR FINANCIAL WELL- BEING; 35% MAINTAINED A BUDGET FOR 90 DAYS; 40% ACHIEVED A FINANCIAL GOAL, PURCHASED AN ASSET, PAID DOWN DEBT, OR CREATED SAVINGS. OUR VITA SITE PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS, VITA IS AN IRS SPONSORED PROGRAM. THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND. SERVICES THIS YEAR WERE PROVIDED VIA -DROP-OFF' METHOD, ALLOWING FOR AN IN-PERSON INTERVIEW, SEPARATE PREPARATION, THEN FOLLOW UP PHONE CALLS TO COMPLETE THE RETURN. TAXPAYERS SAW AN AVERAGE REFUND OF 1,809 WITH A TOTAL OF 977,191 GOING BACK INTO THE COMMUNITY IN THE FORM OF FEDERAL AND STATE REFUNDS. VITA PREPARED A TOTAL OF 1,099 TAX RETURNS BETWEEN JANUARY AND JUNE OF THIS YEAR.

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

**4e** **Total program service expenses ▶ 3,900,151**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various input fields and checkboxes. Includes sub-sections for Organizations that may receive deductible contributions under section 170(c), Sponsoring organizations maintaining donor advised funds, and Section 501(c)(7) and 501(c)(12) organizations.

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... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, PA
18 Section 6104 requires an organization to make its 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: RUTH CARSKI 10 DISTILLERY DRIVE SUITE G1 WESTMINSTER, MD 21157 (410) 857-2999

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 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.

See instructions for the order in which to list the persons above.

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

(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) SCOTT YARD EXECUTIVE DI	40.00			X			83,793	0	16,261	
(2) ROBERT L MILLER PRESIDENT	6.00	X		X			0	0	0	
(3) LISA GORETSAS VICE PRESIDE	6.00	X		X			0	0	0	
(4) ANDREW DODGE TREASURER	6.00	X		X			0	0	0	
(5) KIMBERLEE SCHULTZ SECRETARY	6.00	X		X			0	0	0	
(6) K LYNN WHEELER BOARD MEMBER	3.00	X					0	0	0	
(7) DIANE FOSTER BOARD MEMBER	3.00	X					0	0	0	
(8) VELMA GREEN BOARD MEMBER	3.00	X					0	0	0	
(9) JEAN LEWIS BOARD MEMBER	3.00	X					0	0	0	
(10) STACIA SMITH BOARD MEMBER	3.00	X					0	0	0	
(11) MISSIE WILCOX BOARD MEMBER	3.00	X					0	0	0	
(12) VICKY KELLER BOARD MEMBER	3.00	X					0	0	0	
(13) TOM LEDWELL BOARD MEMBER	3.00	X					0	0	0	



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	8,403			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	4,345			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,146,072			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	263,049			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	88,609			
<b>h Total.</b> Add lines 1a-1f . . . . .			4,421,869			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> SHELTER CLIENT FEES		624100	17,502	17,502	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			17,502			

<b>3</b> Investment income (including dividends, interest, and other similar amounts)			13,990			13,990
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .						
<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>6b</b> Less: rental expenses					
	<b>6c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	9,009	354,700		
	<b>7b</b> Less: cost or other basis and sales expenses			482,277		
	<b>7c</b> Gain or (loss)		9,009	-127,577		
<b>d</b> Net gain or (loss) . . . . .			-118,568			-118,568
<b>8a</b> Gross income from fundraising events (not including \$ 4,345 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
	<b>8b</b> Less: direct expenses			300		
	<b>c</b> Net income or (loss) from fundraising events . . . . .			325		325
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
	<b>9b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less						

returns and allowances . . .	<b>10a</b>				
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
<b>11a</b> MISCELLANEOUS	900099	2,211	2,211		
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		2,211			
<b>12 Total revenue.</b> See instructions . . . . .		4,337,329	19,713		-104,253

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,154,495	1,154,495		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	100,696	60,416	20,140	20,140
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,190,502	1,890,495	273,474	26,533
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,911	40,602	22,941	368
<b>9</b> Other employee benefits	154,143	139,406	7,341	7,396
<b>10</b> Payroll taxes	168,158	143,517	21,400	3,241
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,625		3,625	
<b>c</b> Accounting	25,963	7,879	18,084	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,653		2,653	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,261	11,550	19,711	
<b>12</b> Advertising and promotion	26,856	24,913		1,943
<b>13</b> Office expenses	148,227	133,086	13,388	1,753
<b>14</b> Information technology	50,034	39,925	9,399	710
<b>15</b> Royalties				
<b>16</b> Occupancy	130,689	127,432	3,178	79
<b>17</b> Travel	2,897	2,349	503	45
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,125	1,225	850	50
<b>20</b> Interest	2,124	2,124		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	40,684	33,965	6,385	334
<b>23</b> Insurance	39,843	34,400	4,267	1,176
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPPLIES	30,956	30,927	25	4
<b>b</b> EQUIP RENTAL & MAINT	29,624	12,991	10,766	5,867
<b>c</b> MISCELLANEOUS	14,516	6,249	6,218	2,049
<b>d</b> STAFF TRAINING	6,420	2,205	2,255	1,960
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,420,402	3,900,151	446,603	73,648
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	1,117,482	<b>1</b>	1,861,485
	<b>2</b> Savings and temporary cash investments	712,587	<b>2</b>	399,961
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	286,747	<b>4</b>	387,657
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,919	<b>9</b>	45,049
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 679,894		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 491,623	629,320	<b>10c</b> 188,271
	<b>11</b> Investments—publicly traded securities . . . . .	375,871	<b>11</b>	763,533
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	1,401,947	<b>15</b>	1,065,153
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	4,537,873	<b>16</b>	4,711,109	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	656,584	<b>17</b>	1,357,845
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	197,975	<b>19</b>	319,680
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	321,700	<b>23</b>	12,050
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,176,259	<b>26</b>	1,689,575
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,853,663	<b>27</b>	1,855,346
	<b>28</b> Net assets with donor restrictions	1,507,951	<b>28</b>	1,166,188
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	3,361,614	<b>32</b>	3,021,534
<b>33</b> Total liabilities and net assets/fund balances	4,537,873	<b>33</b>	4,711,109	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,337,329
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,420,402
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-83,073
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,361,614
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	79,788
<b>6</b>	Donated services and use of facilities	<b>6</b>	-336,795
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	3,021,534

**Part XII Financial Statements and Reporting**

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

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**  
**▶ Attach to Form 990 or Form 990-EZ.**

**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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		
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 175,176
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 99.520 %
Row 15: Public support percentage for 2019 Schedule A, Part II, line 14 15 99.430 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 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—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 

	Yes	No
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?
 

	Yes	No
<b>1</b>		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
<b>2</b>		
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>3</b>		

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

	Yes	No
<b>2a</b>		
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
<b>2b</b>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*

	Yes	No
<b>3a</b>		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>3b</b>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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)

<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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

Return Reference	Explanation
PART II, LINE 10	FUNDRAISING GROSS REV/ OTHER INC 22,892

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC	<b>Employer identification number</b> 52-1549551
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

**Employer identification number**  
52-1549551

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 HUMAN SERVICES PROGRAMS OF CARROLL  
 COUNTY INC

**Employer identification number**  
 52-1549551

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization  
HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

Employer identification number  
52-1549551

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Supplemental Financial Statements**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

52-1549551

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

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

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

**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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 FASB ASC 958 relating to these items:

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance . . . . .	692,634	680,202	665,025	647,618	612,793
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	101,683	14,268	16,953	19,151	37,967
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	2,653	1,836	1,776	1,744	3,142
<b>g</b> End of year balance . . . . .	791,664	692,634	680,202	665,025	647,618

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .   | No  | No |
| <b>(ii)</b> Related organizations . . . . .  | No  | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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
<b>1a</b> Land . . . . .		10,000		10,000
<b>b</b> Buildings . . . . .		192,794	157,842	34,952
<b>c</b> Leasehold improvements		110,884	58,824	52,060
<b>d</b> Equipment . . . . .		366,216	274,957	91,259
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				188,271

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (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	1,065,153
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,065,153

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	

1.	(a) Description of liability	(b) Book value
(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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND IS TO BE USED TO PROVIDE SUPPORT FOR THE PROGRAMS, CLIENT SERVICES, AND THE OVERALL OPERATIONS OF THE ORGANIZATION.
SCHEDULE D, PAGE 3, PART X	HUMAN SERVICES PROGRAMS OF CARROLL COUNTY, INC. IS INCORPORATED UNDER THE LAWS OF THE STATE OF MARYLAND AS A NONPROFIT ORGANIZATION. THE ORGANIZATION HAS ELECTED UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE INCOME TAX STATUTES TO BE EXCLUDED FROM TAXES ON EXEMPT FUNCTION INCOME. THEREFORE, NO PROVISION IS MADE FOR TAXES ON INCOME. CARROLLTOWNE HSPCC, INC. ACCOUNTS FOR ITS INCOME TAXES BY RECOGNIZING DEFERRED TAX LIABILITIES AND ASSETS FOR THE EXPECTED FUTURE TAX CONSEQUENCES OF EVENTS THAT HAVE BEEN INCLUDED IN THE FINANCIAL STATEMENTS. UNDER THIS METHOD, DEFERRED TAX LIABILITIES AND ASSETS ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL STATEMENTS AND TAX BASIS OF ASSETS AND LIABILITIES, USING ENACTED TAX RATES IN EFFECT FOR THE YEAR IN WHICH THE DIFFERENCES ARE EXPECTED TO REVERSE. THE SUBSIDIARY HAS NO SUCH ASSETS OR LIABILITIES.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	LOSS ON DISPOSAL OF ASSETS 127,577
SCHEDULE D, PAGE 4, PART XII, LINE 2D	LOSS ON DISPOSAL OF ASSETS 127,577

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**

**Software Version:**

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

**Employer identification number**

52-1549551

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD	235	25,105			
(2) HOME ENERGY AND UTILITIES	2332	426,263			
(3) HOUSING ASSISTANCE	687	578,198			
(4) OTHER	335	23,612			
(5) HOUSING WATER UTILITIES	63	12,708			
(6) SECOND CHANCES FREE STORE	576		88,609	TSV	CLOTHING
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

- ▶ **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](http://www.irs.gov/Form990) for the latest information.**

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		85,769	THRIFT SHOP VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	4	1,160	THRIFT SHOP VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( FURNITURE ) . . . . .	X	1	5	THRIFT SHOP VALUE
▶ ) . . . . .				
26 Other ( ELECTRONICS ) . . . . .	X	4	1,575	THRIFT SHOP VALUE
▶ ) . . . . .				
27 Other ▶ ( TOYS ) . . . . .	X	1	100	THRIFT SHOP VALUE
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

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

31	Yes	
----	-----	--

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

32a		No
-----	--	----

b If "Yes," describe in Part II.

33 If the organization didn't 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
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## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**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](http://www.irs.gov/Form990) for the latest information.**2020****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

Employer identification number

52-1549551

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>HSP OPERATES THE SHELTER AND HOUSING PROGRAM WITH THE HOUSING FIRST APPROACH. PROGRAMMING SERVES THE MOST IN NEED FIRST, PROVIDING OPEN- ACCESS, LOW BARRIER SERVICES. HSP BELIEVES HOMELESSNESS SHOULD BE PREVENTED. IF IT CANNOT BE PREVENTED, HOMELESSNESS SHOULD BE BRIEF. SHELTER AND HOUSING SERVICES STRIVE TO HELP PARTICIPANTS INCREASE THEIR INCOME, SECURE PERMANENT HOUSING, AND PROVIDE NECESSARY COMMUNITY SUPPORTS AND LINKAGES TO PREVENT AND END HOMELESSNESS. DURING THIS YEAR, SHELTER AND HOUSING SERVICES EXPANDED TO MEET THE NEEDS OF OUR COMMUNITY DURING THE COVID 19 PANDEMIC. SERVICES REMAINED OPEN, OPERABLE, AND ACCESSIBLE. SHELTER SERVICES PROVIDE OVERNIGHT SUPPORT AND CASE MANAGEMENT SERVICES TO HOMELESS INDIVIDUALS AND FAMILIES. SHELTER STAFF CONNECT HOMELESS PARTICIPANTS TO HOUSING OPPORTUNITIES - REGARDLESS OF WHAT MIGHT BE GOING ON IN THEIR LIFE. SHELTER SERVICES CASE MANAGERS FOCUS ON STABILIZING PARTICIPANTS, CONNECTING THEM WITH BASIC NEEDS AND COMMUNITY RESOURCES, INCREASING THEIR INCOME, AND RAPIDLY SECURING PERMANENT HOUSING. HSP MANAGES 3 OF CARROLL COUNTY'S HOMELESS SHELTERS. SHELTER SERVICES OPERATE 24 HOURS, SEVEN DAYS A WEEK, TO ENSURE PARTICIPANTS ARE SAFE AND STABLE. IN ADDITION TO STABILITY AND SUPPORT SERVICES, SHELTERS ALSO PROVIDE FOOD, LAUNDRY FACILITIES, TELEPHONE, AND MAIL ASSISTANCE. DURING THIS PROGRAM YEAR HSP REORGANIZED OUR SHELTER SERVICES TO EXPAND SERVICES, INCREASE SAFETY, AND PROVIDE YEAR-ROUND ACCESS TO IMMEDIATE SHELTER BEDS. MEN'S, WOMEN'S, AND SAFE HAVEN SHELTERS WERE CONSOLIDATED INTO ONE LOCATION, MAINTAINING THE SAME BED CAPACITY. OUR COLD WEATHER SHELTER BECAME OUR NIGHT-BY-NIGHT SHELTER, TO PROVIDE OPEN-ACCESS ADDITIONAL SHELTER BEDS, YEAR-ROUND, NOT JUST DURING THE COLDEST MONTHS. THIS ALLOWED HSP TO INCREASE STAFF CAPACITY AS WELL AS CASE MANAGEMENT SERVICES TO OUR MOST VULNERABLE COMMUNITY MEMBERS. IN ADDITION, IN RESPONSE TO COVID-19, HSP OPENED AND OPERATED A TEMPORARY OVERNIGHT SHELTER AND DAY CENTER TO ENSURE SOCIAL DISTANCING. IN FISCAL YEAR 2021: . FAMILY SHELTER SERVED 69 TOTAL PARTICIPANTS; 29 ADULTS AND 40 CHILDREN, 44% EXITED TO PERMANENT HOUSING . ADULT ONLY SHELTER SERVED 119 TOTAL PARTICIPANTS: 79 MEN AND 40 WOMEN, 56% EXITED TO PERMANENT HOUSING .NIGHT-BY-NIGHT SHELTER SERVED 89 PARTICIPANTS, 5% EXITED TO PERMANENT HOUSING, 37% TRANSITIONED INTO ADULT SHELTER . TEMPORARY COVID-19 SHELTER, OPERATING FROM NOVEMBER 3RD TO MARCH 31ST, SERVED 100 PARTICIPANTS, 8% EXITED TO PERMANENT HOUSING, 36% TRANSITIONED INTO PERMANENT HSP SHELTERS . THE TEMPORARY SHELTER OPENED HAS ALSO SERVED AS A DAY CENTER FOR OUR STREET HOMELESS, PROVIDING ACCESS TO MEALS, SHOWERS, LAUNDRY, AND CASE MANAGEMENT SERVICES, 166 PARTICIPANTS SERVED . SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 271 UNIQUE PARTICIPANTS, 224 HOUSEHOLDS . 14% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME . 71% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 45 DAYS . 104 OUR OF 153 (68%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE CV TEMP AND NIGHT-BY-NIGHT SHELTERS, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION HOUSING SERVICES WORK TO PREVENT HOMELESSNESS WHEREVER POSSIBLE. HOUSING SERVICES SEAMLESSLY BLEND SERVICES FOR THOSE EXPERIENCING HOMELESSNESS TO THOSE AT RISK OF BECOMING HOMELESS. HSP CONDUCTS SHELTER AND HOUSING ELIGIBILITY SCREENINGS 5 DAYS A WEEK VIA WALK-IN HOURS, OVER THE PHONE, AN THROUGHOUT THE COMMUNITY . AS PARTICIPANTS COMPLETE THE ASSESSMENT, THEY ARE REFERRED TO APPROPRIATE HOUSING RESOURCES. IF A PARTICIPANT MEETS THE FEDERAL DEFINITION OF HOMELESS, THEY THEN ARE REFERRED TO COORDINATED ENTRY. COORDINATED ENTRY COMPLETES A NEEDS ASSESSMENT , TO OBJECTIVELY ASSESS THE PARTICIPANT'S VULNERABILITY OR NEED. PARTICIPANTS ARE THEN REFERRED TO SHELTER SERVICES, PERMANENT SUPPORTIVE HOUSING FOR PERSONS WITH DISABILITIES (PSHPWD), OR RAPID RE-HOUSING PROGRAM. PSPWD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 21 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 NEEDS A SECURITY DEPOSIT, HSP HAS ADDITIONAL SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS. HSP IS THE COUNTY-WIDE ACCESS POINT FOR SECURITY DEPOSITS AND EVICTION PREVENTION, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS. DURING THIS PROGRAM YEAR HSP ADDED 6 ADDITIONAL PERMANENT HOUSING UNITS FOR OUR CHRONICALLY HOMELESS. HSP ALSO RECEIVED ADDITIONAL FUNDING, IN RESPONSE TO THE COVID-19 PANDEMIC TO PROVIDE HOUSING ASSISTANCE, IN ADDITION, HSP PARTNERED WITH CARROLL COUNTY GOVERNMENT TO APPROVE EVICTION PREVENTION FUNDING. IN FISCAL YEAR 2021: . COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 272 HOUSEHOLDS/431 TOTAL PARTICIPANTS; 312 ADULTS AND 119 CHILDREN . COORDINATED ENTRY SERVED 231 HOUSEHOLDS/325 TOTAL PARTICIPANTS; 257 ADULTS AND 68 CHILDREN; 45% EXITED TO PERMANENT HOUSING; 21% INCREASED INCOME . PERMANENT HOUSING SERVED 31 HOUSEHOLDS/45 TOTAL PARTICIPANTS; 35 ADULTS AND 10 CHILDREN; 75% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 28 HOUSEHOLDS/61 TOTAL HOMELESS PARTICIPANTS; 38 ADULTS AND 23 CHILDREN, 94% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 6 HOUSEHOLDS/13 TOTAL PARTICIPANTS: 10 ADULTS AND 3 CHILDREN, EXPENDING 11,379 . PREVENTED EVICTIONS FOR 58 HOUSEHOLDS/ 160 PARTICIPANTS; 97 ADULTS AND 63 CHILDREN; WITH 125,457 . COMPLETED 108 SECURITY DEPOSITS FOR 219 PARTICIPANTS; 132 ADULTS AND 87 CHILDREN; WITH 100,304 . ASSISTED WITH WATER TURNOFFS FOR 63 HOUSEHOLDS/196 PARTICIPANTS: 96 ADULTS AND 100 CHILDREN, EXPENDING 53,258 WITH ADDITIONAL COVID 19 FUNDS RECEIVED, HSP PREVENTED 154 HOUSEHOLDS, 408 PARTICIPANTS: 229 ADULTS AND 179 CHILDREN, FROM EVICTION, TOTALING 1,106,177 IN LIFE SAVING FUNDS . HOMELESS PREVENTION PROGRAM PREVENTED EVICTIONS FOR 14 HOUSEHOLDS/42 TOTAL PARTICIPANTS: 20 ADULTS AND 22 CHILDREN, DISBURSING 110,809 . RAPID RE-HOUSING PROGRAM SERVED 7 HOUSEHOLDS/8 TOTAL PARTICIPANTS; 8 ADULTS AND 0 CHILDREN, 100% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING . EMERGENCY RENTAL ASSISTANCE PROGRAM PREVENTED EVICTIONS FOR 77 HOUSEHOLDS/204 PARTICIPANTS: 124 ADULTS AND 80 CHILDREN, DISBURSING 622,222, AND PREVENTED UTILITY TURNOFFS FOR 29 HOUSEHOLDS/80 PARTICIPANTS:47 ADULTS AND 33 CHILDREN, 23,143 . CARROLL COUNTY COVID RELIEF FUNDING PREVENTED EVICTIONS FOR 86 HOUSEHOLDS/234 PARTICIPANTS: 128 ADULTS AND 106 CHILDREN - 337,387 . ADDITIONAL COVID EVICTION</p>

Return Reference	Explanation
	PREVENTION DOLLARS ASSISTED 14 HOUSEHOLDS/43 PARTICIPANTS: 24 ADULTS AND 19 CHILDREN, DISBURSING 12,616 . PROVIDED WEEKLY OUTREACH TO HOMELESS ENCAMPMENTS, CONNECTING TO MEDICAL SERVICES AS NEEDED DELIVERING NECESSARY SUPPLIES, AND LINKAGES TO SERVICES, 74 PARTICIPANTS SERVED.
FORM 990, PAGE 2, PART III, LINE 4C	FAMILY SUPPORT: THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS WITH THEIR CHILDREN UNDER FOUR YEARS OF AGE. A PRIORITY IS TO ENSURE THAT CHILDREN ARE HEALTHY - PHYSICALLY, DEVELOPMENTALLY AND EMOTIONALLY. THIS IS ACCOMPLISHED THROUGH A VARIETY OF SERVICES, INCLUDING IMMUNIZATION CHECKS, DEVELOPMENTAL SCREENINGS, AND PARENT/CHILD ACTIVITIES. THE FAMILY CENTER SUPPORTS PARENTS THROUGH PROGRAMS DESIGNED TO INCREASE SELF-SUFFICIENCY AND NURTURING PARENTING SKILLS. OUR ADULT EDUCATION PARTNER, CARROLL COMMUNITY COLLEGE, PROVIDES GED PREPARATION AND ESL CLASSES FOR OUR ENROLLED PARENTS. THE CENTER PROVIDES PARENT EDUCATION PROGRAMS, USING RESEARCH-BASED CURRICULA THAT INCLUDES: THE NURTURING PARENT PROGRAM; THE CHICAGO PARENTING PROGRAM; AND PARENTS AS TEACHERS. OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT; HEALTH PRESENTATIONS, PARENT LEADERSHIP, JOB READINESS AND PEER SUPPORT ACTIVITIES. THE FAMILY CENTER ALSO INCLUDES A HOME VISITING PROGRAM. THE HOME VISITOR PROVIDES PARENT EDUCATION, CASE MANAGEMENT, AND PARENT/CHILD ACTIVITIES TO THE FAMILIES ENROLLED IN THAT PROGRAM. DUE TO THE CORONAVIRUS PANDEMIC IN FY2021, ALL SERVICES WERE PROVIDED REMOTELY USING A VARIETY OF STRATEGIES, INCLUDING ON-LINE CLASSES, ZOOM MEETINGS, POSTS TO OUR CLOSED GROUP ON SOCIAL MEDIA, TEXT MESSAGES, AND PHONE CALLS. WHEN POSSIBLE, EVENTS WERE HELD OUTDOORS. THE STAFF ALSO PREPARED AND DELIVERED WEEKLY DROP-OFFS TO THE FAMILIES. THESE DELIVERIES INCLUDED THE MATERIALS AND WORKSHEETS NEEDED BY THE FAMILIES TO TAKE PART IN THE ACTIVITIES DESCRIBED ABOVE. IN FY 2021, 40 FAMILIES (85 PEOPLE) PARTICIPATED IN CENTER-BASED ACTIVITIES AND 19 FAMILIES (44 PEOPLE) PARTICIPATED IN HOME-BASED SERVICES. A TOTAL OF 7,114 PARTICIPATION VISITS WERE LOGGED BY CENTER-BASED FAMILIES, AND 1,545 PARTICIPATION VISITS BY HOME-VISIT FAMILIES. THIS WAS A VERY PRODUCTIVE YEAR, DESPITE THE CHALLENGES POSED BY THE PANDEMIC. CHILD & ADULT CARE FOOD PROGRAM: THE CHILD & ADULT CARE FOOD PROGRAM (CACFP) IS A PROGRAM OF THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) AND ALLOWS ENROLLED FAMILY CHILDCARE PROVIDERS TO BE REIMBURSED FOR THE HEALTHY MEALS AND SNACKS THEY SERVE TO THE CHILDREN IN THEIR PROGRAMS. FY2021 MARKED THE LAST YEAR HSP SPONSORED THIS PROGRAM. IT ENDED IN SEPTEMBER 2020 AND THE AGENCY TRANSITIONED ITS ENROLLED PROVIDERS TO OTHER SPONSOR AGENCIES. THIRTY-TWO (32) LICENSED FAMILY CHILDCARE PROVIDERS PARTICIPATED IN THE CACFP IN JULY, AUGUST AND SEPTEMBER OF 2020, PROVIDING MEALS AND SNACKS FOR OVER 235 CHILDREN. THE PROVIDERS RECEIVED 24,905 IN REIMBURSEMENTS, AND A TOTAL OF 25,376 MEALS AND SNACKS WERE SERVED DURING THIS TIME.
FORM 990, PAGE 2, PART III, LINE 4D	ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE. OPPORTUNITY WORKS MAINTAINED ITS COMMITMENT TO PROVIDING QUALITY, IN-PERSON SERVICES THROUGHOUT THE COVID 19 PANDEMIC, OFFERING A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY-BASED RE-ENTRY SERVICES. IN FY21 OPPORTUNITY WORKS SERVED 88 INDIVIDUALS: 94% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT; 98% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 47% MASTERED 5 OR MORE JOB SKILLS; 50% RESOLVED TWO BARRIERS TO EMPLOYMENT; 52% SECURED EMPLOYMENT, WITH 94% MAINTAINING EMPLOYMENT FOR 180 DAYS OR MORE. OPPORTUNITY WORKS UTILIZES JOB TRAINING PLATFORMS TO TEACH PARTICIPANTS HANDS-ON SKILLS: SECOND CHANCES, CARROLL COUNTY'S ONLY FREE STORE, SERVED 576 HOUSEHOLDS. STORE OPERATIONS WERE LIMITED THROUGHOUT THE YEAR DUE TO THE PANDEMIC, BUT EMERGENCY NEEDS WERE FILLED BY STAFF AND PARTICIPANTS VIA APPOINTMENT OR OUTDOOR PICKUP. . THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER. IN FY 21, 750 POUNDS OF PRODUCE FED OVER 200 PEOPLE THROUGH SECOND CHANCES, SHELTER, SOUP KITCHENS, AND FOOD BANKS THROUGHOUT THE COMMUNITY. FINANCIAL EDUCATION SERVICES HELP PARTICIPANTS WITH BUDGETING, ACCESS TO FAIR BANKING SERVICES, AND DEVELOPING SOLID FINANCIAL HABITS. SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR. WE SAW A LARGE SPIKE IN ENROLLMENT AFTER TRANSITIONING FINANCIAL EDUCATION WORKSHOPS TO AN ONLINE FORMAT, FOLLOWING COVID PROTOCOLS, MAKING IT AVAILABLE TO A WIDE RANGE OF PARTICIPANTS. FOR THOSE UNABLE TO ACCESS COMPUTERS OR INTERNET IN THEIR HOME THEY WERE STILL ABLE TO UTILIZE OPPORTUNITY WORKS TO ATTEND THE WORKSHOPS. WE SERVED 109 PARTICIPANTS WHO ATTENDED 40 SCHEDULED FINANCIAL EDUCATION WORKSHOPS. 105 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES: 65% INCREASED THEIR FINANCIAL WELL- BEING; 35% MAINTAINED A BUDGET FOR 90 DAYS; 40% ACHIEVED A FINANCIAL GOAL, PURCHASED AN ASSET, PAID DOWN DEBT, OR CREATED SAVINGS. OUR VITA SITE PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS, VITA IS AN IRS SPONSORED PROGRAM. THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND. SERVICES THIS YEAR WERE PROVIDED VIA -DROP-OFF' METHOD, ALLOWING FOR AN IN-PERSON INTERVIEW, SEPARATE PREPARATION, THEN FOLLOW UP PHONE CALLS TO COMPLETE THE RETURN. TAXPAYERS SAW AN AVERAGE REFUND OF 1,809 WITH A TOTAL OF 977,191 GOING BACK INTO THE COMMUNITY IN THE FORM OF FEDERAL AND STATE REFUNDS. VITA PREPARED A TOTAL OF 1,099 TAX RETURNS BETWEEN JANUARY AND JUNE OF THIS YEAR.
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE FILING WITH THE IRS.
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.
FORM 990, PAGE 6, PART VI,	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

Return Reference	Explanation
LINE 15A	FROM TIME TO TIME (NOT NECESSARILY ANNUALLY). SALARY DECISIONS MADE AT THE BOARD LEVEL ARE COMMUNICATED VIA MEMO DIRECTLY TO THE ACCOUNTING SPECIALIST AND HUMAN RESOURCES MANAGER. BOARD MEMBERS ARE ALSO INVOLVED IN THE BOARD APPROVAL OF ANNUAL BUDGETS.
FORM 990, 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.

## **Additional Data**

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**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CARROLLTOWNE HSPCC INC 10 DISTILLERY DRIVE SUITE G-1 WESTMINSTER, MD 21157 84-3301288	REAL ESTAT	MD	HUMAN SERVICES PROGRAMS OF CARROLL COUNTY	C CORP			100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2020

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