

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- 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 \$ 4,502,785

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? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

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

J Website: HSPINC.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1987. M State of legal domicile: MD

Part I Summary

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

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 88. 6 Total number of volunteers (estimate if necessary) 6 21. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 8 4,581,657 4,354,452. 9 Program service revenue (Part VIII, line 2g) 9 24,532 24,986. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 37,475 29,743. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,588 3,049. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,648,252 4,412,230.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 1,192,226 1,256,299. 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 2,785,483 2,797,517. 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 16b 119,685. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 544,358 453,051. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,522,067 4,506,867. 19 Revenue less expenses. Subtract line 18 from line 12 19 126,185 -94,637.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 20 5,265,675 3,689,760. 21 Total liabilities (Part X, line 26) 21 1,614,917 433,239. 22 Net assets or fund balances. Subtract line 21 from line 20 22 3,650,758 3,256,521.

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: 2024-03-21. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2024-03-21, Check if self-employed, PTIN P00726749, Firm's name BROWN PLUS, Firm's EIN 25-1644159, Firm's address 205 EAST MAIN STREET, WESTMINSTER, MD 21157, Phone no. (410) 876-3990.

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 \$ 943,889 including grants of \$ 558,396) (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 THIS SERVICE FOR THE YEAR ENDED JUNE 30, 2023 ARE AS FOLLOWS: - HOME ENERGY SERVICES: 6 HOUSEHOLDS, 24 INDIVIDUALS - OFFICE OF HOME ENERGY PROGRAMS OHEP: 2,411 HOUSEHOLDS

4b (Code:) (Expenses \$ 1,993,106 including grants of \$ 586,730) (Revenue \$ 19,636)

HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC. (HSP) OPERATES OUR 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. SHELTER SERVICES: 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 LIVES. 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, TRANSPORTATION, AND MAIL ASSISTANCE. IN AN EFFORT TO RAPIDLY BUILD TRUST AND PROVIDE IMMEDIATE SUPPORT, SHELTER SERVICES ALSO INCLUDE OUR HOMELESS OUTREACH CASE WORKER POSITION. THIS POSITION PROVIDES STREET/ENCAMPMENT OUTREACH SERVICES TO HOMELESS ADULTS AND FAMILIES THROUGHOUT CARROLL COUNTY. THIS INCLUDES LINKING PARTICIPANTS TO AVAILABLE SERVICES AND SUPPORTING ENTRY INTO SHELTER WITH THE OVERALL GOAL OF SECURING HOUSING AND ENDING HOMELESSNESS. ADDITIONALLY, THIS CASE WORKER CONNECTS REGULARLY WITH COMMUNITIES, AGENCIES, AND RESOURCES IN ALL MUNICIPALITIES OF CARROLL COUNTY TO PROVIDE INFORMATION ABOUT HSP SERVICES AND TO CONNECT WITH HOMELESS PARTICIPANTS IN THESE OUTLYING AREAS WHO MIGHT NOT OTHERWISE BE ABLE TO ACCESS THESE SERVICES. - SHELTER SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 338 UNIQUE PARTICIPANTS, 287 HOUSEHOLDS. - FAMILY SHELTER SERVED 72 TOTAL PARTICIPANTS: 30 ADULTS AND 42 CHILDREN, 60% EXITED TO PERMANENT HOUSING. - ADULT ONLY SHELTER SERVED 77 TOTAL PARTICIPANTS: 55 MEN AND 22 WOMEN, 58% EXITED TO PERMANENT HOUSING. - NIGHT-BY-NIGHT SHELTER SERVED 237 PARTICIPANTS, 16% EXITED TO PERMANENT HOUSING, 21% TRANSITIONED INTO ADULT SHELTER. - 14% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME. - 98% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 128 DAYS. - 154 OUT OF 237 (65%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE NIGHT-BY-NIGHT SHELTER, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION. - STREET OUTREACH SERVED 62 TOTAL PARTICIPANTS: 62 ADULTS, 23% EXITED TO PERMANENT HOUSING; 33% EXITED TO OTHER POSITIVE DESTINATIONS (THIS INCLUDES TREATMENT PROGRAMS AND ADULT ONLY SHELTER) - OVERALL EXITS TO POSITIVE DESTINATIONS, 56%. HOUSING SERVICES: 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, AND 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 (PSPHWD), OR RAPID RE-HOUSING PROGRAM. PSPHWD 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. 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. 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 COVID RELATED EVICTION PREVENTION FUNDING. - COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 336 HOUSEHOLDS/603 TOTAL PARTICIPANTS: 391 ADULTS AND 212 CHILDREN. - COORDINATED ENTRY SERVED 235 HOUSEHOLDS/353 TOTAL PARTICIPANTS: 263 ADULTS AND 90 CHILDREN; 49% EXITED TO PERMANENT HOUSING; 26% INCREASED INCOME. - PERMANENT HOUSING SERVED 28 HOUSEHOLDS/46 TOTAL PARTICIPANTS: 36 ADULTS AND 10 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 36 HOUSEHOLDS/48 TOTAL HOMELESS PARTICIPANTS; 45 ADULTS AND 3 CHILDREN, 43% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - PREVENTED EVICTIONS FOR 56 HOUSEHOLDS/144 PARTICIPANTS; 92 ADULTS AND 52 CHILDREN; WITH 147,552. - COMPLETED 123 SECURITY DEPOSITS FOR 269 PARTICIPANTS; 158 ADULTS AND 111 CHILDREN; WITH 172,602. - ASSISTED WITH WATER TURNSOFFS FOR 28 HOUSEHOLDS/82 PARTICIPANTS: 43 ADULTS AND 39 CHILDREN, 18,968. - COVID-19 RAPID RE-HOUSING PROGRAM SERVED 22 HOUSEHOLDS/39 TOTAL PARTICIPANTS; 30 ADULTS AND 9 CHILDREN, 97% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - EMERGENCY RENTAL ASSISTANCE PROGRAM (COVID RELIEF FUNDING; PROGRAM SUNSET DECEMBER 2022), SERVED 150 HOUSEHOLDS/380 PARTICIPANTS: 228 ADULTS AND 152 CHILDREN, DISBURSING 541,256. - PREVENTED EVICTIONS FOR 148 HOUSEHOLDS/378 PARTICIPANTS: 227 ADULTS AND 151 CHILDREN, DISBURSING 509,515. - PREVENTED UTILITY TURNSOFFS FOR 21 HOUSEHOLDS/53 PARTICIPANTS: 32 ADULTS AND 21 CHILDREN, 10,421. - ASSISTED WITH SECURITY DEPOSITS FOR 3 HOUSEHOLDS/7 PARTICIPANTS: 6 ADULTS AND 1 CHILD, 5,450. - ASSISTED WITH OTHER HOUSING EXPENSES (LATE FEES/COURT FEES) FOR 94 HOUSEHOLDS/251 PARTICIPANTS: 151 ADULTS AND 100 CHILDREN, 15,870.

4c (Code:) (Expenses \$ 486,747 including grants of \$ 1,460) (Revenue \$)

THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS AND THEIR CHILDREN UNDER THE AGE OF FIVE. THE CENTER PROVIDES A COZY AND HOME LIKE ENVIRONMENT FOR PARENTS AND CHILDREN TO LEARN AND GROW TOGETHER. THE MAIN FOCUS OF THE CENTER IS TO ENSURE THAT YOUNG CHILDREN ARE HEALTHY - PHYSICALLY, DEVELOPMENTALLY AND EMOTIONALLY. THIS IS ACCOMPLISHED THROUGH A HIGH-QUALITY CHILD DEVELOPMENT PROGRAM THAT FOCUSES ON EARLY LITERACY, NURTURING INTERACTIONS, AND LEARNING THROUGH PLAY. DEVELOPMENTAL SCREENINGS, IMMUNIZATION CHECKS, AND DAILY PACT (PARENTS AND CHILDREN TOGETHER) ACTIVITIES ARE KEY COMPONENTS OF THE PROGRAM. WHILE THE CHILDREN ENGAGE IN THEIR OWN SPECIAL PROGRAMMING, PARENTS ALSO RECEIVE SERVICES. THESE PROGRAMS ARE DESIGNED TO INCREASE SELF-SUFFICIENCY, ENHANCE PARENTING SKILLS, AND PROVIDE QUALITY CASE MANAGEMENT. OUR ADULT EDUCATION PARTNER, CARROLL COMMUNITY COLLEGE, PROVIDES GED AND ESOL CLASSES FOR THE PARENTS. THE CENTER OFFERS PARENTING CLASSES USING EVIDENCE-BASED CURRICULA SUCH AS THE "NURTURING PARENT PROGRAM," "CHICAGO PARENTING PROGRAM," AND "CIRCLE OF SECURITY." OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, JOB READINESS WORKSHOPS, PARENT LEADERSHIP TRAINING, AND PEER SUPPORT ACTIVITIES. OUR MOST POPULAR ACTIVITIES INCLUDE MONTHLY AND SEASONAL "SPECIAL EVENTS." THIS YEAR WE ENJOYED THEMES LIKE "MESS FEST," "MOM AND ME TEA PARTY," "LUAU DAY- AND "CARNIVAL DAY." NEW PROGRAMMING FOR PARENTS IN FY23 INCLUDED "CAFFICITO" (COFFEE HOUSE FOR SPANISH-SPEAKING PARENTS), LEARNING TO WRITE IN CURSIVE, GENERAL DRIVER'S EDUCATION FOR SPANISH-SPEAKING PARENTS, AND COOKING CLASSES. THIS YEAR THE PARENTS ASSISTED IN PREPARING THE MENU ITEMS TO BE USED FOR THE SPECIAL EVENTS. ANOTHER KEY SERVICE PROVIDED BY THE FAMILY CENTER IS THE HOME VISITING PROGRAM. SOME FAMILIES CANNOT ATTEND THE CENTER DUE TO VARIOUS BARRIERS OR CHALLENGES. TO MEET THE NEEDS OF THESE FAMILIES, THE CENTER HAS A HOME VISITING PROGRAM. THE HOME VISITOR CARRIES A CASELOAD OF 12 FAMILIES PER MONTH AND MEETS WITH EACH FAMILY IN THEIR OWN HOME THREE TIMES PER MONTH. THESE FAMILIES ARE ALSO ENCOURAGED TO ATTEND AT LEAST ONE SOCIALIZATION OPPORTUNITY PER MONTH, SCHEDULED BY THE HOME VISITOR. ADULT EDUCATION (GED AND ESOL) CLASSES WERE CONDUCTED BY CARROLL COMMUNITY COLLEGE AND WERE HELD EVERY MORNING, MONDAY THROUGH THURSDAY. AFTERNOON PROGRAMMING, INCLUDING PARENTING, HEALTH AND EMPLOYABILITY CLASSES WERE OFFERED IN A HYBRID FASHION. THIS YEAR, 40 FAMILIES (93 PARENTS AND CHILDREN) PARTICIPATED IN CENTER-BASED PROGRAMS, AND 21 FAMILIES (58 PARENTS AND CHILDREN) ENGAGED IN HOME VISITING SERVICES. A TOTAL OF 3,577 PARTICIPATION VISITS WERE LOGGED BY CENTER-BASED FAMILIES, AND 1,167 PARTICIPATION VISITS BY HOME-VISIT FAMILIES. FISCAL YEAR 2023 HIGHLIGHTS: - THE CHILD DEVELOPMENT TEAM SCORED A PERFECT 7.0 ON THEIR ANNUAL ITERS (INFANT & TODDLER ENVIRONMENTAL RATING SCALE); - THE CENTER SCORED HIGH MARKS ON THE ANNUAL ON-SITE REVIEW, CONDUCTED BY THE MARYLAND FAMILY NETWORK; - THE MARYLAND FAMILY NETWORK FREQUENTLY BROUGHT NEW STAFF FROM OTHER CENTERS AROUND THE STATE TO RECEIVE TRAINING AND SUPPORT FROM THE CARROLL COUNTY FAMILY CENTER TEAM.

(Code:) (Expenses \$ 484,143 including grants of \$ 109,713) (Revenue \$ 5,530)

ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE. OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY- BASED RE-ENTRY SERVICES. HSP HAS BEEN ANNOUNCED AS A 2023 FINANCIAL EDUCATION AND CAPABILITY AWARD WINNER. WE HAVE BEEN NAMED OUTSTANDING ORGANIZATION BY THE NONPROFITS CASH (CREATING ASSETS, SAVINGS, AND HOPE) CAMPAIGN OF MARYLAND, MARYLAND COUNCIL ON ECONOMIC EDUCATION (MCEE), AND THE MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE). IN FY23 OPPORTUNITY WORKS SERVED 129 INDIVIDUALS: 97% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT; 95% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 69% MASTERED 5 OR MORE JOB SKILLS; 62% RESOLVED TWO BARRIERS TO EMPLOYMENT; 62% SECURED EMPLOYMENT, WITH 66% 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 752 HOUSEHOLDS. - THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER. IN FY23, 1,804 POUNDS OF PRODUCE FED OVER 300 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, OVERCOMING DEBT, AND DEVELOPING SOLID FINANCIAL HABITS. THE SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR. WE SERVED 237 PARTICIPANTS WHO ATTENDED 46 SCHEDULED FINANCIAL EDUCATION WORKSHOPS, BOTH VIRTUALLY AND IN PERSON, 2 SEMI-ANNUAL FINANCIAL LITERACY EVENTS WITH GAMES AND ACTIVITIES, AND 4 VISITS TO LOCAL ELEMENTARY AND MIDDLE SCHOOLS TO DO INTERACTIVE PRESENTATIONS WITH THE STUDENTS. 46 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES: 66% INCREASED THEIR FINANCIAL WELL-BEING, 70% MAINTAINED A SPENDING PLAN FOR 30 DAYS, AND 33% WERE ABLE TO INCREASE OR CREATE SAVINGS, PAY DOWN DEBT, OR PURCHASE AN ASSET. IN ADDITION, FINANCIAL EDUCATION WORKSHOPS WERE HELD FOR OVER 100 ELEMENTARY AND MIDDLE SCHOOL STUDENTS. 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 CONTINUED PRIMARILY VIA THE 'DROP-OFF' METHOD, ALLOWING FOR AN IN-PERSON INTERVIEW, SEPARATE PREPARATION, THEN FOLLOW UP PHONE CALLS TO COMPLETE THE RETURN AS WELL AS IN-PERSON TAX RETURNS. TAXPAYERS SAW AN AVERAGE REFUND OF 1,806 BETWEEN STATE AND FEDERAL REFUNDS WITH A TOTAL OF 1,147,165 GOING BACK INTO THE COMMUNITY IN THE FORM OF REFUNDS. VITA PREPARED A TOTAL OF 740 TAX RETURNS BETWEEN JANUARY AND JUNE OF THIS YEAR, A 26% INCREASE OVER THE LAST TAX SEASON. 1 OUT OF 3 TAXPAYERS SAVED A PORTION OF THEIR REFUND. HSP ALSO HOSTED CARROLL CAH DAY, IN CONJUNCTION WITH THE CARROLL COUNTY PUBLIC LIBRARY, A FAMILY FRIENDLY FINANCIAL EDUCATION FAIR, REACHING OVER 600 COMMUNITY MEMBERS ACROSS TWO EVENTS IN WESTMINSTER AND HAMPSTEAD. THE EVENT INCLUDED FREE CREDIT SCORES, COUNSELING, AND TAX PREPARATION, COMMUNITY AND GOVERNMENT RESOURCES, AS WELL AS A YOUTH BUDGETING SIMULATION, GAMES AND COLORING ACTIVITIES.

4d	Other program services (Describe in Schedule O.)			
	(Expenses \$	484,143	including grants of \$	109,713) (Revenue \$
				5,530)
4e	Total program service expenses	3,907,885		

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	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)

Table with 10 columns: Question ID, Question Text, Sub-Section, Yes, No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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, or key employee listed in Part VII...

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 on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 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 assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed MD, PA 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TOM WELLIVER 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) SCOTT YARD EXECUTIVE DI	40.00			X			94,269	0	6,584
(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) ANDREA BERSTLER 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) CHERI THOMPSON 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
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns			5,331	
b Membership dues				
c Fundraising events			15,371	
d Related organizations				
e Government grants (contributions)			3,644,160	
f All other contributions, gifts, grants, and similar amounts not included above			689,590	
g Noncash contributions included in lines 1a - 1f:\$			124,502	
h Total. Add lines 1a-1f			4,354,452	

Program Service Revenue		Business Code			
			(A)	(B)	(C)
2a SHELTER CLIENT FEES					
	624100		19,636	19,636	
b OJT FEES					
	624100		3,775	3,775	
c DORS FEES					
	624100		1,575	1,575	
d					
e					
f All other program service revenue.					
g Total. Add lines 2a-2f.			24,986		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,414			21,414	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		98,381			
		(ii) Other					
		b Less: cost or other basis and sales expenses		90,052			
		c Gain or (loss)		8,329			
	d Net gain or (loss)		8,329			8,329	
	8a Gross income from fundraising events (not including \$ 15,371 of contributions reported on line 1c). See Part IV, line 18						
		b Less: direct expenses		1,273			
c Net income or (loss) from fundraising events			770			770	
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						

Other Revenue Misc Amt	11a MISCELLANEOUS	Business Code				
			2,279	2,279		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			2,279		
12 Total revenue. See instructions			4,412,230	27,265		30,513

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,256,299	1,256,299		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,698	62,484	28,254	19,960
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,274,518	1,911,093	300,432	62,993
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,568	46,371	2,391	1,806
9 Other employee benefits	188,015	160,986	14,979	12,050
10 Payroll taxes	173,718	144,898	23,935	4,885
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,358	8,030	24,328	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,468		3,468	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,021	14,299	27,722	
12 Advertising and promotion	5,806	3,582	695	1,529
13 Office expenses	42,765	33,381	6,134	3,250
14 Information technology	54,697	45,827	8,131	739
15 Royalties				
16 Occupancy	23,462	23,315	147	
17 Travel	11,775	10,434	1,325	16
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338	311		27
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,088	35,343	6,169	576
23 Insurance	50,367	43,714	5,153	1,500
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & SMALL EQUIP	92,649	83,574	8,539	536
b EQUIP RENTAL & MAINT	21,957	10,279	7,596	4,082
c MISCELLANEOUS	14,970	7,740	3,745	3,485
d STAFF TRAINING	14,330	5,925	6,154	2,251
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,506,867	3,907,885	479,297	119,685
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,893,696	1	606,184
	2 Savings and temporary cash investments	401,233	2	493,655
	3 Pledges and grants receivable, net	330,671	3	341,255
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	86,247	9	86,694
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 706,255		
	b Less: accumulated depreciation	10b 571,009	177,334	10c 135,246
	11 Investments—publicly traded securities	678,381	11	659,414
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,698,113	15	1,367,312
16 Total assets: Add lines 1 through 15 (must equal line 33)	5,265,675	16	3,689,760	
Liabilities	17 Accounts payable and accrued expenses	1,468,416	17	424,489
	18 Grants payable		18	
	19 Deferred revenue	136,101	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,400	23	8,750
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,614,917	26	433,239
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,829,358	27	1,850,914
	28 Net assets with donor restrictions	1,821,400	28	1,405,607
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,650,758	32	3,256,521
	33 Total liabilities and net assets/fund balances	5,265,675	33	3,689,760

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,412,230
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,506,867
3	Revenue less expenses. Subtract line 2 from line 1	3	-94,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,650,758
5	Net unrealized gains (losses) on investments	5	31,202
6	Donated services and use of facilities	6	-330,802
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	3,256,521

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b	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

Public Charity Status and Public Support

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

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,440,478	4,243,233	4,421,869	4,581,657	4,354,452	22,041,699
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..	552,984	452,843	355,250	356,614	358,022	2,075,713
4 Total. Add lines 1 through 3	4,993,462	4,696,076	4,777,119	4,938,271	4,712,474	24,117,402
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						24,117,402

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	4,993,462	4,696,076	4,777,119	4,938,271	4,712,474	24,117,402
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,531	25,196	13,990	20,358	21,414	95,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	2,304	2,053	625	1,378	1,273	7,633
11 Total support. Add lines 7 through 10						24,220,524

12 Gross receipts from related activities, etc. (see instructions) **12** 167,003

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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.570 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	99.550 %

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

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

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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 6,360

Additional Data

Return to Form

Software ID:

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC	Employer identification number 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 33¹/₃% 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:

Supplemental Financial Statements

2022

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 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	693,973	791,664	692,634	680,202	665,025
b Contributions					
c Net investment earnings, gains, and losses	59,361	-93,722	101,683	14,268	16,953
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	3,468	3,969	2,653	1,836	1,776
g End of year balance	749,866	693,973	791,664	692,634	680,202

- 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 |
|--|-----|----|
| (i) Unrelated organizations | | No |
| (ii) Related organizations | | No |
| 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
1a Land		10,000		10,000
b Buildings		192,794	163,233	29,561
c Leasehold improvements		142,762	86,794	55,968
d Equipment		360,699	320,982	39,717
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				135,246

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PROMISED USE OF FACILITIES	1,367,312
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,367,312

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,467,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	31,202	
b	Donated services and use of facilities	2b	27,725	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 58,927
3	Subtract line 2e from line 1			3 4,408,762
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,468	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 3,468
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 4,412,230

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

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

1	Total expenses and losses per audited financial statements		1	4,861,926
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	358,527	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 358,527
3	Subtract line 2e from line 1			3 4,503,399
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,468	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 3,468
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 4,506,867

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.

Additional Data

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

Software ID:

Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
HUMAN SERVICES PROGRAMS OF CARROLL
COUNTY INC

Employer identification number
52-1549551

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GINGERBREAD VII</u> (event type)	_____ (event type)	_____ (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	16,644			16,644
	2 Less: Contributions	15,371			15,371
	3 Gross income (line 1 minus line 2)	1,273			1,273
Direct Expenses	4 Cash prizes	400			400
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	103			103
	8 Entertainment				
	9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶					503
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					770

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a		%
b An outside facility		13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

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 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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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) HOME ENERGY AND UTILITIES	2417	558,396			
(2) HOUSING ASSISTANCE	1279	565,881			
(3) FAMILY GOODS	93		1,460	PURCHASE	SUPPLIES
(4) HOUSING WATER UTILITIES	135	4,476			
(5) SECOND CHANCES FREE STORE	752		109,133	TSV	CLOTHING
(6) DENTAL ASSISTANCE	13	3,881			
(7) SHELTER SUPPLIES AND FOOD	386		12,492	TSV	FOOD & SUPPLIES
(8) TRANSPORTATION TICKETS	49		580	PURCHASE	TICKETS

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
SCHEDULE I, PAGE 1, PART I, LINE 2	NEARLY ALL GRANTS TO INDIVIDUALS ARE PAID DIRECTLY TO VENDORS SUCH AS UTILITY COMPANIES, LANDLORDS, ETC. THIS MAKES GRANTEES UNABLE TO DIVERT THE FUNDS FROM THE INTENDED USE.

Additional Data

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**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 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		116,603	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISC)	X	12	4,394	THRIFT SHOP VALUE
26 Other ▶ (TOYS)	X	17	2,805	THRIFT SHOP VALUE
Other (ELECTRONICS ▶)	X	4	700	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		No
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)**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.**2022****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName 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>HUMAN SERVICES PROGRAMS OF CARROLL COUNTY INC. (HSP) OPERATES OUR 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. SHELTER SERVICES: 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 LIVES. 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, TRANSPORTATION, AND MAIL ASSISTANCE. IN AN EFFORT TO RAPIDLY BUILD TRUST AND PROVIDE IMMEDIATE SUPPORT, SHELTER SERVICES ALSO INCLUDE OUR HOMELESS OUTREACH CASE WORKER POSITION. THIS POSITION PROVIDES STREET/ENCAMPMENT OUTREACH SERVICES TO HOMELESS ADULTS AND FAMILIES THROUGHOUT CARROLL COUNTY. THIS INCLUDES LINKING PARTICIPANTS TO AVAILABLE SERVICES AND SUPPORTING ENTRY INTO SHELTER WITH THE OVERALL GOAL OF SECURING HOUSING AND ENDING HOMELESSNESS. ADDITIONALLY, THIS CASE WORKER CONNECTS REGULARLY WITH COMMUNITIES, AGENCIES, AND RESOURCES IN ALL MUNICIPALITIES OF CARROLL COUNTY TO PROVIDE INFORMATION ABOUT HSP SERVICES AND TO CONNECT WITH HOMELESS PARTICIPANTS IN THESE OUTLYING AREAS WHO MIGHT NOT OTHERWISE BE ABLE TO ACCESS THESE SERVICES. - SHELTER SERVICES PROVIDED SAFE, STABLE ON-GOING SUPPORT FOR 338 UNIQUE PARTICIPANTS, 287 HOUSEHOLDS. -- FAMILY SHELTER SERVED 72 TOTAL PARTICIPANTS: 30 ADULTS AND 42 CHILDREN, 60% EXITED TO PERMANENT HOUSING. -- ADULT ONLY SHELTER SERVED 77 TOTAL PARTICIPANTS: 55 MEN AND 22 WOMEN, 58% EXITED TO PERMANENT HOUSING. -- NIGHT-BY-NIGHT SHELTER SERVED 237 PARTICIPANTS, 16% EXITED TO PERMANENT HOUSING, 21% TRANSITIONED INTO ADULT SHELTER. - 14% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME. - 98% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 128 DAYS. - 154 OUT OF 237 (65%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE NIGHT-BY-NIGHT SHELTER, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION. - STREET OUTREACH SERVED 62 TOTAL PARTICIPANTS: 62 ADULTS, 23% EXITED TO PERMANENT HOUSING; 33% EXITED TO OTHER POSITIVE DESTINATIONS (THIS INCLUDES TREATMENT PROGRAMS AND ADULT ONLY SHELTER) - OVERALL EXITS TO POSITIVE DESTINATIONS, 56%. HOUSING SERVICES: 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, AND 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. PSHPWD 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. 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. 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 COVID RELATED EVICTION PREVENTION FUNDING. - COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 336 HOUSEHOLDS/603 TOTAL PARTICIPANTS: 391 ADULTS AND 212 CHILDREN. - COORDINATED ENTRY SERVED 235 HOUSEHOLDS/353 TOTAL PARTICIPANTS; 263 ADULTS AND 90 CHILDREN; 49% EXITED TO PERMANENT HOUSING; 26% INCREASED INCOME. - PERMANENT HOUSING SERVED 28 HOUSEHOLDS/46 TOTAL PARTICIPANTS; 36 ADULTS AND 10 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 36 HOUSEHOLDS/48 TOTAL HOMELESS PARTICIPANTS; 45 ADULTS AND 3 CHILDREN, 43% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - PREVENTED EVICTIONS FOR 56 HOUSEHOLDS/144 PARTICIPANTS; 92 ADULTS AND 52 CHILDREN; WITH 147,552. - COMPLETED 123 SECURITY DEPOSITS FOR 269 PARTICIPANTS; 158 ADULTS AND 111 CHILDREN; WITH 172,602. - ASSISTED WITH WATER TURNOFFS FOR 28 HOUSEHOLDS/82 PARTICIPANTS: 43 ADULTS AND 39 CHILDREN, 18,968. - COVID-19 RAPID RE-HOUSING PROGRAM SERVED 22 HOUSEHOLDS/39 TOTAL PARTICIPANTS; 30 ADULTS AND 9 CHILDREN, 97% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING. - EMERGENCY RENTAL ASSISTANCE PROGRAM (COVID RELIEF FUNDING; PROGRAM SUNSET DECEMBER 2022), SERVED 150 HOUSEHOLDS/380 PARTICIPANTS: 228 ADULTS AND 152 CHILDREN, DISBURSING 541,256. -- PREVENTED EVICTIONS FOR 148 HOUSEHOLDS/378 PARTICIPANTS: 227 ADULTS AND 151 CHILDREN, DISBURSING 509,515. -- PREVENTED UTILITY TURNOFFS FOR 21 HOUSEHOLDS/53 PARTICIPANTS: 32 ADULTS AND 21 CHILDREN, 10,421. -- ASSISTED WITH SECURITY DEPOSITS FOR 3 HOUSEHOLDS/7 PARTICIPANTS: 6 ADULTS AND 1 CHILD, 5,450. -- ASSISTED WITH OTHER HOUSING EXPENSES (LATE FEES/COURT FEES) FOR 94 HOUSEHOLDS/251 PARTICIPANTS: 151 ADULTS AND 100 CHILDREN, 15,870.</p>
FORM 990, PAGE 2, PART III, LINE 4C	<p>THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS AND THEIR CHILDREN UNDER THE AGE OF FIVE. THE CENTER PROVIDES A COZY AND HOMELIKE ENVIRONMENT FOR PARENTS AND CHILDREN TO LEARN AND GROW TOGETHER. THE MAIN FOCUS OF THE CENTER IS TO ENSURE THAT YOUNG CHILDREN ARE HEALTHY - PHYSICALLY, DEVELOPMENTALLY AND EMOTIONALLY. THIS IS ACCOMPLISHED THROUGH A HIGH-QUALITY CHILD DEVELOPMENT PROGRAM THAT FOCUSES ON EARLY LITERACY, NURTURING INTERACTIONS, AND LEARNING THROUGH</p>

Return Reference	Explanation
	<p>PLAY. DEVELOPMENTAL SCREENINGS, IMMUNIZATION CHECKS, AND DAILY PACT (PARENTS AND CHILDREN TOGETHER) ACTIVITIES ARE KEY COMPONENTS OF THE PROGRAM. WHILE THE CHILDREN ENGAGE IN THEIR OWN SPECIAL PROGRAMMING, PARENTS ALSO RECEIVE SERVICES. THESE PROGRAMS ARE DESIGNED TO INCREASE SELF-SUFFICIENCY, ENHANCE PARENTING SKILLS, AND PROVIDE QUALITY CASE MANAGEMENT. OUR ADULT EDUCATION PARTNER, CARROLL COMMUNITY COLLEGE, PROVIDES GED AND ESOL CLASSES FOR THE PARENTS. THE CENTER OFFERS PARENTING CLASSES USING EVIDENCE-BASED CURRICULA SUCH AS THE "NURTURING PARENT PROGRAM," "CHICAGO PARENTING PROGRAM,- AND "CIRCLE OF SECURITY." OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, JOB READINESS WORKSHOPS, PARENT LEADERSHIP TRAINING, AND PEER SUPPORT ACTIVITIES. OUR MOST POPULAR ACTIVITIES INCLUDE MONTHLY AND SEASONAL "SPECIAL EVENTS." THIS YEAR WE ENJOYED THEMES LIKE "MESS FEST," "MOM AND ME TEA PARTY," "LUAU DAY- AND "CARNIVAL DAY." NEW PROGRAMMING FOR PARENTS IN FY23 INCLUDED "CAFECITO" (COFFEE HOUSE FOR SPANISH-SPEAKING PARENTS), LEARNING TO WRITE IN CURSIVE, GENERAL DRIVER'S EDUCATION FOR SPANISH-SPEAKING PARENTS, AND COOKING CLASSES. THIS YEAR THE PARENTS ASSISTED IN PREPARING THE MENU ITEMS TO BE USED FOR THE SPECIAL EVENTS. ANOTHER KEY SERVICE PROVIDED BY THE FAMILY CENTER IS THE HOME VISITING PROGRAM. SOME FAMILIES CANNOT ATTEND THE CENTER DUE TO VARIOUS BARRIERS OR CHALLENGES. TO MEET THE NEEDS OF THESE FAMILIES, THE CENTER HAS A HOME VISITING PROGRAM. THE HOME VISITOR CARRIES A CASELOAD OF 12 FAMILIES PER MONTH AND MEETS WITH EACH FAMILY IN THEIR OWN HOME THREE TIMES PER MONTH. THESE FAMILIES ARE ALSO ENCOURAGED TO ATTEND AT LEAST ONE SOCIALIZATION OPPORTUNITY PER MONTH, SCHEDULED BY THE HOME VISITOR. ADULT EDUCATION (GED AND ESOL) CLASSES WERE CONDUCTED BY CARROLL COMMUNITY COLLEGE AND WERE HELD EVERY MORNING, MONDAY THROUGH THURSDAY. AFTERNOON PROGRAMMING, INCLUDING PARENTING, HEALTH AND EMPLOYABILITY CLASSES WERE OFFERED IN A HYBRID FASHION. THIS YEAR, 40 FAMILIES (93 PARENTS AND CHILDREN) PARTICIPATED IN CENTER-BASED PROGRAMS, AND 21 FAMILIES (58 PARENTS AND CHILDREN) ENGAGED IN HOME VISITING SERVICES. A TOTAL OF 3,577 PARTICIPATION VISITS WERE LOGGED BY CENTER-BASED FAMILIES, AND 1,167 PARTICIPATION VISITS BY HOME-VISIT FAMILIES. FISCAL YEAR 2023 HIGHLIGHTS: - THE CHILD DEVELOPMENT TEAM SCORED A PERFECT 7.0 ON THEIR ANNUAL ITERS (INFANT & TODDLER ENVIRONMENTAL RATING SCALE); - THE CENTER SCORED HIGH MARKS ON THE ANNUAL ON-SITE REVIEW, CONDUCTED BY THE MARYLAND FAMILY NETWORK; - THE MARYLAND FAMILY NETWORK FREQUENTLY BROUGHT NEW STAFF FROM OTHER CENTERS AROUND THE STATE TO RECEIVE TRAINING AND SUPPORT FROM THE CARROLL COUNTY FAMILY CENTER TEAM.</p>
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>ECONOMIC MOBILITY PROGRAMMING PROVIDES INTEGRATED EMPLOYMENT AND TRAINING, FINANCIAL EDUCATION, AND LONG-TERM CASE MANAGEMENT SERVICES TO HELP PEOPLE BELIEVE IN THEMSELVES AND THEIR FUTURE. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE. OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF HANDS-ON JOB TRAINING, JOB READINESS ASSISTANCE, AND LONG-TERM CASE MANAGEMENT SUPPORT SERVICES TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, MENTAL HEALTH DISORDER, AND SUBSTANCE ABUSE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY- BASED RE-ENTRY SERVICES. HSP HAS BEEN ANNOUNCED AS A 2023 FINANCIAL EDUCATION AND CAPABILITY AWARD WINNER. WE HAVE BEEN NAMED OUTSTANDING ORGANIZATION BY THE NONPROFITS CASH (CREATING ASSETS, SAVINGS, AND HOPE) CAMPAIGN OF MARYLAND, MARYLAND COUNCIL ON ECONOMIC EDUCATION (MCEE), AND THE MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE). IN FY23 OPPORTUNITY WORKS SERVED 129 INDIVIDUALS: 97% HAD A SIGNIFICANT BARRIER TO EMPLOYMENT; 95% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 69% MASTERED 5 OR MORE JOB SKILLS; 62% RESOLVED TWO BARRIERS TO EMPLOYMENT; 62% SECURED EMPLOYMENT, WITH 66% 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 752 HOUSEHOLDS. - THE COMMUNITY GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER. IN FY23, 1,804 POUNDS OF PRODUCE FED OVER 300 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, OVERCOMING DEBT, AND DEVELOPING SOLID FINANCIAL HABITS. THE SERVICES OFFERED INCLUDE MONTHLY FINANCIAL EDUCATION WORKSHOPS, FINANCIAL CONSULTATION AS WELL AS ONE-ON-ONE FINANCIAL COACHING FOR UP TO ONE YEAR. WE SERVED 237 PARTICIPANTS WHO ATTENDED 46 SCHEDULED FINANCIAL EDUCATION WORKSHOPS, BOTH VIRTUALLY AND IN PERSON, 2 SEMI-ANNUAL FINANCIAL LITERACY EVENTS WITH GAMES AND ACTIVITIES, AND 4 VISITS TO LOCAL ELEMENTARY AND MIDDLE SCHOOLS TO DO INTERACTIVE PRESENTATIONS WITH THE STUDENTS. 46 PARTICIPATED IN ONGOING FINANCIAL COACHING SERVICES: 66% INCREASED THEIR FINANCIAL WELL-BEING, 70% MAINTAINED A SPENDING PLAN FOR 30 DAYS, AND 33% WERE ABLE TO INCREASE OR CREATE SAVINGS, PAY DOWN DEBT, OR PURCHASE AN ASSET. IN ADDITION, FINANCIAL EDUCATION WORKSHOPS WERE HELD FOR OVER 100 ELEMENTARY AND MIDDLE SCHOOL STUDENTS. 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 CONTINUED PRIMARILY VIA THE -DROP-OFF' METHOD, ALLOWING FOR AN IN-PERSON INTERVIEW, SEPARATE PREPARATION, THEN FOLLOW UP PHONE CALLS TO COMPLETE THE RETURN AS WELL AS IN-PERSON TAX RETURNS. TAXPAYERS SAW AN AVERAGE REFUND OF 1,806 BETWEEN STATE AND FEDERAL REFUNDS WITH A TOTAL OF 1,147,165 GOING BACK INTO THE COMMUNITY IN THE FORM OF REFUNDS. VITA PREPARED A TOTAL OF 740 TAX RETURNS BETWEEN JANUARY AND JUNE OF THIS YEAR, A 26% INCREASE OVER THE LAST TAX SEASON. 1 OUT OF 3 TAXPAYERS SAVED A PORTION OF THEIR REFUND. HSP ALSO HOSTED CARROLL CAH DAY, IN CONJUNCTION WITH THE CARROLL COUNTY PUBLIC LIBRARY, A FAMILY FRIENDLY FINANCIAL EDUCATION FAIR, REACHING OVER 600 COMMUNITY MEMBERS ACROSS TWO EVENTS IN WESTMINSTER AND HAMPSTEAD. THE EVENT INCLUDED FREE CREDIT SCORES, COUNSELING, AND TAX PREPARATION, COMMUNITY AND GOVERNMENT RESOURCES, AS WELL AS A YOUTH BUDGETING SIMULATION, GAMES AND COLORING ACTIVITIES.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 11B</p>	<p>THE 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE FILING WITH THE IRS.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 12C</p>	<p>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.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE CONSIDERS THE EXECUTIVE DIRECTOR'S SALARY SEPARATE FROM ALL OTHER STAFF AND SUBMITS A RECOMMENDATION TO THE BOARD. THE RECOMMENDATION IS BASED ON THE EXECUTIVE COMMITTEE MEMBERS' EXPERIENCES IN THE INDUSTRY, AND THE COMMITTEE WILL ALSO REQUEST HR TO PERFORM A COMPARABILITY STUDY FROM TIME TO TIME (NOT NECESSARILY ANNUALLY). SALARY DECISIONS MADE AT THE BOARD LEVEL ARE COMMUNICATED VIA MEMO DIRECTLY TO THE 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 ID:

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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 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
(1) 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 %		No

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.

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**