

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- 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 \$ 4,431,128

F Name and address of principal officer: SCOTT YARD, 10 DISTILLERY DRIVE SUITE G1, WESTMINSTER, MD 21157

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

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

J Website: HSPINC.ORG

K Form of organization: Corporation

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

Part I Summary

Table with 3 main sections: Activities & Governance (mission, 2-7b), Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22). Includes columns for Prior Year and Current Year.

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 SCOTT YARD EXECUTIVE DIRECTOR, Date 2025-04-30. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2025-04-30, Firm's name BROWN PLUS, Firm's address 205 EAST MAIN STREET WESTMINSTER, MD 21157.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 924,169 including grants of \$ 545,279 ) (Revenue \$ )

THE HOME ENERGY PROGRAM PROVIDES ENERGY 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, 2024 ARE AS FOLLOWS: HOME ENERGY SERVICES: 18 HOUSEHOLDS, 44 INDIVIDUALS OFFICE OF HOME ENERGY PROGRAMS OHEP: 3,817 HOUSEHOLDS, 8,032 INDIVIDUALS

4b (Code: ) (Expenses \$ 465,754 including grants of \$ 450 ) (Revenue \$ )

THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS WITH 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 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 THE EVIDENCE- BASED CURRICULUM, THE "NURTURING PARENT PROGRAM." OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, JOB READINESS WORKSHOPS, PARENT LEADERSHIP TRAININGS, AND PEER SUPPORT ACTIVITIES. OUR MOST POPULAR ACTIVITIES INCLUDE MONTHLY AND SEASONAL "SPECIAL EVENTS." THIS YEAR WE ENJOYED THEMES LIKE "OUTER SPACE DAY," "SPRING FLING," "MESS FEST,- AND "CARNIVAL DAY." IN FY24, 46 FAMILIES (115 PARENTS AND CHILDREN) PARTICIPATED IN CENTER- BASED PROGRAMS. A TOTAL OF 2,886 PARTICIPATION VISITS WERE LOGGED BY THESE FAMILIES. THIS AMOUNTED TO A TOTAL OF 2,773 INDIVIDUAL SERVICES PROVIDED IN THE YEAR. PARENTS AND CHILDREN REMAINED ENGAGED THROUGHOUT THE ENTIRE YEAR, PARTICIPATING IN MULTIPLE SERVICES AND MAINTAINING CONNECTIONS WITH STAFF AND OTHER FAMILIES.

4c (Code: ) (Expenses \$ 2,016,647 including grants of \$ 662,760 ) (Revenue \$ 22,028 )

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. THIS YEAR WE HAVE SEEN AN UNPRECEDENTED INCREASE IN SHELTER SERVICES, NEW PARTICIPANTS, AND INCREASED BED NIGHTS IN OUR NIGHT BY NIGHT SHELTER. HSP HAS SERVED ALMOST 100 MORE HOMELESS PARTICIPANTS THIS YEAR COMPARED TO THE LAST, 28% INCREASE IN JUST ONE YEAR. IN RESPONSE TO THIS SURGE IN NEED, HSP HAS INCREASED STAFFING, ADDING A NEW CASE MANAGER POSITION, AS WELL AS INCREASED SUPPORT STAFF POSITIONS. IN ADDITION TO TRADITIONAL SHELTER SERVICES, HSP ALSO HAS A 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, LAW ENFORCEMENT, 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 434 UNIQUE PARTICIPANTS, 381 HOUSEHOLDS -- FAMILY SHELTER SERVED 78 TOTAL PARTICIPANTS: 32 ADULTS AND 46 CHILDREN, 64% EXITED TO PERMANENT HOUSING -- ADULT ONLY SHELTER SERVED 90 TOTAL PARTICIPANTS: 57 MEN AND 31 WOMEN AND 2 TRANSGENDER PARTICIPANTS, 42% EXITED TO PERMANENT HOUSING -- NIGHT-BY-NIGHT SHELTER SERVED 326 PARTICIPANTS, 10% EXITED TO PERMANENT HOUSING, 17% TRANSITIONED INTO ADULT SHELTER - 10% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME - 95% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 97 DAYS - 188 OUT OF 326 (57%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE NIGHT-BY-NIGHT SHELTER, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION - STREET OUTREACH SERVED 56 TOTAL PARTICIPANTS: 55 ADULTS, 1 CHILD, 32% EXITED TO PERMANENT HOUSING; 36% EXITED TO OTHER POSITIVE DESTINATIONS (THIS INCLUDES TREATMENT PROGRAMS AND ADULT ONLY SHELTER) - OVERALL EXITS TO POSITIVE DESTINATIONS, 68% 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 HELPLINE 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. HSP'S GOAL IS TO FIRST AND FOREMOST PREVENT HOMELESSNESS WHENEVER POSSIBLE. THIS IS COMPLETED VIA MEDIATION AND REFERRAL SERVICES AS WELL AS EVICTION PREVENTION, SECURITY DEPOSIT ASSISTANCE, AND WATER TURN OFF SUPPORT. HSP IS THE COUNTY-WIDE ACCESS POINT FOR SEVERAL EMERGENCIES SERVICES, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS. AFTER PREVENTION AND DIVERSION SERVICES ARE ATTEMPTED, AND THE 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 (PSPHPD), OR RAPID RE-HOUSING PROGRAM. PSPHPD PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO CHRONICALLY HOMELESS, HSP MAINTAINS 31 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. THIS YEAR HSP WAS ABLE TO SECURE ADDITIONAL FUNDS TO INCREASE OUR NUMBER OF UNITS IN PERMANENT SUPPORT HOUSING, ADDING 10 ADDITIONAL APARTMENTS FOR FORMERLY HOMELESS INDIVIDUALS OR FAMILIES. - COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 325 HOUSEHOLDS/560 TOTAL PARTICIPANTS: 367 ADULTS AND 193 CHILDREN - COORDINATED ENTRY SERVED 243 HOUSEHOLDS/367 TOTAL PARTICIPANTS; 265 ADULTS AND 102 CHILDREN; 54% EXITED TO PERMANENT HOUSING; 24% INCREASED INCOME - PERMANENT HOUSING SERVED 31 HOUSEHOLDS/52 TOTAL PARTICIPANTS; 39 ADULTS AND 13 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING - RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 31 HOUSEHOLDS/55 TOTAL HOMELESS PARTICIPANTS; 38 ADULTS AND 17 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING - PREVENTED EVICTIONS FOR 78 HOUSEHOLDS/196 PARTICIPANTS; 114 ADULTS AND 82 CHILDREN; WITH 189,130 - COMPLETED 134 SECURITY DEPOSITS FOR 282 PARTICIPANTS; 171 ADULTS AND 111 CHILDREN; WITH 198,064 - ASSISTED WITH WATER TURNSOFFS FOR 62 HOUSEHOLDS/182 PARTICIPANTS: 98 ADULTS AND 84 CHILDREN, 30,167 - ASSISTED WITH RENT PAYMENTS FOR 8 HOUSEHOLDS/16 PARTICIPANTS: 10 ADULTS AND 6 CHILDREN, 6,770 - ASSISTED WITH UTILITY PAYMENTS FOR 2 HOUSEHOLDS/2 PARTICIPANTS: 2 ADULTS, 1,231 - ASSISTED WITH DENTAL CARE FOR 25 HOUSEHOLDS/39 PARTICIPANTS: 32 ADULTS AND 7 CHILDREN, 29,682

(Code: ) (Expenses \$ 322,394 including grants of \$ 300 ) (Revenue \$ 12,355 )

ECONOMIC MOBILITY PROGRAMMING PROVIDES EMPLOYMENT AND FINANCIAL CAPABILITY SERVICES TO HELP MOVE OUR PARTICIPANTS OUT OF POVERTY. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE. OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF JOB READINESS ASSISTANCE, JOB COACHING AND DEVELOPMENT SERVICES AND EMPLOYMENT RETENTION SUPPORT TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, HOMELESSNESS, MENTAL HEALTH DISORDER, AND SUBSTANCE USE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY-BASED RE-ENTRY SERVICES. IN FY24 OPPORTUNITY WORKS SERVED 74 INDIVIDUALS, ALL WITH SIGNIFICANT BARRIERS TO EMPLOYMENT; 69% HAD A MENTAL HEALTH DISORDER, SUBSTANCE USE HISTORY OR CRIMINAL BACKGROUND;

99% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 51% WERE SHELTER PARTICIPANTS; 38% WERE EMPLOYED; AND 50% MAINTAINED OR INCREASED INCOME. IN ADDITION, WE PROVIDED OVER 400 JOB TRAINING HOURS IN SUPPORTED EMPLOYMENT AND CASE MANAGEMENT SERVICES TO OUR PARTICIPANTS. THIS YEAR HSP CHOSE TO SUNSET SECOND CHANCES, OUR FREE STORE AND JOB TRAINING PLATFORM. OVER THE LAST SEVERAL YEARS, WE HAVE EXPERIENCED A DECLINE IN COMMUNITY NEED, WHILE SIMULTANEOUSLY EXPERIENCING A GREATER PARTICIPANT DEMAND FOR JOB COACHING SERVICES. THE DECISION TO CLOSE SECOND CHANCES ALLOWS OPPORTUNITY WORKS TO FOCUS ON EMPLOYMENT SERVICES FOR OUR MOST VULNERABLE AND GIVES HSP THE ABILITY TO FOCUS RESOURCES ON PROVIDING SERVICES TO END POVERTY. HSP CONTINUES TO SUPPORT THE COMMUNITY GARDEN, A TRAINING PLATFORM TO ENGAGE PARTICIPANTS AND COMMUNITY MEMBERS. THE GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER, MANAGED BY VOLUNTEERS. IN FY24, 835 VOLUNTEER HOURS YIELDED 1,412 POUNDS OF PRODUCE, FEEDING PEOPLE VIA SOUP KITCHENS AND FOOD BANKS THROUGHOUT CARROLL COUNTY. 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 220 PARTICIPANTS WHO ATTENDED 43 SCHEDULED FINANCIAL EDUCATION WORKSHOPS, BOTH VIRTUALLY AND IN PERSON. 26 PARTICIPANTS ENGAGED IN ONGOING FINANCIAL COACHING SERVICES. IN ADDITION, FINANCIAL EDUCATION WORKSHOPS WERE HELD FOR OVER 80 MIDDLE SCHOOL STUDENTS. OUR VITA SITE, SPONSORED BY THE IRS, PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS. THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND. VITA HAS MULTIPLE MOBILE SITE DAYS, INCLUDING HAMPSTEAD AND TANEYTOWN. VITA SERVED 875 PARTICIPANTS, COMPLETING 828 TAX RETURNS. THIS WORK WAS COMPLETED BY 18 VOLUNTEERS TOTALING 1,077 VOLUNTEER HOURS. HSP RETURNED OVER 1.3 MILLION BACK INTO THE HANDS OF OUR WORKING POOR COMMUNITY MEMBERS AND LOCAL ECONOMY. HSP ALSO HOSTED CARROLL CAH DAY, IN CONJUNCTION WITH THE CARROLL COUNTY PUBLIC LIBRARY, A FAMILY FRIENDLY FINANCIAL EDUCATION FAIR, REACHING OVER 350 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.

<b>4d</b>	Other program services (Describe in Schedule O.)				
	(Expenses \$	322,394	including grants of \$	300 )	(Revenue \$ 12,355 )
<b>4e</b>	<b>Total program service expenses</b>	<b>3,728,964</b>			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 98), and Yes/No response columns.

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 included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed MD, PA 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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			87,714	0	5,925
(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) KIMBERLEE SCHULTZ SECRETARY	6.00	X		X			0	0	0
(5) ANDREW DODGE TREASURER	6.00	X		X			0	0	0
(6) MONA BECKER BOARD MEMBER	3.00	X					0	0	0
(7) ANDREA BERSTLER BOARD MEMBER	3.00	X					0	0	0
(8) DIANE FOSTER BOARD MEMBER	3.00	X					0	0	0
(9) VELMA GREEN BOARD MEMBER	3.00	X					0	0	0
(10) VICKY KRETZER BOARD MEMBER	3.00	X					0	0	0
(11) MISSIE WILCOX 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 Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .			3,534	
<b>b</b> Membership dues . . . . .				
<b>c</b> Fundraising events . . . . .			51,280	
<b>d</b> Related organizations				
<b>e</b> Government grants (contributions)			3,625,148	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above			520,371	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$			11,122	
<b>h Total.</b> Add lines 1a-1f . . . . .				4,200,333

Program Service Revenue		Business Code				
<b>2a</b> SHELTER CLIENT FEES		624100	22,028	22,028		
<b>b</b> DORS FEES		624100	12,355	12,355		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			34,383			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			64,357		64,357	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>		116,541	3,200		
		<b>b</b> Less: cost or other basis and sales expenses		122,398			
		<b>7c</b> Gain or (loss)		-5,857	3,200		
	<b>d</b> Net gain or (loss) . . . . .			-2,657	-2,657		
	<b>8a</b> Gross income from fundraising events (not including \$ 51,280 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>			12,314		
<b>b</b> Less: direct expenses				14,757			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-2,443		-2,443		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Other Revenue Misc Amt	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .			4,293,973	31,726		61,914	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,208,789	1,208,789		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	113,064	69,550	37,367	6,147
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,134,680	1,827,159	259,536	47,985
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,846	47,381	4,464	1,001
<b>9</b> Other employee benefits	147,286	134,639	1,059	11,588
<b>10</b> Payroll taxes	163,494	138,631	22,080	2,783
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	39,465	8,300	31,165	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,129		2,129	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,465	4,659	31,161	645
<b>12</b> Advertising and promotion	7,071	3,178	695	3,198
<b>13</b> Office expenses	59,555	36,900	16,189	6,466
<b>14</b> Information technology	64,116	51,287	11,951	878
<b>15</b> Royalties				
<b>16</b> Occupancy	6,022	2,473	3,549	
<b>17</b> Travel	8,263	5,175	3,087	1
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,852	115	5,737	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	38,137	31,578	5,990	569
<b>23</b> Insurance	55,638	47,644	6,044	1,950
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUPPLIES & SMALL EQUIP	93,699	85,745	7,191	763
<b>b</b> EQUIP RENTAL & MAINT	25,255	12,782	8,053	4,420
<b>c</b> MISCELLANEOUS	15,056	6,953	5,468	2,635
<b>d</b> STAFF TRAINING	10,078	6,026	3,978	74
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,286,960	3,728,964	466,893	91,103
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	606,184	<b>1</b>	156,761
	<b>2</b> Savings and temporary cash investments	493,655	<b>2</b>	743,591
	<b>3</b> Pledges and grants receivable, net . . . . .	341,255	<b>3</b>	465,165
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	86,694	<b>9</b>	81,991
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 686,172		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 576,436	135,246	<b>10c</b> 109,736
	<b>11</b> Investments—publicly traded securities . . . . .	659,414	<b>11</b>	774,096
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	1,367,312	<b>15</b>	1,028,051
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,689,760	<b>16</b>	3,359,391	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	424,489	<b>17</b>	300,055
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	70,465
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,750	<b>23</b>	7,100
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .	433,239	<b>26</b>	377,620
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,850,914	<b>27</b>	1,927,834
	<b>28</b> Net assets with donor restrictions	1,405,607	<b>28</b>	1,053,937
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	3,256,521	<b>32</b>	2,981,771
<b>33</b> Total liabilities and net assets/fund balances	3,689,760	<b>33</b>	3,359,391	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,293,973
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,286,960
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,013
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,256,521
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	57,498
<b>6</b>	Donated services and use of facilities	<b>6</b>	-339,261
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	2,981,771

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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](http://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:

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- 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		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,243,233	4,421,869	4,581,657	4,354,452	4,200,333	21,801,544
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..	452,843	355,250	356,614	358,022	359,470	1,882,199
<b>4 Total.</b> Add lines 1 through 3	4,696,076	4,777,119	4,938,271	4,712,474	4,559,803	23,683,743
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						23,683,743

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . . . .	4,696,076	4,777,119	4,938,271	4,712,474	4,559,803	23,683,743
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	25,196	13,990	20,358	21,414	64,357	145,315
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,053	625	1,378	1,273	12,314	17,643
<b>11 Total support.</b> Add lines 7 through 10						23,846,701

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 172,615

**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**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.320 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.570 %

- 16a 33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 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 under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b., 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6., 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b., 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>			

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

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

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

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023:			
<b>a</b> From 2018. . . . .			
<b>b</b> From 2019. . . . .			
<b>c</b> From 2020. . . . .			
<b>d</b> From 2021. . . . .			
<b>e</b> From 2022. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019. . . . .			
<b>b</b> Excess from 2020. . . . .			
<b>c</b> Excess from 2021. . . . .			
<b>d</b> Excess from 2022. . . . .			
<b>e</b> Excess from 2023. . . . .			

**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 5,329

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

**2023**

(Form 990)  
Department of the Treasury  
Internal Revenue Service

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

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

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

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

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

Name of organization  
 HUMAN SERVICES PROGRAMS OF CARROLL  
 COUNTY INC

**Employer identification number**  
 52-1549551

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

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

Name of organization  
 HUMAN SERVICES PROGRAMS OF CARROLL  
 COUNTY INC

**Employer identification number**  
 52-1549551

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

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

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

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

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Supplemental Financial Statements**

OMB No. 1545-0047

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

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

52-1549551

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

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	749,866	693,973	791,664	692,634	680,202
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	71,864	59,361	-93,722	101,683	14,268
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	2,129	3,468	3,969	2,653	1,836
<b>g</b> End of year balance . . . . .	819,601	749,866	693,973	791,664	692,634

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		10,000		10,000
<b>b</b> Buildings . . . . .		192,794	163,233	29,561
<b>c</b> Leasehold improvements		142,762	104,586	38,176
<b>d</b> Equipment . . . . .		340,616	308,617	31,999
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				109,736

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) PROMISED USE OF FACILITIES	1,028,051
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,028,051

**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	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	4,369,551
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	57,498	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	20,209	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	77,707	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,291,844	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,129	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,129	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	4,293,973	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	4,644,301
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	359,470	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	359,470	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,284,831	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,129	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,129	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	4,286,960	

**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](http://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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <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						
<b>Total</b>						

**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 VIL</u> (event type)	<u>GOLF OUTING</u> (event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	36,570	24,805		61,375
	<b>2</b> Less: Contributions . . . . .	35,820	15,460		51,280
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	750	9,345		10,095
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	150			150
	<b>5</b> Noncash prizes . . . . .		3,741		3,741
	<b>6</b> Rent/facility costs . . . . .		6,044		6,044
	<b>7</b> Food and beverages . . . . .		2,676		2,676
	<b>8</b> Entertainment . . . . .		460		460
	<b>9</b> Other direct expenses . . . . .	11	668		679
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				13,750
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-3,655	

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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

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

2023

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	8076	545,279			
(2) HOUSING ASSISTANCE	2146	632,078	1,000	TSV	SUPPLIES
(3) FAMILY SERVICES	10		450	TSV	SUPPLIES
(4) ECONOMIC MOBILITY	10		300	TSV	SUPPLIES
(5) DENTAL ASSISTANCE	39	29,682			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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**

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

**2023****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>THE CARROLL COUNTY FAMILY CENTER PROVIDES SERVICES TO EXPECTANT PARENTS, AND PARENTS WITH 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 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 THE EVIDENCE-BASED CURRICULUM, THE "NURTURING PARENT PROGRAM." OTHER CENTER-BASED SERVICES INCLUDE CASE MANAGEMENT, HEALTH CLASSES, JOB READINESS WORKSHOPS, PARENT LEADERSHIP TRAININGS, AND PEER SUPPORT ACTIVITIES. OUR MOST POPULAR ACTIVITIES INCLUDE MONTHLY AND SEASONAL "SPECIAL EVENTS." THIS YEAR WE ENJOYED THEMES LIKE "OUTER SPACE DAY," "SPRING FLING," "MESS FEST,- AND "CARNIVAL DAY." IN FY24, 46 FAMILIES (115 PARENTS AND CHILDREN) PARTICIPATED IN CENTER- BASED PROGRAMS. A TOTAL OF 2,886 PARTICIPATION VISITS WERE LOGGED BY THESE FAMILIES. THIS AMOUNTED TO A TOTAL OF 2,773 INDIVIDUAL SERVICES PROVIDED IN THE YEAR. PARENTS AND CHILDREN REMAINED ENGAGED THROUGHOUT THE ENTIRE YEAR, PARTICIPATING IN MULTIPLE SERVICES AND MAINTAINING CONNECTIONS WITH STAFF AND OTHER FAMILIES.</p>
FORM 990, PAGE 2, PART III, LINE 4C	<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. THIS YEAR WE HAVE SEEN AN UNPRECEDENTED INCREASE IN SHELTER SERVICES, NEW PARTICIPANTS, AND INCREASED BED NIGHTS IN OUR NIGHT BY NIGHT SHELTER. HSP HAS SERVED ALMOST 100 MORE HOMELESS PARTICIPANTS THIS YEAR COMPARED TO THE LAST, 28% INCREASE IN JUST ONE YEAR. IN RESPONSE TO THIS SURGE IN NEED, HSP HAS INCREASED STAFFING, ADDING A NEW CASE MANAGER POSITION, AS WELL AS INCREASED SUPPORT STAFF POSITIONS. IN ADDITION TO TRADITIONAL SHELTER SERVICES, HSP ALSO HAS A 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, LAW ENFORCEMENT, 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 434 UNIQUE PARTICIPANTS, 381 HOUSEHOLDS -- FAMILY SHELTER SERVED 78 TOTAL PARTICIPANTS: 32 ADULTS AND 46 CHILDREN, 64% EXITED TO PERMANENT HOUSING -- ADULT ONLY SHELTER SERVED 90 TOTAL PARTICIPANTS: 57 MEN AND 31 WOMEN AND 2 TRANSGENDER PARTICIPANTS, 42% EXITED TO PERMANENT HOUSING -- NIGHT-BY-NIGHT SHELTER SERVED 326 PARTICIPANTS, 10% EXITED TO PERMANENT HOUSING, 17% TRANSITIONED INTO ADULT SHELTER - 10% OF SHELTER PARTICIPANTS INCREASED THEIR INCOME - 95% UTILIZATION RATE WITH AN AVERAGE LENGTH OF STAY OF 97 DAYS - 188 OUT OF 326 (57%) PARTICIPANTS ENGAGED IN CASE MANAGEMENT SERVICES AT THE NIGHT-BY-NIGHT SHELTER, WHICH SERVED THE HARDEST TO ENGAGE HOMELESS POPULATION - STREET OUTREACH SERVED 56 TOTAL PARTICIPANTS: 55 ADULTS, 1 CHILD, 32% EXITED TO PERMANENT HOUSING; 36% EXITED TO OTHER POSITIVE DESTINATIONS (THIS INCLUDES TREATMENT PROGRAMS AND ADULT ONLY SHELTER) - OVERALL EXITS TO POSITIVE DESTINATIONS, 68% 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 HELPLINE 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. HSP'S GOAL IS TO FIRST AND FOREMOST PREVENT HOMELESSNESS WHENEVER POSSIBLE. THIS IS COMPLETED VIA MEDIATION AND REFERRAL SERVICES AS WELL AS EVICTION PREVENTION, SECURITY DEPOSIT ASSISTANCE, AND WATER TURN OFF SUPPORT. HSP IS THE COUNTY-WIDE ACCESS POINT FOR SEVERAL EMERGENCIES SERVICES, SERVING AS THE AUTHORIZING AGENCY FOR SEVERAL COMMUNITY FUNDING STREAMS. AFTER PREVENTION AND DIVERSION SERVICES ARE ATTEMPTED, AND THE 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 31 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,</p>

Return Reference	Explanation
	<p>OR NEEDS A SECURITY DEPOSIT, HSP HAS ADDITIONAL SERVICES TO MEET THOSE NEEDS AND AVOID HOMELESSNESS. THIS YEAR HSP WAS ABLE TO SECURE ADDITIONAL FUNDS TO INCREASE OUR NUMBER OF UNITS IN PERMANENT SUPPORT HOUSING, ADDING 10 ADDITIONAL APARTMENTS FOR FORMERLY HOMELESS INDIVIDUALS OR FAMILIES. - COMPLETED HOUSING AND SHELTER SERVICES SCREENINGS FOR 325 HOUSEHOLDS/560 TOTAL PARTICIPANTS: 367 ADULTS AND 193 CHILDREN - COORDINATED ENTRY SERVED 243 HOUSEHOLDS/367 TOTAL PARTICIPANTS; 265 ADULTS AND 102 CHILDREN; 54% EXITED TO PERMANENT HOUSING; 24% INCREASED INCOME - PERMANENT HOUSING SERVED 31 HOUSEHOLDS/52 TOTAL PARTICIPANTS; 39 ADULTS AND 13 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING - RAPID RE-HOUSING PROVIDED HOUSING SUPPORT FOR 31 HOUSEHOLDS/55 TOTAL HOMELESS PARTICIPANTS; 38 ADULTS AND 17 CHILDREN, 85% OF HOUSEHOLDS EXITED TO PERMANENT HOUSING - PREVENTED EVICTIONS FOR 78 HOUSEHOLDS/196 PARTICIPANTS; 114 ADULTS AND 82 CHILDREN; WITH 189,130 - COMPLETED 134 SECURITY DEPOSITS FOR 282 PARTICIPANTS; 171 ADULTS AND 111 CHILDREN; WITH 198,064 - ASSISTED WITH WATER TURNOFFS FOR 62 HOUSEHOLDS/182 PARTICIPANTS: 98 ADULTS AND 84 CHILDREN, 30,167 - ASSISTED WITH RENT PAYMENTS FOR 8 HOUSEHOLDS/16 PARTICIPANTS: 10 ADULTS AND 6 CHILDREN, 6,770 - ASSISTED WITH UTILITY PAYMENTS FOR 2 HOUSEHOLDS/2 PARTICIPANTS: 2 ADULTS, 1,231 - ASSISTED WITH DENTAL CARE FOR 25 HOUSEHOLDS/39 PARTICIPANTS: 32 ADULTS AND 7 CHILDREN, 29,682</p>
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>ECONOMIC MOBILITY PROGRAMMING PROVIDES EMPLOYMENT AND FINANCIAL CAPABILITY SERVICES TO HELP MOVE OUR PARTICIPANTS OUT OF POVERTY. ECONOMIC MOBILITY PROGRAMMING ENCOMPASSES OPPORTUNITY WORKS, FINANCIAL EDUCATION SERVICES, AND OUR VOLUNTEER INCOME TAX PREPARATION (VITA) SITE. OPPORTUNITY WORKS OFFERS A UNIQUE BLEND OF JOB READINESS ASSISTANCE, JOB COACHING AND DEVELOPMENT SERVICES AND EMPLOYMENT RETENTION SUPPORT TO HELP PARTICIPANTS RE-ENTER THE WORKFORCE AND BECOME THRIVING COMMUNITY MEMBERS. OPPORTUNITY WORKS ENROLLS PARTICIPANTS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INCLUDING CRIMINAL BACKGROUND, HOMELESSNESS, MENTAL HEALTH DISORDER, AND SUBSTANCE USE HISTORY. OPPORTUNITY WORKS FOCUSES ON PROVIDING COMMUNITY-BASED RE-ENTRY SERVICES. IN FY24 OPPORTUNITY WORKS SERVED 74 INDIVIDUALS, ALL WITH SIGNIFICANT BARRIERS TO EMPLOYMENT; 69% HAD A MENTAL HEALTH DISORDER, SUBSTANCE USE HISTORY OR CRIMINAL BACKGROUND; 99% DID NOT COMMIT A CRIME DURING THE PROGRAM YEAR; 51% WERE SHELTER PARTICIPANTS; 38% WERE EMPLOYED; AND 50% MAINTAINED OR INCREASED INCOME. IN ADDITION, WE PROVIDED OVER 400 JOB TRAINING HOURS IN SUPPORTED EMPLOYMENT AND CASE MANAGEMENT SERVICES TO OUR PARTICIPANTS. THIS YEAR HSP CHOSE TO SUNSET SECOND CHANCES, OUR FREE STORE AND JOB TRAINING PLATFORM. OVER THE LAST SEVERAL YEARS, WE HAVE EXPERIENCED A DECLINE IN COMMUNITY NEED, WHILE SIMULTANEOUSLY EXPERIENCING A GREATER PARTICIPANT DEMAND FOR JOB COACHING SERVICES. THE DECISION TO CLOSE SECOND CHANCES ALLOWS OPPORTUNITY WORKS TO FOCUS ON EMPLOYMENT SERVICES FOR OUR MOST VULNERABLE AND GIVES HSP THE ABILITY TO FOCUS RESOURCES ON PROVIDING SERVICES TO END POVERTY. HSP CONTINUES TO SUPPORT THE COMMUNITY GARDEN, A TRAINING PLATFORM TO ENGAGE PARTICIPANTS AND COMMUNITY MEMBERS. THE GARDEN IS A 7,800 SQUARE FOOT PRODUCE AND HERB GARDEN, CENTRALLY LOCATED IN DOWNTOWN WESTMINSTER, MANAGED BY VOLUNTEERS. IN FY24, 835 VOLUNTEER HOURS YIELDED 1,412 POUNDS OF PRODUCE, FEEDING PEOPLE VIA SOUP KITCHENS AND FOOD BANKS THROUGHOUT CARROLL COUNTY. 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 220 PARTICIPANTS WHO ATTENDED 43 SCHEDULED FINANCIAL EDUCATION WORKSHOPS, BOTH VIRTUALLY AND IN PERSON. 26 PARTICIPANTS ENGAGED IN ONGOING FINANCIAL COACHING SERVICES. IN ADDITION, FINANCIAL EDUCATION WORKSHOPS WERE HELD FOR OVER 80 MIDDLE SCHOOL STUDENTS. OUR VITA SITE, SPONSORED BY THE IRS, PREPARES FREE TAX RETURNS FOR LOW TO MODERATE INCOME HOUSEHOLDS. THE VITA SITE PROMOTES TAXPAYER EDUCATION, ACCESSING VITAL TAX CREDITS, AS WELL AS SAVING YOUR REFUND. VITA HAS MULTIPLE MOBILE SITE DAYS, INCLUDING HAMPSTEAD AND TANEYTOWN. VITA SERVED 875 PARTICIPANTS, COMPLETING 828 TAX RETURNS. THIS WORK WAS COMPLETED BY 18 VOLUNTEERS TOTALING 1,077 VOLUNTEER HOURS. HSP RETURNED OVER 1.3 MILLION BACK INTO THE HANDS OF OUR WORKING POOR COMMUNITY MEMBERS AND LOCAL ECONOMY. HSP ALSO HOSTED CARROLL CAH DAY, IN CONJUNCTION WITH THE CARROLL COUNTY PUBLIC LIBRARY, A FAMILY FRIENDLY FINANCIAL EDUCATION FAIR, REACHING OVER 350 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>
<p>FORM 990, PAGE 6, PART VI, LINE 15A</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 19</p>	<p>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.</p>

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HUMAN SERVICES PROGRAMS OF CARROLL  
COUNTY INC

**Employer identification number**

52-1549551

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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) 2023

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