50m 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www irs gov/form990

Open to Public

		nue Service		iv ila govilorii	70000	
		2016 cale	ndar year, or tax year beginning JUL 1, 2016 and er	nding JU	N 30,	2017
B C	heck if oplicabl		C Name of organization		D Employer	identification number
	Addre	ss change			1	
	Name	change	TALBOT COMMUNITY CONNECTIONS, INC.		01-0	580596
	Initial		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephon	e number
$\overline{}$	Final r		P O BOX 2615		410-	822-6950
$\overline{}$	Amen	ded return	City or town, state or province, country, and ZIP or foreign postal code	155	F Group Ex	emption
$\vdash$	n ′	tion pending	EASTON, MD 21601	U	Number	·
G A		ting Metho				X if the organization is
			WW.TALBOTCOMMUNITYCONNECTIONS.ORG		1	red to attach Schedule B
			s (check only one) $ X$ 501(c)(3) 501(c) ( ) $\blacktriangleleft$ (insert no.) 4947(a)(1	) or 527	1 '	0, 990-EZ, or 990-PF).
		f organizati		/ <u></u>	1 1.0	0,000 25,000 11,7
		•	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	al assets (Part	II.	
			and 70 to line 3 to determine gross receipts. If gross receipts are \$200,000 or more, file Form 990 instead of Form 990-EZ	ui 4050t5 (1 41 t	'', 	18,509.
	rt I	Reve	nue, Expenses, and Changes in Net Assets or Fund Balances	(see the instr	uctions for Pa	art I)
7		,	f the organization used Schedule O to respond to any question in this Part I	(000 000 000		X
<u> </u>	1		ions, gifts, grants, and similar amounts received		1	10,146.
	1		service revenue including government fees and contracts		2	10,140.
	2	-			3	<del> </del>
	3		hip dues and assessments of time to the second seco	חזוו.ד ה	4	1,267.
	4	Investmen	/ / / / / / / / / / / / / / / / / / /	ODE O	<del>-</del>	1,207.
	5a		ount from sale of assets other than inventory tor other basis and sales expenses	<del></del>		
	D .	Com an ((e	t or other basis and sales expenses			
	C	Gain or (ic	oss) from sale of assets other than inventory (Subtract line 5b from ine 5a)		5c	
	6	Gaining at	ind fundraising events			
ā	a		ome from gaming (attach Schedule G if greater than		Ì	
Revenue		\$15,000)	\ <u>`</u>	<del></del>		
že	b		ome from fundraising events (not including \$ of contribution)	ons		
_	(		draising events reported on line 1) (attach Schedule G if the sum of such		İ	
		_	ome and contributions exceeds \$15,000)			}
	C		cct expenses from gaming and fundraising events			_
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		<u>6d</u>	<del> </del>
	7a		es of inventory, less returns and allowances 7a			
	b	Less: cost	t of goods sold			4
	C		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<del>                                     </del>
0	. 8	Other reve	enue (describe in Schedule O) SEE SCHEI	DULE O	8_	7,096.
7	. 9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	18,509.
Ì	10		nd similar amounts paid (list in Schedule 0)  SEE SCHEI	DULE O	10	43,741.
2	:11		paid to or for members		. 11	<del> </del>
Š	j12		other compensation, and employee benefits		. 12	
8	13	Professio	inal fees and other payments to independent contractors		13	ļ
93	14	Occupano	cy, rent, utilities, and maintenance		14	ļ <u> </u>
LExpenses Ainly	15	Printing, p	publications, postage, and shipping		15	132.
		Other exp	penses (describe in Schedule 0) SEE SCHEI	DULE O	16	1,220.
0	17	Total exp	enses. Add lines 10 through 16		<b>▶</b> 17	45,093.
~	18		r (deficit) for the year (Subtract line 17 from line 9)		18	-26,584.
ets Size	19		s or fund balances at beginning of year (from line 27, column (A))			
ASS	<u>'</u>		ree with end-of-year figure reported on prior year's return)		19	60,158.
Net Assetts?	20		anges in net assets or fund balances (explain in Schedule O)		20	0.
Z	21		is or fund balances at end of year. Combine lines 18 through 20		▶ 21	33,574.
LH			rk Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2016)

632171 12-08-16

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38

632172 12-08-16



TALBOT COMMUNITY CONNECTIONS, Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O N/A 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If "Yes," complete Schedule L. Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 39b N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ► 0. 0 • ; section 4955 ► section 4911 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any Х of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed MD Telephone no.  $\triangleright 410-822-6950$ 42a The organization's books are in care of ►JOSEPH E. CARRICO ZIP+4 ► 21601 Located at ► P O BOX 1187, EASTON, MD b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No account)? 42b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an xelanation 44d in Schedul O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2016)

orm 990-ÈZ(2	016) TALBOT COMMUN	ITY CONNECTION	ONS, INC.	•		01-0580	<u> 596</u>		Page 4
6 Did the or	ganization engage, directly or indirectly,	n political campaign activitie	s on behalf of or u	n oppositio	on to candidates for pi	ıblıc office?		Yes	No
If "Yes," co	omplete Schedule C, Part I						46		Х
Part VI	Section 501(c)(3) organization	ons only							
,	All section 501(c)(3) organizations m	ust answer questions 47-	49b and 52, and	complete	e the tables for lines	50 and 51			
	Check if the organization used Sche	dule O to respond to any	question in this	Part VI					
								Yes	
7 Did the or	ganization engage in lobbying activities of	r have a section 501(h) elec	tion in effect durin	g the tax y	ear? If "Yes," complete	Sch. C, Part II	47		_X_
8 Is the orga	anization a school as described in section	170(b)(1)(A)(II)? If "Yes," c	omplete Schedule	E			_48		Х
9a Did the or	ganization make any transfers to an exen	npt non-charitable related or	ganızation?				49a		X
b If "Yes," w	as the related organization a section 527	organization?					49b		
0 Complete	this table for the organization's five high	est compensated employees	(other than officer	rs, director	s, trustees, and key er	nployees) who e	ach red	zived i	nore
than \$100	,000 of compensation from the organization	ion. If there is none, enter "N	ione."						
	(a) Name and title of each emple	руее	(b) Average	hours	(C) Reportable	(d) Health benefi	ts, (e	) Estin	ated
			per week dev		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	t   am	ount of	
	1	IONE	positio	n	<b>'</b>	plans, and deferre compensation	o co	mpens	ation
-		· · · · · · · · · · · · · · · · · · ·	1		1	ł	ł		
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			1			]			
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			1						
		, · · · · , · · · · , · · · · · , ·			<del> </del>		1		-
					<del></del>	···	+		
		<del></del>	1			[			
	ion. If there is none, enter "None." 1 lame and business address of each indep	NONE endent contractor		(b	) Type of service	(c)	Comp	ensatio	n
					<del>-</del>				
								·	
d Total nun	nber of other independent contractors ea	ch receiving over \$100,000			<b>•</b>	•			
	rganization complete Schedule A? Note:		ations must attach	ı a	<del>-</del>				
	d Schedule A	1717				▶ [	X Y	es [	□ No
	s of perjury, I declare that I have examine	d this return, including accor	mpanying schedule	es and stat	ements, and to the be				
-	nd complete. <u>Declaration of preparer (oth</u>					-	,		
00,000.00.0		Printer emission is accordent		лин рисра		1 2/13	117	8	
Sign Here	Signature of officer  JOSEPH E. CARRICO  Type or print name and title	), TREASURER				Date			
		Organis		Deta	Charle	7 if Loren			
	Print/Type preparer's name	Preparer's signature		Date	Check	] If   PTIN			
Paid		<u> </u>			self- emplo	yeo			
Preparer				<u></u>					
Jse Only	Firm's name				Firm's Ell				
•	Firm's address >				Phone no	·			
	<u></u>	<u>-</u>							
lay the IRS di	scuss this return with the preparer show	nabove? See instructions				<u> </u>	Y	28	□ No
								100 F	1004

# SCHEDULE A (Form 990 or 990-EZ)

**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.

2016

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Name of the organization

Employer identification number

	TALBO	OT COMMUNIT	TY CONNECTION	IS, IN	IC •		0	1-0580596
Part I	Reason for Public C	harity Status (A	All organizations must co	mplete thi	s part ) Se	e instructions		
The organ	ization is not a private founda	ation because it is. (F	or lines 1 through 12, ch	neck only o	one box.)			_
1 🗀	A church, convention of chu					)(A)(i).		\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-
2	A school described in secti							
з 🗔	A hospital or a cooperative l					i) <u>.</u>		,
4	A medical research organiza						(iii). Enter	the hospital's name.
7	city, and state:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(,cc.	
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ui	nt describ	ed in
<b>5</b>	section 170(b)(1)(A)(iv). (C		logo or armoron, owner	о орогии	ou o, u go	· orranionital al	0000	
6 🗀	A federal, state, or local gov		ental unit described in a	section 17	70/6\Y4\YA\Y	'w)		
7 X	An organization that normal						o general i	nublic described in
1	section 170(b)(1)(A)(vi). (Co	=	mai part orns support ii	om a gove	minona		e general	Dable described in
• 🗀			4VAVui) (Complete Bort	· II V				
8	A community trust describe				d in senii	notion with a	land areas	aallaaa
9 📖	An agricultural research org						-	-
	or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the r	iame, city,	and state of	the conege	e or
—	university					<del></del>		
10	An organization that normal	, ,,	• •			•	•	• ,
	activities related to its exem	•	•	٠.				•
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	ifter June 30, 1975
	See section 509(a)(2). (Cor	•						
11 🖳	An organization organized a	•	•	-		,		
12	An organization organized a							
	more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	509(a)(3). (	Check the box in
	lines 12a through 12d that o	•		-			_	
a L	Type I. A supporting orga	ınızatıon operated, sı	upervised, or controlled	by its supp	oorted orga	anızatıon(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the si	upporting
	organization You must o	omplete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anızatıon supervised	l or controlled in connect	ion with its	s supporte	d organizatioi	n(s), by hav	/ing
	control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the sup	oorted
	organization(s) You mus	t complete Part IV,	Sections A and C.					
с 🗀	Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	and functional	ly integrate	ed with,
	its supported organization	n(s) (see instructions)	You must complete F	Part IV, Se	ctions A,	D, and E.		
d [	Type III non-functionally	integrated. A supp	orting organization oper	ated in ∞i	nnection w	ith its suppor	ted organi	zation(s)
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a distri	ibution rec	juirement and	an attenti	veness
	requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e 🗀	Check this box if the orga						I, Type III	
	functionally integrated, or							
f Ent	er the number of supported o							
	vide the following information	•	d organization(s).				·	
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
			<u> </u>					
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	<del></del>	<del></del>		<del></del>				<del>                                     </del>

Schedule A (Form 990 or 990-EZ) 2016 TALBOT COMMUNITY CONNECTIONS, INC. 01-0580

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 01-0580596 Page 2

(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 fails to qualify under the tests listed below, please complete Part III.)

Sec	etion A. Public Support		_ semprese to the fill	<u>,                                     </u>	<del></del>		
_	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	147-0:-	(4)	(9) 25	10/ 10/10	107 20 . 0	
	membership fees received. (Do not						
	include any "unusual grants ")	12,683.	22,328.	8,385.	34,050.	10,145.	87,591.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ļ		ļ			
	the organization without charge	-					
4	Total. Add lines 1 through 3	12,683.	22,328.	8,385.	34,050.	10,145.	87,591.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	1					
6	Public support. Subtract line 5 from line 4					· · · · · · · · · · · · · · · · · · ·	87,591.
	ction B. Total Support			······································			<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	12,683.	22,328.	8,385.	34,050.	10,145.	87,591.
8	Gross income from interest,						
	dividends, payments received on	ĺ					
	securities loans, rents, royalties						
	and income from similar sources	35.	21.	21.	12.	8.	97.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					i	
	assets (Explain in Part VI)	3,039.	1,583.	-480.	8,603.		12,745.
11							100,433.
12	Gross receipts from related activities,	etc (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	k year as a section	501(c)(3)	
	organization, chestothis box and	he <u>re</u>					
Se	ction C. Computation of Publi	c Support Perc	entage				
14	Public support percentage for 2016 (li	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	87.21 %
15	Public support percentage from 2015	Schedule A, Part I	l, line 14		<i>.</i> [	15	84.03 %
16	a 33 1/3% support test - 2016. If the c	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶\\
ı	33 1/3% support test - 2015. If the c	organization did not	check a box on li	ne 13 or 16a, and f	ine 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	fies as a publicly s	upported organiza	tion , ,	•		
178	a 10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop h	e <mark>re.</mark> Explaın ın Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizati	on qualifies as a p	ublicly supported	organization	-	▶□
ı	o 10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test. T	he organization q	ualifies as a publicl	y supported organ	ization	. •
18	Private foundation. If the organization		=	•		••	
						dule A (Form 990	

Pa	t III Support Schedule for O	rganizations [	Described in S	ection 509(a) (	2)		/
	(Complete only if you checked	the box on line 10	of Part I or if the o	rganization failed	to qualify under Pa	irt II If the organiz	ation fails to
	qualify under the tests listed be	elow, please compl	lete Part II.)				
	tion A. Public Support						
	idar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				İ		
	membership fees received (Do not						
	include any "unusual grants ")			· · · · · · · · · · · · · · · · · · ·			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/	/
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus- iness under section 513			_			
4	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to					/	
	or expended on its behalf						<u>//</u>
5	The value of services or facilities						<i>I</i>
	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				/		
to	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						
_	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				/		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income		/				ļ
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975		1				
(	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						ļ
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
•	check this box and stop here	<u> </u>	<u>.</u>	<u> </u>	-		
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2016 (			olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Compuţation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
17				,,,		18	%
17 18	Investment income percentage from	<b>2015</b> Schedule A.	1 41 ( 11), 111 ( ) 17				
18	Investment income percentage from a 33 1/3% support tests - 2016. If the	e organization did r	not check the box				7 is not
18 19:	a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	e organization did rand stop here. The	not check the box of a comment of the comment of th	lifies as a publicly	supported organiza	ation .	. ▶□
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Schedule A (Form 990 or 990-EZ) 2016

### Part IV | Supporting Organizations

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

Section	Α.	ΔII	Supportin	a Oraz	nizations
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe inPart VI how the suppted organizations are designated If designated by class or purpose, describe the degnation. If historic and continuing relationship, eplain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part Vihov the organization determined that the spiported organization was deribed in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (cbelow
- 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 inPart VI when and whithe organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain n Part VI what contils the organization pulin place toensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If youchecked 12a or 12n Part Inswer (b) and Ichelow.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe inPart VI have the organization had sub control and discretion despite being controlled or supervised by or innection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yet" explain inPart VI what condits the organization used to ensure that allupport to the foreign supported organization was used to be supported organization.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (cbelow applicable) Ale, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed (i) the assens for each such action, (iii) the authority under the organization's organizing document authorizing such abon, and inhow the calion was acomplished (such a by amendment tathe organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide deail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part 1 of & the L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part 1 of Edule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide deail inPart VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Se" proude detail inPart VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide deail inPart VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Se" answer 0b blow.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had xeess business holdings.)

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Part IV   Supporting Organizations (continued)   Yes   No
11 Has the organization accepted a gift or contribution from any of the following persons?  2 A person with orderly or indexity controls, either alone or together with persons described in (b) and (c) below, the govering body of a supported organization?  3 A family member of a person described in (a) and bove?  4 A 35% controlled entity of a person described in (a) or (b) above? If 'yes' to ab, or group detail if Part V).  5 Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatily appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If 'No,' describe in Part V. In own etherported organizations is directors or trustees at all times during the tax year? If 'No,' describe in Part V. In own etherported organizations describe how the powers to applicantion remove dises or takes we Societed among the supptind organizations and with conditions or restrictions, firth, applied touch powers dupling the tax year.  2 Did the organization operate for the benefit of any supported organization that the supported organization (plant to person the properson organization) (if 'Yes,' explain in Part V. In own person guite under the purposes of the supported organization (if 'Yes,' explain in Part V. In own person guite the benefit or any supported organization (if 'Yes,' explain in Part V. In own person guite the supported organization (if 'Yes,' explain in Part V. In own person guite the supported organization (if 'Yes,' explain in Part V. In own person guite the person or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's (if 'Yes,' explain in Part V. In own or trustees of each of the organization's supported organization's (if 'Yes,' explain in Part V. In own or trustees of the organization or trustees enter the same peans that orthrolled
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The organization satisfied the Activities Test. Complete line 2 thaw.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part Vilow yousupported agovernment entity (see instructions)  Activities Test Anaver (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then inPart VI identy those supported organizations and explain how ether abvities deactly furthered their elempt purposes, how the organization was responsive tothose supported organizations, and how the organization determined that these aborties constituted substantially all of a stivities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain inPart VI the reasons for the organization's postion thafts supported organization(s) would have engaged in este activities but for the organization's inpolvement.  Parent of Supported Organizations. Answer a) and (thelelow
The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part Wlow yousupported agovernment entity (see instructions)  Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how ether advities deactly futhered their mempt proposes, how the organizations and explain how ether advities deactly futhered their mempt proposes, how the organization was responsive tothose supported organizations, and limited their mempt proposes, how the organization was responsive tothose supported organizations, and limited their mempt proposes, but the these advites constituted substantially all of a strivities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in ether activities but forthe organization's involvement.  Parent of Supported Organizations. Answer a) and (thelow
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activities but foithe organization's infolvement.  2b  Parent of Supported Organizations. Answer a) and (tiblelow
3 Parent of Supported Organizations. Answer a) and (tiblelow
- ''
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide detailsn Part VI  3a
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe inPart VI the role played by the organization in this regard.  3b
of its supported organizations? If "Yes," describe inPart VI the role played by the organization in this repart.

Sche	dule A (Form 990 or 990-EZ) 2016 TALBOT COMMUNITY CONNECT			01-0580596 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	) Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	n Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1.1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting or	rganization (see
	instructions).	_		•

Schedule A (Form 990 or 990-EZ) 2016

Sched Par	tule A (Form 990 or 990 EZ) 2016 TALBOT COMMUNITY Type III Non-Functionally Integrated 509(	ITY CONNECTIONS  a)(3) Supporting Orga	onizations (continued)	1-0580596 Page 7
Secti	on D - Distributions		(continued)	Current Year
	Amounts paid to supported organizations to accomplish exer	mot nurnoses	·	Our ent Teal
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	· pa.passo o. osppo.tog		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt use assets	o or supported organization.	<u> </u>	
	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
	Other distributions (describe in Part VI) See instructions		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
	Distributions to attentive supported organizations to which the	o organization is recognize	<del></del>	
0	(provide details in <b>Part VI</b> ) See instructions	e organization is responsive		
_	Distributable amount for 2016 from Section C, line 6			
		···		
10	Line 8 amount divided by Line 9 amount	(*)	<i>(**)</i>	
		(i)	(ii) Underdistributions	(ɪɪi) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
_	Distributable amount for 0010 for a Contract Contract			
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
<u>a</u>				
b				
<u></u> c	From 2013		<u> </u>	
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		······································	
i	Carryover from 2011 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			1
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	<del></del>		
	Excess from 2016			
		L	I	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990	EZ) 2016 7	TALBOT	COMMUNITY	CONNECTIONS,	INC.	01-0580596	Page 8
Part VI	Supplementa Part IV, Section I line 1, Part IV, Se	al Informa A, lines 1, 2, ection D, line 5, 6, and 8, a	ation. Pro , 3b, 3c, 4b, es 2 and 3, 1	vide the explanation 4c, 5a, 6, 9a, 9b, 9d Part IV, Section E, hi	s required by Part II, line	10, Part II, line 17a IV, Section B, line , Part V, line 1, Pai	or 17b, Part III, line 12, s 1 and 2, Part IV, Section rt V, Section B, line 1e, Pa	ı C.
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# SCHEDULE O

(Fcrm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization

TALBOT COMMUNITY CONNECTIONS, INC. Employer identification number 01-0580596

DESCRIPTION OF PROPERTY:	AMOUNT:
UEENSTOWN BANK	8.
IID-SHORE COMMUNITY FOUNDATION	1,259.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,267.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SPRING PROGRAM	7,096.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: ASSISTANCE	
GRANTEE NAME: TALBOT COUNTY DEPARTMENT OF SOCIAL SERVICES	
GRANTEE ADDRESS: 301 BAY STREET EASTON, MD 21601	
DATE OF GIFT: 06/29/17	
AMOUNT GIVEN:	24,900.
ACTIVITY CLASSIFICATION: CHILD ADVOCACY CENTER	
GRANTEE NAME: TALBOT COUNTY DEPARTMENT OF SOCIAL SERVICES	
GRANTEE ADDRESS: 301 BAY STREET EASTON, MD 21601	
DATE OF GIFT: 06/29/17	
AMOUNT GIVEN:	5,900.
ACTIVITY CLASSIFICATION: CHILD ADVOCACY - MD BLOSOM GRANT	
GRANTEE NAME: TALBOT COUNTY DEPARTMENT OF SOCIAL SERVICES	

632211 08-25-16

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number

TALBOT COMMUNITY CONNECTIONS, INC.	01-0580596
GRANTEE ADDRESS: 301 BAY STREET EASTON, MD 21601	
DATE OF GIFT: 06/15/17	
AMOUNT GIVEN:	12,941.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	43,741.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
WEBSITE	180.
MEMBERSHIPS	100.
MISCELLANEOUS	727.
OFFICE SUPPLIES	213.
TOTAL TO FORM 990-EZ, LINE 16	1,220.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE A	ND DISTRIBUTE
FUNDS TO ENHANCE THE TALBOT COUNTY DEPARTMENT OF SOCIAL SE	RVICES
CAPACITY TO PROVIDE ASSISTANCE TO AT-RISK GROUPS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:
GRANT TO TALBOT COUNTY DEPARTMENT OF SOCIAL SERVICES (AN	
AGENCY OF THE STATE OF MARYLAND). FUNDS PROVIDE HELP TO	·
ABUSED CHILDREN (THROUGH TALBOT CHILD ADVOCACY CENTER),	
FAMILIES IN CRISIS, UNEMPLOYED, WORKING POOR, THE DISABLED	, THE FRAIL
AND THE ELDERLY. ALSO USED FOR RESPIT CARE, EVICTION PREV	ENTION AND
UTILITY DISCONNECTS, THERAPEUTIC ACTIVITIES FOR DISABLED F	OSTER CARE
CHILDREN, HOUSING, FUEL, TRANSPORTATION, AND A FATHERHOOD	PROGRAM.

### SCHEDULE O

(Ferm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 016 Open to Public Inspection

Name of the organization

TALBOT COMMUNITY CONNECTIONS, INC.

Employer identification number 01-0580596

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	