

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	THE INSTITUTE FOR HUMAN SERVICES, INC.		22-2552824
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	50 LIBERTY STREET		607-776-9467
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,437,829.	
BATH, NY 14810		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JACLYN WOOLLETT		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
50 LIBERTY STREET, BATH, NY 14810		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.IHSNET.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1984 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS A SOCIAL SERVICE ORGANIZATION WHICH PROVIDES A 24 HOUR HELPLINE; OPERATES</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	65
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,472,841.	1,686,215.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,896,157.	1,740,016.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,314.	11,060.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,797.	538.
		3,382,109.	3,437,829.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,460,531.	1,366,173.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,789,547.	1,952,546.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,250,078.	3,318,719.	
19 Revenue less expenses. Subtract line 18 from line 12	132,031.	119,110.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,145,417.	1,332,899.
	22 Net assets or fund balances. Subtract line 21 from line 20	221,907.	238,146.
		923,510.	1,094,753.

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: <u>Jaclyn Woollett</u>	Date: <u>07/02/2020</u>
	Type or print name and title: <u>JACLYN WOOLLETT, EXECUTIVE DIRECTOR</u>	

Paid Preparer Use Only	Print/Type preparer's name: <u>RICHARD LEICHT</u>	Preparer's signature: <u>Richard Leicht</u>	Date: <u>7/1/20</u>	Check if self-employed: <input type="checkbox"/>	PTIN: <u>P01378913</u>
	Firm's name: <u>BONADIO & CO., LLP</u>	Firm's EIN: <u>16-1131146</u>	Firm's address: <u>171 SULLY'S TRAIL, PITTSFORD, NY 14534</u>		
					Phone no. (585) 381-1000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No