

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047

2015
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE INSTITUTE FOR HUMAN SERVICES, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address): **50 LIBERTY STREET** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code: **BATH NY 14810**

D Employer identification number: **22-2552824**
E Telephone number: **607-776-9467**
G Gross receipts \$: **3,362,519**

F Name and address of principal officer:
Mark Alger
666 County Rd 11
BATH NY 14810

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **www.ihsnet.org** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association 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: See Schedule O			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		1,599,159	1,662,641
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,313,737	1,699,744
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160	134
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,913,056	3,362,519
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,658,610	1,688,396	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,264,927	1,545,396	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,923,537	3,233,792	
19 Revenue less expenses. Subtract line 18 from line 12		-10,481	128,727	
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)		615,984	927,621
	22 Net assets or fund balances. Subtract line 21 from line 20		155,140	338,050
		460,844	589,571	

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: *Patrick Rogers* Date: *09/08/16*
Patrick Rogers Executive Director
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **RICHARD MCNEILLY** Preparer's signature: *Richard Mcneilly* Date: **09/07/16** Check if self-employed PTIN: **P00639824**
 Firm's name: **CAVACO MANAGEMENT GROUP LTD** Firm's EIN: **16-1424411**
 Firm's address: **124 W FRANKLIN ST HORSEHEADS, NY 14845-2437** Phone no.: **607-739-6239**

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

For Paperwork Reduction Act Notice, see the separate instructions.