Fac-	"₌990-T	E>	cempt Organization					urn	ОМВ	No 1545-0687		
FOR	π	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning $07/01$, 2018, and ending $06/30$, 20 19								୬ଲ ଏ		
0	artment of the Treasury	l or cale	► Go to www.irs.gov/Form99		•			, 20 <u></u> -	·	4W 10		
	nal Revenue Service	l ⊳ _{Do}	not enter SSN numbers on this form					01(c)(3)	ಷ್ಟ್ 4Open-to ಇಲ್ಲಿ 501(c)(3)	Rublic Inspection for A Rublic Inspection for A Rublic Inspections Only (III)		
A	Check box if address changed				me changed and see			D En	ployer Identii	fication number see instructions)		
B E	cempt under section	1	ASIAN HUMAN SERVICE	ES, 1	INC							
X	501(C 10 3)	Print	Number, street, and room or suite no	If a P C) box, see instruction	ıs		□ 36-	-3005889			
	408(e) 220(e)	Type								ess activity code		
. Г	408A530(a)	1 . 7 6 4	640 N LASALLE					(Se	e instructions)			
	529(a)	ł	City or town, state or province, coun	try, and	ZIP or foreign postal	code						
	ook value of all assets		CHICAGO, IL 60654									
at	end of year		up exemption number (See instruc									
·	6,863,325.	G Che	ck organization type 🕨 X 50	1(c) cc	rporation	501(0	c) trust	401(a) trust	Other trust		
НЕ	Enter the number of	f the orga	nization's unrelated trades or busin	esses	▶ 1		Desc	ribe the o	nly (or first) (unrelated		
	rade or business hei	`					complete Par			e, describe the		
f	irst in the blank spa	ice at the	end of the previous sentence, co	nplete	e Parts I and II, cor	mplete a S	Schedule M for	each addi	tional			
	rade or business, th											
,			corporation a subsidiary in an affi	_		ubsidiary	controlled grou	p?	▶∟	Yes X No		
			identifying number of the parent of	orporati	on 🕨							
			KITA JOHNSON-WHITE				ne number 🕨		4-8630			
Pa			or Business Income	_	(A) Incon	ne		oenses	1990 AT 50.43444* , THOUGHT	(C) Net		
1 a							F-31/					
b			c Balance						THE SECOND			
2			ule A, line 7)						3 7 3 3 4 4			
3			2 from line 1c				705 705		endi.			
4a			ttach Schedule D)				AND STREET					
b			Part II, line 17) (attach Form 4797)				ALTEN CO		\$29 \$28			
c			rusts	1					6.74			
5 6			an S corporation (attach statement)	_			ARREAGE STATE	PENCHE:	2631			
7			come (Schedule E)									
8			nts from a controlled organization (Schedule F				· · · · · · · · · · · · · · · · · · ·					
9			I(c)(7), (9), or (17) organization (Schedule G				<u> </u>		-			
10			ncome (Schedule I)					-				
11			ule J)				-					
12			tions, attach schedule)						36			
13			ough 12			0.	CASA CONTACT SALES	244 ~ (2.2.2.195)	120-11	· · · · · · · · · · · · · · · · · · ·		
Pa	rt II Deduction	ns Not	Taken Elsewhere (See inst	ructio	ns for limitation	ons on c	eductions)	(Excep	t for contri	butions.		
	deduction	s,must	be directly connected with	the ur	related busine	ess inco	me)					
14	Compensation of	officers,	directors, and trustees (Schedule K)				1	4			
15									5			
16									6			
17	Bad debts							1	7			
18	Interest (attach so	chedule) (:	see instructions)					<u>1</u>	В			
19									9			
20		•	ee instructions for limitation rules)		1	1						
21			4562)									
22	Less depreciation	claimed	on Schedule A and elsewhere on r	eturn	. <u> 2</u> 22	a		22	b	·		
23	Depletion		ompensation plans	: : :	ECEN/ED			2	3			
24			omponounon piano	• • •		그었		2	1			
25	Employee benefit	programs	chedule I).	· · ·		, š1		2				
26	Excess exempt exp	penses (S	chedule I)	$\{\cdot\cdot\}$	사(나 J. N. J. 나)	1&1 ×		20				
27	Excess readership	costs (Sc	nedule J)	'	<u> </u>			2		·		
28	Other deductions	(attach so	chedule)		IGDEN. U	4 !		28	1			
29								29				
30 ·			e income before net operating						C35527 6050 f 1			
31 32			loss arising in tax years beginnii						7 / 41 / 41 / 41 / 41 / 41 / 41 / 41 / 4	ECONOCIONADO DE CONTROLECCIONADO DE CONTROLECC		
	Paperwork Reducti	on Act N	income Subtract line 31 from line otice, see instructions.	30 .	· · · · · · <u>· · · · · · · · · · · · · </u>	• • • •	· · · · · · · ·	32		m 990-T (2018)		
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Form	990-T (2018)			Pag	3 2
Par	rt III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes				_
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
33					
	Instructions),	35			_
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable Income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0.
Par	Tax Computation		•		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	- 39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on				_
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	- 40			
					_
41	Proxy tax, See instructions				_
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See instructions				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	_]			
b	Other credits (see instructions)	1			
	General business credit. Attach Form 3800 (see instructions)	7			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
	Total credits. Add lines 45a through 45d	1450			
46					_
	Subtract line 45e from line 44				_
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				_
48	Total tax. Add lines 46 and 47 (see instructions)		***************************************		٥.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				
50 a	Payments: A 2017 overpayment credited to 2018	.]			
b	2018 estimated tax payments]]			
С	Tax deposited with Form 8868]			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1			
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1			
		1 1			
9	Other credits, adjustments, and payments. Form 2439	1 1			
	Form 4136 Other Total ▶ 50g	┨ ┠		1 001	
	Total payments. Add lines 50a through 50g	51		1,291	•
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		-··	_
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			_
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54/		1,291	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶ 56 Refunded ▶	55		1,291	
Part					_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		uthority	Yes No	, –
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				_
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•			
	here >	, or engin	Country	×	
			 -	$\frac{x}{x}$	—
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	• • • • • -	^	
	If "Yes," see Instructions for other forms the organization may have to file.			l	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				_
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the time, correct, and complete. Declaration of preparer (other than taxpayer) is basef on all information of which preparer has any knowledge	est of my	knowledge an	d bellef, it	i5
Sign		w the ID	S discuss ti	ble retur	П
Here		•	reparer show		
			s)? X Yes		
	Print/Type preparer's arme Preparer's signature Date	7	PTIN		-
Paid	COOME OF THE COORD CHECK		P0013	7961	
Prepa	arer	mployed			_
Use (Phy Firm's name P BRD, BBE		44-01602		-
	Firm's address > 1901 S. MEYERS ROAD, SUITE 500, OAKBROOK TERRACE, IL 60181-5209 Phone	no. 630	-282-95		_
JSA			Form 990	J-T (201	3)

Form 990-T (2018)						·			Р	Page 3
Schedule A - Cost of G	oods Sold. Er	nter method	d of inventory v	aluation	<u> </u>					
1 Inventory at beginning of	year 1		6	Inventory	at end of yea	ar	6			
2 Purchases			7	Cost of	goods so	ld. Subtract line	;			
3 Cost of labor	3			6 from	line 5 En	iter here and in				
4a Additional section 263A c	osts		-	Part I, line	2		7			
(attach schedule)	4a		8	Do the	rules of	section 263A (w	uth re	espect to	Yes	No
b Other costs (attach schedu				property	produced	or acquired for	resal	e) apply		
5 Total. Add lines 1 through	· · · · · · · · · · · · · · · · · · ·				•	<u> </u>				Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal I	Property	Leased V	Vith Real Proper	ty)			
(see instructions)	•	• •				•				
Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent recei	ved or accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)	nan 10% but not	percenta	rom real and perso age of rent for pers r if the rent is based	onal property	y exceeds	3(a) Deductions of in columns 2(a				me
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income Add totals of c here and on page 1, Part I, line 6		•				(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated D			a instructions)			Part I, line 6, colun	III (B)	<u> </u>		
ochedate E - Officiated D	ebt-i manced n	icome (se	,		3 [Deductions directly con	nected	with or allocabl	e to	
1 Description of del	bt-financed property		2 Gross incom allocable to deb			debt-finance	debt-financed property			
, , , , , , , , , , , , , , , , , , , ,		property			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)				
(1)								·		
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	6 Colum 4 divide by columi	d		ncome reportable 1 2 x column 6)		Allocable dedu nn 6 x total of 3(a) and 3(b	column	 1S
(1)				%						
(2)				%						
(3)				.%					_	
(4)				%		,	_			
						e and on page 1, e 7, column (A)		here and or I, line 7, colu		
Total dividends-received deduct				▶l		▶				

		Ex	empt Co	ontrolled Or	ganızatı	ons					
Name of controlled organization	2 Employer identification number			lated income instructions)	[of specifie ents made	d included	Part of column 4 that is cluded in the controlling anization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)							_			 _	
(3)	<u></u>			•			_				
(4)					<u> </u>						
Nonexempt Controlled Organ	izations					,					
7 Taxable Income	8 Net unrelated i			Total of specific payments made		ınclu	art of columned art of columne	ntrolling		Deductions directly nected with income in column 10 -	
(1)	•										
(2)											
(3)	,										
(4)				···						 	
						Ente	columns 5 a r here and on I, line 8, colu	page 1, Enter		d columns 6 and 11 er here and on page 1, t I, line 8, column (B)	
Totals											
Schedule G-Investment I	ncome of a Sec	tion 50	1(c)(7).	(9), or (17) Orga	nizatio	n (see ins	tructions)			
1 Description of income	2. Amount of			3 Deduction directly contact (attach sch	tions nected		4 Se	t-asides schedule)	,	5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)		_					····				
(3)								_			
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ther Th							Enter here and on page Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire- connect produc unrel business	enses ctly ed with tion of ated	4 Net incomfrom unrelation business 2 minus coli if a gain, cc cols 5 thro	ne (loss) ed trade (column umn 3) impute	5 Gro from a	ss income ctivity that unrelated ss income column 5		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 					.	-	
(2)										1	
(3)											
(4)										-	
Enter here and on Enter he page 1, Part I, page		page 1,	here and on e 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J-Advertising Ir	come (see instri	uctions)		To of the same of the same of		- W. F. F. F W.	AND RESIDENCE DESCRIPTIONS	NAME OF TAXABLE PARTY.	I INPACTOR CITY		
Part I Income From Per			Consoli	idated Bas	is						
1 Name of periodical -	2 Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute		5. Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than	
	<u> </u>			cols 5 thro	ugh 7					column 4)	
1)											
2)		•									
3)											
4) ~	,										
-											
otals (carry to Part II, line (5))	<u> </u>	-								Form 990-T (2018	

36-3005889 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5 Circulation 6 Readership minus column 5, but 1 Name of periodical advertising 2 minus col 3) If costs not more than advertising costs income a gain, compute income column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on on page 1, page 1, Part I, page 1, Part I, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4. Compensation attributable to unrelated business 1 Name 2. Title time devoted to business

(1) % (2) % (3) % (4) % Total Enter here and on page 1, Part II, line 14

Form 990-T (2018)