2949301500808 **Return of Organization Exempt From Income Tax**

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Řev January 2020) ► Do not enter social security numbers on this form as it may be made public 2006

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

Inter	nal Rev	venue Sen	исе	► Go to w	ww.irs gov/Form990 for	instructions 7/01, 2019 ,			mation. 20				
A For the 2019			calenda	r year, or tax year beginning	06/30, 20 20								
ъ.			C Name	of organization	D Employer (dentification number								
В (Check (f	applicable	<u>ASI</u>	AN HUMAN SERVICES			36-300	5889					
	_ Add	ress nge	Doing b	ousiness as									
		ne change	Numbe	er and street (or PO box if mail	E Telephone nu	mber							
	Initia	al return	2838	W PETERSON AVE			ı		(773) 56	4-86	30		
		il return/ ninated	City or	town, state or province, country	, and ZIP or foreign postal co	de							
X		ended	CHIC	CAGO, IL 60659					G Gross receipt	s \$	12,085,527.		
		lication	F Name	and address of principal officer	NIKITA JOHNS	ON-WHITE		-	H(a) Is this a gro		for Yes X No		
_	ben	ung	2838	W PETERSON AVE,	CHICAGO, IL 60	659			subordinates H(b) Are all subore		ded? Yes No		
Ī	Tax-e	xempt st	atus >	501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1)	or 5	27	If "No," at	tach a list	(see instructions)		
J	Webs	site: 🕨	WWW: Al	HSCHICAGO.ORG	<u> </u>				H(c) Group exem	otion num	nber ►		
ĸ	Form	of organ	ization >	Corporation Trust	Association Other	>	L Year	of format	tion 1978 M	State of	legal domicile IL		
	art I		mmary	— <u></u>		-		-	1				
	1			the organization's mission	or most significant activiti	es TO PRO	OVIDE Q	UALIT	Y, COMPAS	SION	ATE, AND		
ė				Y COMPETENT SERVI									
auc		ASI	AN IMM	IGRANTS AND OTHER	UNDER SERVED	COMMUNIT	IES IN	CHICA	.GO.				
Governance	2	Check	this box	If the organization	discontinued its operation	ons or dispose	ed of more th	han 25%	of its net asset	s			
စ်	3			ng members of the governin	•	•	\sim			3	11.		
	4			ependent voting members of			' ' ')		4	10.		
ties	5			f individuals employed in ca			· /		1	5	310.		
Activities &	6	Total r	number o	f volunteers (estimate if nece	ssary)		=WIE	D	X	6	20.		
¥	7 a	Total	unrelated	business revenue from Part	VIII, column (C), line 12	DFC			3 (7a	0.		
	b	Net ur	nrelated b	f volunteers (estimate if nece business revenue from Part usiness taxable income from	Form 990-T, line 39	111	••••		Ö .	7b			
						1111	1 0 8 56	34, 1	Prior Year		Current Year		
ø.	8	Contri	butions a	nd grants (Part VIII, line 1h)		ST JUI			11 688,16	8.	10,337,110.		
ž	9						NI	TU	1,983,32	7.	1,706,590.		
Revenue	10	Invest	ment inco	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lin (Part VIII, column (A), lines t	nes 3, 4, and 7d)	100	3DEN	-	2,99	6.	2,635.		
œ	11	Other	revenue	(Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e	e).[. [-69,51	.3.	5,111.		
	12	Total r	evenue -	add lines 8 through 11 (mus	st equal Part VIII, column	(A), line 12).			13,604,97	8.	12,051,446.		
	13	Grants	s and sim	ilar amounts paid (Part IX, co	lumn (A), lines 1-3)			. [0.	0.		
	14	Benefi	its paid to	or for members (Part IX, col	umn (A), line 4)			. [0.	0.		
ç	15			compensation, employee ber				1 '	7,709,99	6.	7,860,141.		
Expenses	16 a	Profes	sional fu	ndraising fees (Part IX, colum	n (A), line 11e)			. [0.			
xpe	b	Total f	undraisin	g expenses (Part IX, column	(D), line 25)	139,090	•						
Ш	17			(Part IX, column (A), lines 1					5,446,91	5,546,767.			
	18	Total e	expenses	Add lines 13-17 (must equa	al Part IX, column (A), line	25)			13,156,90	9.	13,406,908.		
	19	Reven	ue less e	xpenses Subtract line 18 fro	m line 12		<u></u>		448,06	9.	-1,355,462.		
ces								Begini	ning of Current	/ear	End of Year		
sets	20	Total a	assets (Pa	irt X, line 16)				. L	6,863,32	5.	6,991,038.		
Net Assets or Fund Balances	21	Total I	iabilities (Part X, line 26)					6,837,14	1.	8,320,316.		
F	22	Net as	sets or fu	und balances Subtract line 2	1 from line 20		<u></u>		26,18	4.	- 1,329,278.		
Pa	irt II	Sig	nature l	Block									
Uni	der pe	nalties o	f perjury, I	declare that I have examined to Declaration of preparer (other that	his centrn, including accom	panying schedu	les and state	ements, a	and to the best of	my kno	wledge and belief, it is		
- true	e, com	ect, and t	complete t	Declaration preparer (other tha	officer) is based on all find	irmation of wind	in biebaiei ii	ias any ki	lowledge	*			
٠.		_								5/202	<u> </u>		
Sign Here		s	ignature o	officer					Date				
			CRAIG	MAKI		CEO							
		T	ype or prin	t name and title									
		Print/7	Гуре ргера	rer's name	Preparer's signature	nit	Date		Check	ıf PTII			
Paid			IADETT	E D ZITA	Dernadette	D. Bla	05/15	5/202			P00089845		
	parer Only	Firm'e	name >	BKD, LLP					Firm's EIN ► 4				
		Firm's	address >	1901 S MEYERS ROAD, SUI	TE 500 OAKBROOK TERRA	CE, IL 60181	-5209		Phone no 6	30-28	82-9500		
May	/ the	IRS di	scuss th	is return with the prepare	r shown above? (see	instructions)		· · · ·]	X Yes No		
For	Pane	rwork F	Reduction	Act Notice, see the separa	te instructions						Form 990 (2019)		

J\$A

9E1010 2 000 3984NT N26K 5/13/2021

10:01:05 PM V 19

For	m 990 (2019) Page Z
εP	art 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
	TO PROVIDE QUALITY, COMPASSIONATE, AND CULTURALLY COMPETENT SERVICES
	IN OVER 30 LANGUAGES TO LOW-INCOME ASIAN IMMIGRANTS, ASIAN-AMERICAN
	IMMIGRANTS, AND OTHER UNDERSERVED COMMUNITIES IN METROPOLITAN
_	CHICAGO.
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 X 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?
	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 \$ 3,242,921 including grants of \$) (Revenue \$ 1,156,527)
	ASIAN HUMAN SERVICES HAS OPERATED A MENTAL HEALTH PROGRAM SINCE
	1978 DESIGNED TO MEET THE PSYCHOLOGICAL AND SOCIAL NEEDS OF ASIAN
	IMMIGRANTS AND REFUGEES. THE GOAL IS TO PROVIDE CULTURALLY
	SENSITIVE AND LINGUISTICALLY APPROPRIATE SERVICES SO THAT CLIENTS
	CAN ACHIEVE INDEPENDENT AND PRODUCTIVE LIVES AND INTEGRATE
	EFFECTIVELY IN THEIR COMMUNITY. SPECIFIC SERVICES INCLUDE ADULT
	MENTAL HEALTH COUNSELING, CHILD AND ADOLESCENT COUNSELING,
	PSYCHIATRIC SERVICES AND PSYCHO-SOCIAL REHABILITATION SERVICES.
4b	(Code) (Expenses \$ 5,853,722 including grants of \$) (Revenue \$)
	IN 2001, ASIAN HUMAN SERVICES WAS AWARDED A CHARTER TO START
	PASSAGES CHARTER SCHOOL FOCUSED ON THE NEEDS OF IMMIGRANT AND
	REFUGEE STUDENTS FROM PRE-KINDERGARTEN TO 8TH GRADE. PASSAGES
	OFFERS A TAILORED EDUCATIONAL PROGRAM FOCUSED ON HIGH ACADEMIC
	STANDARDS FOR STUDENTS FROM PRE-KINDERGARTEN THROUGH 8TH GRADE. AS
	AN ENGLISH IMMERSION PROGRAM, THE ENTIRE STAFF IS TRAINED IN
	ENGLISH IN SECOND LANGUAGE LITERACY.
	(Code) (Expenses \$1,189,725 Including grants of \$) (Revenue \$550,063)
	EMPLOYMENT SERVICES PROVIDE JOB SEEKING CLIENTS THE SUPPORT AND
	DIRECTION THEY NEED TO OBTAIN APPROPRIATE CAREER OPPORTUNITIES AND
	MEET THEIR CAREER GOALS.
	Other program services (Describe on Schedule O)
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}\)
4e	Total program service expenses ► 10,286,368.

Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		Х
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
9	·			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1.	ĺ	v
4.5	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			—
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	_ X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		ł	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII.	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		445	1	Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	\rightarrow	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ء۔ ا		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\longrightarrow	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	i		
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
JSA		Form	990 (20191
9E1021 2 000	3984NT N26K 5/13/2021 10:01:05 PM V 19-8.4F 1176527		(.	/

Par	t IV Checklist of Required Schedules (continued)		г	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?]
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26	_	Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ļ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ĺ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ľ		
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	i
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
		Ĭ	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0.	ſ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 1		
•	reportable gaming (gambling) winnings to prize winners?	1c	J	
JSA			aan	(2010)

_		
D	20	Δ.

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 310	<u></u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	_	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		}	v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country ▶	[[]	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			- - -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		ļ
	gifts were not tax deductible?			
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>	•	
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		~/ 	لــــــ
	sponsoring organization have excess business holdings at any time during the year?	_8_		
	Sponsoring organizations maintaining donor advised funds.		li_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		j
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1	- 1
11	Section 501(c)(12) organizations. Enter		1	- 1
	Gross income from members or shareholders	}	1	1
	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			l
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
	Is the organization licensed to issue qualified health plans in more than one state?	<u>1</u> 3a		 ,
	Note: See the instructions for additional information the organization must report on Schedule O			Ì
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		1	ĺ
	Enter the amount of reserves on hand			ĺ
1 C	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<u>_</u> ;
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\neg \uparrow$	
	excess parachute payment(s) during the year?	15	1	Х
	If "Yes," see instructions and file Form 4720, Schedule N			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

36-3005889

ASIAN HUMAN SERVICES, INC Form, 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

<u>Sect</u>	tion A. Governing Body and Management				·
		,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	or the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O	}			{
b	Enter the number of voting members included on line 1a, above, who are independent	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with			
	any other officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person		3_		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's asse		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?		7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by)				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
	the year by the following	J			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r			۵	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Revenue	<u>Code</u>	<u>) · </u>	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpos	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form?.	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ĺ		į, į	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that of	could give	.		
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy		i		
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Χ	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and ap		. }		'- {
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				1
а	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		. 1		- [
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement			لـــــ
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	/aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	organization's exempt status with respect to such arrangements?	· <u>· · · · · </u>	16b		
<u>Secti</u>	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T	(Sect	ion 5	01(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these a <u>vailable</u> . Check all that apply				
	Own website Another's website X Upon request Other (explain on Schedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	, conflict of	inter	est p	olicy,
	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 NIKITA JOHNSON-WHITE 2838 W PETERSON AVE CHICAGO, IL 60559	and records	š 🕨		
	NIKITA JOHNSON-WHITE 2838 W PETERSON AVE CHICAGO, IL 60659 7/3 564 8630				
SA			Form '	990 <i>(</i>	2019)

ASIAN HUMAN SERVICES, INC Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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 instructions for the order in which to list the persons above

Check this box is neither the organization for any related organization compensated any current officer, director, or trustee											
		(C)									
(4)	(D)	Desition	(5)	(E)	ے, ا						

		(C)								
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and fille	Average	1 '				e than c		Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any						т	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	팔호	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dividual t	utio	<u> </u>	ğ	est c	व्			related organizations
	organizations below	4 =	nalt		loye	°ĕ				
	dotted line)	stee	nst		n n) ĕ				
			ee			Highest compensated employee				
										
_(1)CRAIG MAKI	40.00									
CEO	1.00	Х		Х				273,985.	0.	19,578.
(2) NIKITA JOHNSON-WHITE	40.00									
CFO	8.00			Х				188,496.	0.	18,986.
(3) ERIC LINDSTROM	40.00									
DIRECTOR OF PROGRAMS	0.					Х		103,186.	_ 0.	2,839.
_(4)LA DUC LAN	40.00									
PROGRAM DIRECTOR - LITERACY ED	0.					Х	<u></u>	100,264.	0.	2,466.
(5) JEANAH PARK	1.00									
PRESIDENT	0.	Х		Χ				0.	0.	0.
(6)MICHELLE T. CRONIN	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(7)NHAT TRAN	1.00		- 1					}		
SECRETARY	0.	Х	_	Х				0.	0.	0.
(8) JOHN HRISNEY	1.00			- 1				_		_
TREASURER	.25	Х		Х				0.	0.	<u> </u>
(9) STEVEN AGUINA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) CHARLES HEMPFLING	1.00]					_	
DIRECTOR	.25	X		_				0.	0.	0.
(11) MANUJ LAL	1.00	,,					Ì	0	_	0
DIRECTOR	0.	X			}	\longrightarrow		0.	0.	<u> </u>
(12) STEVE MOY	1.00						1		0	0
DIRECTOR	0.	X		_				0.	0.	0.
(13) JYOTI NIGAM	1.00							٥.	0.1	0
DIRECTOR	0.	X					-			<u> </u>
(14) BO L. TRAN	1.00	, l						0.	0.	0.
DIRECTOR	0.	X	1							

Form 990 (2019)

JSA

9E1041 2 000

_	
Page	

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(40.			sition	o than a		Reportable	Reportable	Estimated
	hours per week (list any	hours per (do not check more than of week (list any box, unless person is both						compensation from	compensation from related	amount of other
	hours for officer and a director/truste							the	organizations	compensation
	related	or d	Institutional	Officer	₽ ey	emp Hgt	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	dividual I	를	ह	eg .	nest loye	ner T	(W-2/1099-MISC)	,	organization and related
	line)	학류	on al		Key employee	မြန်မ				organizations
		Individual trustee or director	trustee		8	1per				
		i io	itee		ļ	Highest compensated employee				
			<u> </u>	<u> </u>		ä				
				į						
	<u> </u>									
	ļ]
	 					\vdash				
	 									
		_	-		-	-	_		- -	
										ļ
					_					
							\dashv			
	f									1
b Sub-total							>	665,931.	0.	43,86
c Total from continuation sheets to Part VII, So								0. 665,931.	0.	43,86
d Total (add lines 1b and 1c)							<u> </u>			43,00
reportable compensation from the organization		105 e 1		u aı	JUVE	e) WIIO	16	ceived more mair.	\$100,000 61	
		_								Yes N
Did the organization list any former office	er. directo	r. or	tru	stee	e. ł	ev e	mpl	lovee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedu										3
For any individual listed on line 1a, is the s	sum of rep	ortabl	ес	omi	pen	sation	an	d other compens	ation from the	
organization and related organizations gre	eater than	\$15	0,00	200	lf.	"Yes,	" c	complete Schedul	e J for such	
ındıvıdual										4 X
Did any person listed on line 1a receive or										5
for services rendered to the organization? If "Ye tection B. Independent Contractors	s, complet	e Scri	eau	ie J	101	<u>sucii j</u>	Jers		· • • • • • • • • • • • • • • • • • • •	5 2
Complete this table for your five highest com	nensated in	dene	nde	nt c	cont	ractor	s th	nat received more	than \$100 000 c	.f
compensation from the organization Report of year										
(A)								(B)		(C)
Name and business add	ress				_			Description of ser	vices C	ompensation
			_				<u> </u>			
							<u> </u>			
							 			
Total number of independent contractors (in							<u> </u>	 		

Form **990** (2019)

	990 (2 r t V II		MAN SERVICES,	INC		36-3005	889 Page 9
لكسا	L VII	Check if Schedule O contains a res	nonse or note to ar	v line in this Part \	/III		
		Shock if Contoure C Contains a res	porting of flote to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Giffs, Grants Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	48,830 5,338,456 4,949,824	10,337,110 1,156,527 550,063	1,156,527 550,063		
Progra Re	e f	All other program service revenue		1,706,590			
	3 3 4 5 6a b	Investment income (including dividend other similar amounts)	s, interest, and nd proceeds .	2,635			2,635
	С	Rental income or (loss) 6c					<u> </u>
enne		Net rental income or (loss)	(ii) Other	0			The state of the s
Other Revenu	c d 8a b c	Gain or (loss)	39,192 b 34,081	5,111			5,111
	9a	Gross income from gaming					

0

Business Code

Miscellaneous Revenue e Total. Add lines 11a-11d · · 12,051,446 1,706,590 12 Total revenue. See instructions JSA 9E10512000 3984NT N26K 5/13/2021 10:01:05 PM V 19-8.4F

9b

Form **990** (2019)

7,746

0

0

activities See Part IV, line 19

c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b

c Net income or (loss) from sales of inventory. .

d All other revenue

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) (D) Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service expenses Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations 0. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 532,479. 532,479. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,139,517. 5,330,890. 718,278 90,349. 8 Pension plan accruals and contributions (include 32,277. 31,615. 662. section 401(k) and 403(b) employer contributions) 758,339. 14,647.699,903. 43,789. 316,896. 397,529. 73,878. 6,755. 11 Fees for services (nonemployees) 633,028. 633,028 313,134 313,134. 188,813. 188,813. n 0. e Professional fundraising services. See Part IV, line 17, f Investment management fees 0. g Other (If line 11g amount exceeds 10% of line 25, column 798,728. 851,063. 43,916. 8,419. (A) amount, list line 11g expenses on Schedule O). 12,212. 2,722. 9,150. 340. 4,998. 85,000. 78,431. 1,571. 97,258. 95,714. $1,\overline{544}$ 14 Information technology........ 0 15 Royalties........ 104,991. 1,432,636. 1,320,584. 7,061. 122,154.120,765. 1,389. 18 Payments of travel or entertainment expenses n for any federal, state, or local public officials 23,780. 18,157. 5,623 19 Conferences, conventions, and meetings 190,708. 84,887. 105,821. 21 Payments to affiliates...... 385,234. 66,028. 451,262. 22 Depreciation, depletion, and amortization 107,414. 709. 114,758. 6,635. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aBAD DEBT 492,436. 486,738. 698 5,000. 2,432. 217,208. 9,734. hCLIENT SERVICE EXPENSES 229,374. COTHER EXPENSES 167,389. 105,181. 61,873. 335. dTELECOMMUNICATIONS 79,954. 29,388. 810. 110,152 5,347. 26,263. 31,610. e All other expenses 2,981,450. 10,286,368. 139,090. 13,406,908. 25 Total functional expenses Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) 0.

JSA

Palausa Chasé			Page 1
Balance Sheet Chook if Schoolule O contours a response or note to any line in this Br	ort V		<u></u>
Check it Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	<u></u>	(B) End of year
Cash - non-interest-bearing	0.	1	(
5	141,130.	2	48,788
- · · · · · · · · · · · · · · · · · · ·	0.	3	(
	3,160,073.	4	2,070,404
	0.	5	(
, , , , , , , , , , , , , , , , , , , ,	0.	6	(
	0.	7	(
· · · · · · · · · · · · · · · · · · ·	0.	8	(
	144,489.	9	91,341
· · · ·			
	3,417,633.	10c	4,778,311
· —————	0.	11	(
	0.	12	
	0.	13	(
	0.	14	
Other assets See Part IV, line 11	0.	15	2,194
Total assets. Add lines 1 through 15 (must equal line 33)	6,863,325.	16	6,991,038
	904,807.	17	697,660
· · ·	0.	18	(
· ·	27,203.	19	230,848
	0.	20	
Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	
Loans and other payables to any current or former officer, director,			,
trustee, key employee, creator or founder, substantial contributor, or 35%		<u></u>	
controlled entity or family member of any of these persons	0.	22	
Secured mortgages and notes payable to unrelated third parties	3,615,035.	23	3,136,804
Unsecured notes and loans payable to unrelated third parties	0.	24	
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			4,255,004
Total liabilities. Add lines 17 through 25	6,837,141.	26	8,320,316
Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions	26,184.	27	-1,329,278
Net assets with donor restrictions	0.	28	(
Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.		-	
-		29	
Capital stock or trust principal, or current funds			
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		30	
	26,184.	30 31 32	-1,329,278
	Cash - non-interest-bearing Savings and temporary cash investments. Pledges and grants receivable, net Accounts receivable, net. 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation. Less accumulated depreciation. Less accumulated depreciation. Investments - publicly traded securities. Investments - program-related See Part IV, line 11 Intrangible assets. Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses. Grants payable. Deferred revenue. Tax-exempt bond liabilities. Escrow or custodial account liability Complete Part IV of Schedule D. 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. Secured mortgages and notes payable to unrelated third parties. 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 Total fliabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Total sessets with donor restrictions. Organizations that do not follow FASB ASC 958, check here	Cash - non-interest-bearing	Cash - non-interest-bearing 0, 1 Savings and temporary cash investments. 0, 3 Accounts receivable, net. 0, 3 Accounts receivable, net. 0, 3 Accounts receivable from any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0, 5 Notes and other receivables from other disqualified persons (as defined under section 4958(f)(11)), and persons described in section 4958(c)(3)(8), 0, 6 Notes and loans receivable, net. 0, 7 Inventories for sale or use 0, 7 Inventories for sale or use 1, 10 a

Form 9	90 (2019)				P	age l∡
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		12,0	51,	446.
2	Total expenses (must equal Part IX, column (A), line 25)	2		13,4	06,	908.
3	Revenue less expenses Subtract line 2 from line 1	3		-1,3	55,	462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			26,	184.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		-1,3	29,	278.
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	<u></u>	
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	ın i			
	Schedule O					. 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a_		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			<u>2</u> b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	na			
	separate basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					'
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	tof		, ,	1
	the audit, review, or compilation of its financial statements and selection of an independent accounta-			2c	Х_	 -
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	on			}
	Schedule O			٠		1
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the		v	
	Single Audit Act and OMB Circular A-133?		• •	<u>3</u> a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-			х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .	1	3ь		12215
				Form	330	(2019)

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 ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Nam	e of t	he organization					Employer identi	fication number
AS	IAN	HUMAN SERVICES, IN	IC				36-30058	889
Pa	rt I	Reason for Public Cha	arity Status (All	organizations must	comple	te this p	art) See instruction:	S
The	orga	anization is not a private fol	undation because i	it is (For lines 1 throu	gh 12, cl	heck only	one box)	
1	Щ	A church, convention of ch	urches, or associa	ation of churches desc	cribed in a	section '	170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E	(Form 9	90 or 99	0-EZ))	
3		A hospital or a cooperative	e hospital service o	organization described	ın sectio	on 170(b)(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
	_	hospital's name, city, and s						
5		An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go	-					
7	X	An organization that norm	=		upport fr	om a go	overnmental unit or fr	om the general public
_	_	described in section 170(b						
8	\vdash	A community trust describe	•					
9		An agricultural research or	-				-	
		or university or a non-land-	grant college of a	griculture (see instruc	tions) E	nter the	name, city, and state of	of the college or
	$\overline{}$	university						
10		An organization that normal receipts from activities relasupport from gross investinacquired by the organization	ated to its exempt in nent income and u	functions - subject to inrelated business tax	certain e able inci	exceptior ome (les	ns, and (2) no more that is section 511 tax) from	an 331/3% of its
11		An organization organized					*)
12		An organization organized	and operated excl	usively for the benefit	of, to p	erform th	ne functions of, or to	carry out the purposes
		of one or more publicly su	ipported organizat	ions described in sec	tion 509	(a)(1) o	r section 509(a)(2). S	See section 509(a)(3).
		Check the box in lines 12a	through 12d that d	lescribes the type of s	upportin	g organi	zation and complete li	nes 12e, 12f, and 12g
а		Type I. A supporting org	anization operated	i, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or truste	ees of the
		_ supporting organization '	You must complet	te Part IV, Sections A	and B.			
b			janization supervis	ed or controlled in co	nnection	with its	s supported organizati	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or mar	nage the supported
	_	_ organization(s) You must	t complete Part IV	, Sections A and C.				
С	L		grated. A supporti	ing organization opera	ated in c	onnectio	on with, and functiona	lly integrated with,
		_ its supported organization	n(s) (see instruction	ns) You must comple	te Part l	IV, Secti	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	_ requirement (see instruct						
е	L	$oldsymbol{ol}}}}}}}}} $	anization received	a written determination	n from t	he IRS ti	hat it is a Type I, Type I	II, Type III
		functionally integrated, or						
f		er the number of supported						
g	Pro	vide the following information	on about the supp					····
	(ı) Na	ame of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
				<u> </u>	Yes	No	-	
A)								
							<u> </u>	
B)					[
						ļ <u>-</u>		
C)					j			
							<u> </u>	
D)								
				<u> </u>	 			
E)								
ota	ıl							_

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2019

	Schedule /	4 (Porm	990 0	990-E	2) 2013
,	Part II	Su	ppor	t Sc	hedu

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

Sec	ction A. Public Support						r
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,633,645	7,837,093	7,956,920	11,544,418	10,337,110	45,309,186
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						. 0
4	Total Add lines 1 through 3	7,633,645	7,837,093	7,956,920	11,544,418	10,337,110	45,309,186
5	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)						0
_6	Public support Subtract line 5 from line 4						45,309,186
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(ь) 2016	(c) 2017_	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7,633,645	7,837,093	7,956,920	11,544,418	10,337,110	45,309,186
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,378	2,773	3,245	2,996.	2,635	14,027
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10					<u> </u>	45,323,213
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	13,454,398
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup						00.07
14	Public support percentage for 2019 (lii						99.97%
15	Public support percentage from 2018						99.97%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu	•		•			
b	33 1/3 % support test - 2018. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the						pported
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization supported organization						▶ 📖
18	Private foundation. If the organization						· 1 1
	instructions	<u></u>	<u> </u>	·····			

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	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	ı	J		J		
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					ĺ	
	or expended on its behalf						
5	The value of services or facilities		-				
	furnished by a governmental unit to the				l	{	}
	organization without charge	!				l	
6	Total Add lines 1 through 5						<u> </u>
	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						<u> </u>
8 8	Add lines 7a and 7b			· -			,
0					٠,		
500	tion B. Total Support			· <u>. </u>	<u> </u>	L	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	·	(4) 2010	(5) 20 10	(0/201/	(0) 20 10	(0) 20 10	(i) rotai
	Amounts from line 6						,
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	_					
С	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in 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	{					
13	(Explain in Part VI)						
14	First five years If the Form 990 is form	the ergonizat	ion's first secon	nd third fourth	or fifth tay ve	ar as a section	501(c)(3)
14							. —
200	organization, check this box and stop here. tion C. Computation of Public Supp			· · · · · · · · · ·	• • • • • • • • •		••••
15	Public support percentage for 2019 (line 8,			mn (f))		15	
	Public support percentage from 2018 Scher		-			16	<i>%</i>
16				· · · · · · · · · · · · · · · · · · ·	<u>······</u> ·	10 1	
	tion D. Computation of Investment			13 column (f))		17	
17	Investment income percentage for 2019 (lin		• • •			1	
	Investment income percentage from 2018 S				·		%
19 a	331/3% support tests - 2019. If the org						
b	17 is not more than 331/3%, check this 331/3% support tests - 2018. If the organic						
-	line 18 is not more than 331/3%, check						
20	Private foundation If the organization d						

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)

_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	-	
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 VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	3	
С	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 Part VI 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	4c	ata 5. a 6	
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , 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)	5a	-14	,
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	<u>.</u>	
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 filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 or 990-EZ)	7		
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 I of Schedule L (Form 990 or 990-EZ)	8		لتـــــــــــــــــــــــــــــــــــــ
9 a	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 Part VI.	9a		
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 "Yes," provide detail in Part VI .	9b		
С	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 detail in Part VI .	9c	_	
10 a	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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organi	zations i	must complete Section	ns A through E
Section 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	1 1		
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		
Section 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			12
factors (explain in detail in Part VI)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
Section 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-functionally	/ integra	ted Type III supporting	organization (see
instructions)	•		

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(a)(3)			Current Year						
1	Amounts paid to supported organizations to accomplish e	xempt purposes								
2	Amounts paid to perform activity that directly furthers exer		ed							
_	organizations, in excess of income from activity	p. pa. passa a. asppa	•							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations							
4										
5										
- 6										
7	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which	the organization is resp	onsive							
·	(provide details in Part VI) See instructions	the organization is reop	0110110							
9	Distributable amount for 2019 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
· •	Zino o amount dividos by mis o amount		(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019						
1	Distributable amount for 2019 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2019									
	(reasonable cause required - explain in Part VI) See									
	instructions									
<u> </u>	Excess distributions carryover, if any, to 2019									
а	From 2014									
b	From 2015			744						
С	From 2016			3						
d	From 2017			÷						
e	From 2018									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2019 distributable amount									
i	Carryover from 2014 not applied (see instructions)									
j	Remainder Subtract lines 3g, 3h, and 3i from 3f									
ļ	Distributions for 2019 from									
	Section D, line 7 \$		i							
а	Applied to underdistributions of prior years									
b	Applied to 2019 distributable amount									
С	Remainder Subtract lines 4a and 4b from 4									
;	Remaining underdistributions for years prior to 2019, if									
	any Subtract lines 3g and 4a from line 2 For result									
	greater than zero, explain in Part VI. See instructions									
;	Remaining underdistributions for 2019 Subtract lines 3h			<u>-</u> .						
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions									
_	Excess distributions carryover to 2020. Add lines 3									
	and 4c									
	Breakdown of line 7									
a	Excess from 2015									
<u>Б</u>	Excess from 2016									
с	Excess from 2017									
d	Excess from 2018									
<u>~</u>	Excess from 2019									

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)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number ASIAN HUMAN SERVICES, INC 36-3005889 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. 4 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation . Held at the End of the Tax Year W. 8.3 easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 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 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 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2019

. Pa	rt III Organizations Maintain	ing Coll	ections of	Art, Histo	orical Tre	easures	s, or	Other	Similar	Assets (continued)	
3	Using the organization's acquisition											
	collection items (check all that app	oly)							-			
а	Public exhibition			d [Loan	or excha	ange	progra	m			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations		_	_							
4	Provide a description of the orga	nızatıon's	collection	s and expl	aın how	they fur	ther	the or	ganization	's exemp	t purpose	n Part
	XIII											
5	During the year, did the organization	on solicit	or receive	donations (of art, hist	orical tr	easu	res, or	other sımı	lar		
	assets to be sold to raise funds rati			ained as p	art of the	organiza	ation	's colle	ction?	<u> l</u>	Yes	No
Pa	Complete if the organization of the Complete if the Organization (Complete if the Organization) (Complete if the Organizatio			es" on Foi	m 990, F	Part IV,	lıne	9, or r	eported a	n amou	nt on Form	1
1 a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	diary for c	ontribut	ions	or othe	r assets no	ot		
	included on Form 990, Part X?									[Yes	No
b	If "Yes," explain the arrangement i	n Part XI	III and com	plete the fo	llowing tal	ble						
										Amount		
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year					,	1e					
f	Ending balance						1f					
	Did the organization include an am										Yes	_ No
	If "Yes," explain the arrangement i	n Part XI	II Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XII	<u> </u>	<u> </u>	
#Pa	Endowment Funds.	stion one	word "V	oo" on For	· 000 F	2art 1\7	luna	10				
	Complete if the organiza					(c) Two			(1) 75			
		(a) Cu	rrent year	(b) Prid	or year	(C) TWO	year	5 Dack	(d) Three y	ears back	(e) Four yea	- back
1 a	Beginning of year balance											
b	Contributions	-									·	
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
	Administrative expenses				-							
9	End of year balance	-6 th			a /lina 1a		/a\\	hald sa				
2 a	Provide the estimated percentage Board designated or quasi-endown		irrent year	end balanc	e (iine 1g,	Column	(a))	neio as				
b	Permanent endowment ▶			_								
С		%										
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%								
3 a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	and	l admır	istered for	the		
	organization by										Yes	No
	(i) Unrelated organizations										3a(i)	 _
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	_		-			?		• • • • •		3b	
4	Describe in Part XIII the intended to			tion's endo	wment fur	nds						
Pa	Land, Buildings, and Equ Complete if the organization	Ji pment. ation ans	swered "Ye	es" on Foi	m 990 F	Part IV	line	11a S	See Form	990 Pa	rt X line 1	0
	Description of property	20011 0110	(a) Cost or	other basis	(b) Cost of	or other ba		(c) Acc	umulated) Book value	-
			(inves	tment)	(01	ther)		depr	ciation			
1a	Land				-	-	+					
b	Buildings				5 5	56,27	,	1 2	51,536.		4,304,	742
_	Leasehold improvements					67,27	-		94,730.			548.
d	Equipment	,				1,02	_		- 1, , 30 .			021.
	Other		equal Form	n 990 Part	X column			:)			4,778,	
· Ota		10/ 11/03/	. oqual i om	000, 1 0/1	, 50.4111	. 1-7, 111		7	• • • • • •	Schad	ule D (Form 9	

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11b See Form 990 F	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	1
(1) Financi	al derivatives			
	held equity interests			
(A)				
(B)				
(C)		<u> </u>		
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) .		<u> </u>	
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	1
(1)				
(2)				<u> </u>
(3)				
(4)				
(5)		<u></u> .		
(6)			<u> </u>	
(7)		·		
(8)				
(9)	(b) must equal Form 990, Part X, col (B) line 13) .			
Part IX	Other Assets.		<u> </u>	
t dit ix	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d See Form 990. P	art X. line 15
		scription		(b) Book value
(1)				(-)
(2)				
(3)				
(4)		<u> </u>		·
(5)				
(6)		- :		
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col (B) lıı	ne 15)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25	"Yes" on Form 990	, Part IV, line 11e or 11f See Form	990, Part X,
1	(a) Descript	ion of liability		(b) Book value
(1) Federa	al income taxes			
(2) OTHER	R LONG TERM LIABILITIES			184 , 499.
(3) DEFE	RRED RENT LIABILITY			549,159.
	RCOMPANY PAYABLE			1,018,907.
(5) DUE 3	TO OTHER ORGANIZATIONS			831,571.
(6) PPP 1	LOAN			1,670,868.
(7)				
(8)		<u> </u>		
(9)		· ·		
	n (b) must equal Form 990, Part X, col (B) line 25)			4,255,004.
2. Liability for	r uncertain tax positions. In Part XIII, provide the	text of the footnote to t	he organization's financial statements that	reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	▶ 6	o to www irs gov/Form	990 for insti	uctions and	the latest information		Inspection
Name of the organization	<u></u>	·	_			Employer identification	
ASIAN HUMAN SER	VICES, INC					36-3005889	
	ng Activities. Comp -EZ filers are not re	_			Yes" on Form 99	90, Part IV, line 1	7
	r the organization rai				activities Check	all that apply	
a Mail solicita	tions	e	Solic	itation of	non-government g	rants	
b Internet and	d email solicitations	f	Solid	itation of	government grant	s	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d In-person s							
2a Did the organiza	tion have a written o	r oral agreement w	vith any inc	dividual (in	cluding officers, d	lirectors, trustees,	¬., г
b If "Yes," list the	es listed in Form 990 10 highest paid indi least \$5,000 by the	viduals or entities					Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(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		<u> </u>			<u> </u>		
6			_	·			
7							
							
9							
10						-	
Total	<u> </u>	<u> </u>	1				
	which the organizat			to solicit	contributions or	has been notified	it is exempt from
							
							
	***************************************		*******				
	 						
	<u> </u>						

εPa	irt (Fundraising Events. Comple more than \$15,000 of fundrevents with gross receipts gro	aising event contribut	answered "Yes" on lons and gross incom	Form 990, Part IV ne on Form 990-E	, line 18, or reported Z, lines 1 and 6b Lis
			(a) Event #1 GALA FUNDRAISER	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
வ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	88,022.			88,022
æ	2	Less Contributions	48,830.			48,830
	3	Gross income (line 1 minus line 2)	39,192.			39,192
	4	Cash prizes	100.			100
	5	Noncash prizes			<u> </u>	ļ
sasu	6	Rent/facility costs	10,946.			10,946
Direct Expenses	7	Food and beverages	16,600.			16,600
Direct	8	Entertainment	3,400.			3,400
	9	Other direct expenses	3,035.			3,035
Pa	11	Direct expense summary Add lin Net income summary Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu panization answered "	ımn (d)	<u> ▶</u>	34,081 5,111 r reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 &	_1	Gross revenue				
ses	2	Cash prizes			-	
Expenses	3	Noncash prizes				<u> </u>
Direct [4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes%	6
	7	Direct expense summary Add lin	es 2 through 5 ın colui	mn (d)		
	8	Net gaming income summary Su	ubtract line 7 from line	1, column (d)	<u></u>	<u> </u>
9 a		Enter the state(s) in which the orgals the organization licensed to configure (sometime).		in each of these state	es?	Yes No
10 a b		Were any of the organization's gaming f "Yes," explain	g licenses revoked, susp		•	Yes No
						

ASIAN HUMAN SERVICES, INC

Sched	ule G (Form 990 or 990-EZ) 2019 Page 3
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
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation 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)
	(

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J · (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASIAN HUMAN SERVICES, INC

Employer identification number

36-3005889

Par	Questions Regarding Compensation			r
			Yes	No
Та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items]
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	1 1		}
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a ²	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract	ľĺ	1	
	Independent compensation consultant X Compensation survey or study	,	•	
	Form 990 of other organizations X Approval by the board or compensation committee			:
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		ĺ	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		٠	
•	compensation contingent on the revenues of	Ll		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6ь		Х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		—	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	. [ĺ	
	ın Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	<u></u> -	 -	
	Regulations section 53 4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Page 2.

Schedule J (Form 990) 2019

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	\lceil	(0)	College Colleg					
		(a) DIEGROUMII O	N-2 AIIU/UI 1033-1911	oc conspensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
CRAIG MAKI	Ξ	203,206.	47,250.	23,529.	11,492.	8,086.	293, 563.	
1CEO	€	0.	0	.0				
NIKITA JOHNSON-WHITE	Θ	158,227.	22,883.	7,386.	12,036.	6,950.	207,482.	
2CFO	E	0.	0	.0				
	Ξ							
3	€							
	Ξ							
4	(ii)							!
	Θ							
r.	Ξ							
	Θ							
9	Ξ							
	Θ							
7	(ii)							
	(3)							
8	(ii)			·				
	Ξ							
6	(ii)							
	(ı)							
10	(ii)							
	ε							
	(E)							
	ε							
12	(<u>ii</u>)							
	Ξ							
13	€							
	€							
14	(ii)							
	(ı)							
15	Ξ							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2019

γŞ

Page 3.

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the Information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2019

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ASIAN HUMAN SERVICES, INC

Employer identification number

36-3005889

FORM 990, PART VI, SECTION B, LINE 11B EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990. THE CHIEF FINANCIAL OFFICER AND THE BOARD TREASURER REVIEW THE FORM 990 AND SCHEDULES IN DETAIL AND DISCUSS WITH INDEPENDENT AUDITORS PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C THE AGENCY HAS CLEARLY DEFINED PROCUREMENT POLICIES WITH COMPETITIVE BIDDING CONSISTENTLY ENFORCED AT APPROXIMATE LEVELS. BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. IF THERE IS A CONFLICT, THE BOARD MEMBER WOULD SIT OUT OF DISCUSSION RELATED TO THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A THE BOARD OF DIRECTORS HIRES AN OUTSIDE MANAGEMENT CONSULTANT TO PROVIDE ADVICE, COUNSEL, AND RESEARCH INFORMATION FOR THE CEO'S SALARY AND BENEFIT CONTRACT. THE BOARD AND THE HUMAN RESOURCES COMMITTEE MEET ANNUALLY TO DISCUSS CEO COMPENSATION BASED ON PERFORMANCE. THE LAST STUDY WAS PERFORMED IN OCTOBER OF 2017.

FORM 990, PART VI, SECTION B, LINE 15B THE ORGANIZATION USES SELECTED MARKET COMPARATIVE DATA AND SUBMITS IT TO THE APPROPRIATE BOARD COMMITTEE. THE LAST STUDY WAS PERFORMED IN OCTOBER OF 2017.

Employer identification number 36-3005889

FORM 990, PART VI, SECTION C, LINE 19 DURING THE TAX YEAR, WE DID NOT PUBLISH, NOR HAS ANYONE ASKED FOR OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS. THEY ARE AVAILABLE UPON REQUEST.

FORM 990, SECTION VII, SECTION A, LINE 1A RETURN WAS AMENDED TO UPDATE AND INCLUDE THE ORGANIZATION'S HIGHEST COMPENSATED EMPLOYEES.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

ASIAN HUMAN SERVICES, INC Name of the organization

Part

2019

OMB No 1545-0047

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37 Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

Open to Public Inspection

Employer identification number 36-3005889

(f) Direct controlling 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 (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)
 Name, address, and EIN (if applicable) of disregarded entity Part II ପ୍ର $\widehat{\Xi}$ 2 3 3 9

	(a)	(q)	(c)	(p)	(e)	€	(0.	(
Name, address, an	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))		Section 512(b)(13) controlled entity?	12(b)(13) olled ly?
							Yes	No
(1) PIPAL NEP	27-2283787							
2838 W PETERSON AVE	CHICAGO, IL 60659	REAL ESTATE	IL	501 (C) 3	12A, TYPE 1 AHS, INC.	AHS, INC.	×	
(2)				_				
		Γ						
(3)								
(4)								
		Г						
(5)							_	
		I -						
(9)								
(7)							i	
For Paperwork Reduction Act N	For Panerwork Reduction Act Notice see the Instructions for Form 990	990.				Schedule R (Form 990) 2019	(Form 99	90) 2018

For Paperwork Keduction Act Notice, see the Instructions for Form 990.

9E1307 1 000 3984NT N26K 5/13/2021

10:01:05 PM V 19-8.4F

1176527

Schedule R (Form 990) 2019

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 Part III

Name rel	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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) Disproportenta	(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	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
ļ											
(3)											
Part IV	Identification of Related Organizations Taxabl	ed Organizations	Taxable	as a Corporati	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ete if the organ	ization answer	ed "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	d one or more rel	ated orga	anizations treate	ed as a corporation of	or trust during t	ne tax year				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) Legal domicile Direct controlling (state or foreign entity country)	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) (h) (l) Share of Share of Percentage Section end-of-year assets ownership controlled	(h) Percentage ownership	(i) Section 512(b)(13) controlled
								remy (
		-						
								\vdash
								-
								-
								-
							_	

Part	Part V Transactions With Related Organizations. Complete if the organization answered "Yes"	ed "Yes" on Form 990, Pa	on Form 990, Part IV, line 34, 35b, or 36		•
Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	S No
-	During the tax year, did the organization engage in any of the following transactions with one or more related	more related organizations li	organizations listed in Parts II-IV?		_
ø				1a	×
Q	b Gift, grant, or capital contribution to related organization(s)			1p	×
U				10	×
ס				1d	×
Φ				1e	×
					7
4-	Dividends from related organization(s)			11	×
ō				1g	×
) <u>_</u>				1h	×
: . _				=	×
	Lease of facilities, equipment, or other assets to			1j	×
•					
¥	k Lease of facilities, equipment, or other assets from related organization(s)			*	×
-				=	×
Ε	m Performance of services or membership or fundraising solicitations by related organization(s), .	•		1 	×
_	Sharing of facilities, equipment, mailing lists, or other asse-			1n	×
				10	×
•					
٥	p Reimbursement paid to related organization(s) for expenses			1p	×
. 0		•		19	×
Г					
_	r Other transfer of cash or property to related organization(s)			1r	×
s	- 1			18	×
7	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	plete this line, including cov	covered relationships and transaction thresholds	action thresholds	
	(a) Name of related onanyation	(b) Transaction	(c) Amount involved	(d) Method of determ	ouiui
		type (a-s)		amount involved	, D
Ξ	1) PIPAL NFP	M	184,613.	CASH	
(2)	2)				
3	3)				
3					
4	4)				
(2)	(5)				
(9)	(G				
1 2			SG	Schedule R (Form 990) 2019	0) 2019
200	1306 1 000				
7 2 2	*Elsus wu 3984NT N26K 5/13/2021				

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) Name, address, and EIN of entity (b) Primary activity (state or foreign income (related, section total income encounty) (county) (from tax under or ganizations?)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predomnant A income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		General or P managing o	(k) Percentage ownership
(4)			sections 512-514)	Yes No			Yes	No	Yes	2 2	
(2)											
(3)										-	
(4)											
(5)											
(9)											
(2)										-	
(8)											
(6)							_				
(10)							_				
(11)											
(12)											
(13)											
(14)	_								_	_	•
(15)										-	
(16)											
								Sc	hedule I	R (Form	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R See instructions