

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization: IHS THE INSTITUTE FOR HUMAN SERVICES INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 546 KAAHI STREET
 City or town, state or province, country, and ZIP or foreign postal code: HONOLULU, HI 96817

D Employer identification number: 99-0199107
E Telephone number: (808) 447-2800
G Gross receipts \$ 19,689,658

F Name and address of principal officer:
 LEINA IJACIC
 546 KAAHI STREET
 HONOLULU, HI 96817

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

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

J Website: ▶ [HTTPS://IHS-HAWAII.ORG](https://ihs-hawaii.org)

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1980 **M** State of legal domicile: HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 OUR MISSION, VISION AND APPROACH TO HOMELESSNESS ARE ROOTED IN CORE HAWAIIAN VALUES THAT GUIDE OUR OUTCOMES AND OVERALL IMPACT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	282
6 Total number of volunteers (estimate if necessary)	6	508
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,030,189	15,343,410
9 Program service revenue (Part VIII, line 2g)	2,227,457	3,748,024
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,219	92,498
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,424	337,645
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,343,441	19,521,577
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,573,974	9,633,601
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 569,298		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,673,850	9,294,103
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,247,824	18,927,704
19 Revenue less expenses. Subtract line 18 from line 12	-904,383	593,873

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,323,098	11,715,526
21 Total liabilities (Part X, line 26)	1,829,676	2,008,408
22 Net assets or fund balances. Subtract line 21 from line 20	6,493,422	9,707,118

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2021-05-17

LEINA IJACIC CHIEF ADMINISTRATIVE OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00647777
Firm's name ▶ KMH LLP			Firm's EIN ▶ 42-1539623	
Firm's address ▶ 1003 BISHOP STREET SUITE 2400 HONOLULU, HI 96813			Phone no. (808) 526-2255	

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

Part 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:

SEE SCHEDULE O

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 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? Yes No

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 \$ 8,408,165 including grants of \$) (Revenue \$ 2,290,031)

See Additional Data

4b (Code:) (Expenses \$ 6,879,096 including grants of \$) (Revenue \$ 70,999)

See Additional Data

4c (Code:) (Expenses \$ 1,374,506 including grants of \$) (Revenue \$ 1,386,994)

See Additional Data







(Code:) (Expenses \$ 43,090 including grants of \$) (Revenue \$)

VOLUNTEER PROGRAM: VOLUNTEERS PARTICIPATED IN ACTIVITIES RANGING FROM SERVING MEALS, ASSISTING WITH SHELTER PROJECTS, TUTORING CHILDREN, OFFICE ASSISTANCE, PRO-BONO PROFESSIONAL SERVICES, ETC. IN FYE 06/30/2020, VOLUNTEERS DONATED OVER 29,073 HOURS (508 INDIVIDUALS) OF INDIVIDUAL AND 1,664 (203 GROUPS) HOURS OF GROUP SUPPORT.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 43,090 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 16,704,857

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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		No
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 98-19? If "Yes," complete Schedule C, Part III		No
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 		No
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 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
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 		No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
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 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		No
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 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b 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 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 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		No
17 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)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding answer field.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (30), 1b (30), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 12 main rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: HI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 and records: DEBI UYEUNTEN DIRECTOR OF FINANCE 546 KAAHI STREET HONOLULU, HI 96817 (808) 447-2825

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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, or 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 if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		232,718	0 9,581

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	53,063		
	d Related organizations	1d			
	e Government grants (contributions)	1e	12,038,573		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,251,774		
	g Noncash contributions included in lines 1a - 1f:\$	1g	898,126		
	h Total. Add lines 1a-1f		15,343,410		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PROGRAM FEES AND OTHER		624100	3,748,024	3,748,024		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			3,748,024			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,498			92,498		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 53,063 of contributions reported on line 1c). See Part IV, line 18	8a		152,258				
			b Less: direct expenses	8b	168,081			
			c Net income or (loss) from fundraising events		-15,823		-15,823	
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
			c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	Business Code							
11a OTHER INCOME	900099	353,468			353,468			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d		353,468						
12 Total revenue. See instructions		19,521,577	3,748,024	0	430,143			

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	294,721	88,260	206,461	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,558,433	7,081,464	295,271	181,698
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,127,670	954,564	156,375	16,731
10 Payroll taxes	652,777	552,571	90,521	9,685
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	46,756	35,634	10,538	584
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	202,698	154,484	45,684	2,530
12 Advertising and promotion	222,921	3,628	8,955	210,338
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	916,768	817,909	97,103	1,756
17 Travel	115,907	102,803	12,986	118
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,948		15,948	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	349,210	138,135	210,682	393
23 Insurance	87,995	620	87,375	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GUEST AND HOUSING ASSIS	4,560,943	4,560,688		255
b FOOD	975,014	975,014		
c OUTSIDE SERVICES	456,755	200,536	161,033	95,186
d SUPPLIES	391,179	349,186	36,587	5,406
e All other expenses	952,009	689,361	218,030	44,618
25 Total functional expenses. Add lines 1 through 24e	18,927,704	16,704,857	1,653,549	569,298
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100,277	1	299,346
	2 Savings and temporary cash investments	1,200,718	2	1,017,464
	3 Pledges and grants receivable, net	2,613,142	3	2,474,632
	4 Accounts receivable, net	99,031	4	211,964
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	249,798	9	250,689
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,670,313		
	b Less: accumulated depreciation	10b 4,435,319	2,407,400	10c 2,234,994
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,652,732	15	5,226,437
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,323,098	16	11,715,526	
Liabilities	17 Accounts payable and accrued expenses	1,067,889	17	1,209,316
	18 Grants payable		18	
	19 Deferred revenue	228,868	19	127,489
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	107,919	21	123,630
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	425,000	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	547,973
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	1,829,676	26	2,008,408
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,403,647	27	3,999,307
	28 Net assets with donor restrictions	3,089,775	28	5,707,811
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	6,493,422	32	9,707,118	
33 Total liabilities and net assets/fund balances	8,323,098	33	11,715,526	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,521,577
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,927,704
3	Revenue less expenses. Subtract line 2 from line 1	3	593,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,493,422
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,689,181
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-69,358
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,707,118

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 99-0199107

Name: IHS THE INSTITUTE FOR HUMAN SERVICES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EMERGENCY SHELTER AND FOOD PROGRAMS:DURING THE YEAR, OUR EMERGENCY SHELTER PROGRAM AT SUMNER AND KAAAHII SHELTERS PROVIDED 88,726 BED NIGHTS TO 1,523 UNDUPLICATED GUESTS. THIS CONSISTED OF 836 SINGLE MEN, 332 SINGLE WOMEN, AND 363 FAMILY MEMBERS (102 FAMILIES) (NOTE: 1,531 DUPLICATED PERSONS DUE TO 8 ADULTS BEING SERVED IN BOTH THE FAMILIES AND SINGLE PROGRAMS DURING THE YEAR). WE EXITED 187 SINGLE MEN, AND 84 SINGLE WOMEN, AND 61 FAMILIES INTO TRANSITIONAL OR PERMANENT HOUSING. OUR MEAL PROGRAM SERVED 359,159 MEALS THROUGHOUT THE YEAR TO BOTH SHELTER GUESTS AND PERSONS IN NEED FROM THE COMMUNITY. WE SERVE THREE MEALS PER DAY AT KAAAHII AND SUMNER EMERGENCY SHELTERS AND SPECIALTY SHELTERS, AND BREAKFAST AND DINNER AT HALE MAULIOLA. ALMOST 93% OF OUR FOOD COST WAS DONATED FROM VARIOUS SOURCES. WE ALSO PROVIDED FOOD DROPS ONCE A MONTH TO HELP REPLENISH HOUSEHOLD PANTRIES IN THE COMMUNITY UNTIL TEMPORARY CANCELLATION IN MARCH 2020 DUE TO THE COVID-19 PANDEMIC.THE HALE MAULIOLA HOUSING NAVIGATION CENTER, WHICH OPENED IN NOVEMBER 2015, ENTERED ITS FIFTH YEAR OF SERVICE. IN THE FISCAL YEAR, THE PROJECT SERVED 356 HOMELESS ADULTS FROM SINGLES AND COUPLES HOUSEHOLDS WITH EMERGENCY SHELTER, CASE MANAGEMENT, AND TARGETED HOUSING SERVICES. A TOTAL OF 264 CLIENTS EXITED, WITH 82 (31 %) ENTERING INTO HOUSING PLACEMENTS.IHS CONTINUED TO OPERATE THE THREE EXISTING TUTU BERT'S HOUSE (TBH 1, 2, AND 3) MEDICAL SPECIALTY SHELTERS FOR HOMELESS ADULTS EXITING HOSPITAL. DURING THE FISCAL YEAR, 186 PERSONS WERE SERVED BY THE TBH PROGRAM AND 152 EXITED, WITH 50 (34%) ENTERING INTO HOUSING . A FOURTH LOCATION IS PLANNED TO OPEN IN FY 2021.KALIHI UKA RECOVERY HOUSE (KURH), A SPECIALTY SHELTER FOR HOMELESS ADULTS WITH BEHAVIORAL HEALTH TREATMENT NEEDS, ENTERED ITS FOURTH YEAR OF SERVICE. KURH SERVED 80 CLIENTS, EXITING 69, OF WHOM 29 (42%) EXITED INTO HOUSING.STARTING IN APRIL 2020, IHS WAS CONTRACTED TO OPERATE THE HAWAII STATE DEPARTMENT OF HEALTH'S TEMPORARY QUARANTINE AND ISOLATION CENTER (TQIC) FOR HOMELESS PERSONS TESTING POSITIVE FOR COVID-19 OR AWAITING TEST RESULTS. A TOTAL OF 55 PERSONS WERE SERVED THROUGH JUNE 2020.

Form 990, Part III, Line 4b:

HOUSING AND OTHER SUPPORTIVE SERVICES PROGRAMS: IHS HAS NUMEROUS PROGRAMS THAT FOCUS ON STABILIZING HOUSING FOR INDIVIDUALS AND FAMILIES ALONG WITH PROMOTING SELF-SUFFICIENCY. OUR COC FUNDED PERMANENT SUPPORTIVE HOUSING PROGRAM SERVED 103 CHRONICALLY HOMELESS PERSONS BY ASSISTING THEM TO OBTAIN OR REMAIN IN PERMANENT SUPPORTIVE HOUSING DURING THE YEAR. IHS' YOUTH RAPID RE-HOUSING (YRRH) PROGRAM ENTERED ITS THIRD YEAR, SERVING 31 HOUSEHOLD (COMPRISING 36 INDIVIDUALS, MADE UP OF 31 ADULTS AND 5 CHILDREN). THE HOUSING FIRST PROGRAM PROVIDED HOUSING TO 148 HOUSEHOLDS COMPRISING THE MOST VULNERABLE CHRONICALLY HOMELESS. OUR TEMPORARY ASSISTANCE TO NEEDY FAMILY (TANF) HOUSING PLACEMENT PROGRAM (HPP) ASSISTED 272 FAMILIES WITH CHILDREN TOTALING 1,163 FAMILY MEMBERS. THE PROGRAM PROVIDED HOUSING OR HOMELESS PREVENTION SERVICES TO THESE FAMILIES WHO WERE EITHER UNSHELTERED OR WHO NEEDED TO RELOCATE TO MORE SUITABLE HOUSING. IHS' HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAMS PROVIDE ASSISTANCE TO HOUSEHOLDS WHO RECENTLY BECAME HOMELESS OR ARE ON THE VERGE OF HOMELESSNESS DUE TO AN EVENT THAT AFFECTED THE HOUSEHOLD SUCH AS JOB LOSS, ILLNESS, ETC. THE STATE HPO RRH PROGRAM ASSISTED 129 HOUSEHOLDS WITH 344 HOUSEHOLD MEMBERS TO KEEP OR PLACE THEM IN HOUSING AND THE CITY ESG RRH PROGRAM ASSISTED 133 HOUSEHOLDS WITH 234 MEMBERS. TO QUALIFY, THESE HOUSEHOLDS MUST DEMONSTRATE THAT THEY WILL BE SELF-SUFFICIENT FOLLOWING THIS TEMPORARY ASSISTANCE. WE COLLABORATE WITH NUMEROUS OTHER ORGANIZATIONS TO OFFER FINANCIAL MANAGEMENT SKILL BUILDING TO THE PARTICIPANTS IN THIS PROGRAM, AS THESE SKILLS ARE CRITICAL TO MAINTAINING FINANCIAL STABILITY. ALONG WITH OUR HOUSING PROGRAM, WE HELP PEOPLE PREPARE FOR OR SUSTAIN THEMSELVES IN STABLE HOUSING BY PROMOTING A CULTURE OF SELF-RESPONSIBILITY, OFFERING EMPLOYMENT SUPPORT WITH JOB SEARCH, WRITING RESUMES, PREPARING FOR INTERVIEWS AND OTHER SUPPORTIVE EMPLOYMENT COUNSELING THROUGH OUR HELE 2 WORK PROGRAM. IN MID-MARCH 2020, SERVICES WERE TAKEN ONLINE AND PROVIDED WITH EXTRA SOCIAL DISTANCING AND OTHER SAFETY PRECAUTIONS DUE TO COVID-19. 1,168 PERSONS WERE ENCOUNTERED, WITH 726 PARTICIPATING. 380 COMPLETED CLASSES AND 264 GAINED JOBS. THIS ALSO INCLUDES OUR TAKING ROOT URBAN AGRICULTURE PROGRAM WHERE SHELTER GUESTS DEVELOP JOB SKILLS BY PARTICIPATING IN ON-SITE GARDENING CLASSES. THIS PROGRAM HAD 137 PARTICIPANTS, WITH 35 COMPLETING CERTIFICATES. ADDITIONALLY, OUR NEW LEAF CUSTODIAL TRAINING PROGRAM ENROLLED 29 PARTICIPANTS IN WORKPLACE SAFETY AND SKILLS INSTRUCTION, COMPLETING A TOTAL OF 384 PROJECTS, AND RESULTING IN 12 PARTICIPANTS BEING HIRED FOR EMPLOYMENT. OTHER SUPPORTIVE SERVICES PROGRAMS INCLUDE OUR SPECIALIZED CASE MANAGEMENT PROGRAMS FOR SHELTER RESIDENTS WHICH MAKE NUMEROUS REFERRALS TO OTHER COMMUNITY SERVICES SUCH AS PRIMARY HEALTH, MENTAL SUBSTANCE ABUSE TREATMENT OR OTHER SOCIAL SERVICES. OUR FAMILY PROGRAM SERVED 202 UNDUPLICATED HOMELESS CHILDREN IN MAINTAINING THEIR ACADEMIC PERFORMANCE THROUGH AFTERSCHOOL HOMEWORK SUPPORT, ENRICHMENT ACTIVITIES AND COORDINATION WITH CHILDREN'S SCHOOLS. 9 CHILDREN PARTICIPATED IN OUR 6 EVENT SUMMER FUN PROGRAM. OUR OUTREACH TEAMS PROVIDE ASSERTIVE OUTREACH AND NEEDS ASSESSMENTS TO UNSHELTERED HOMELESS ADULTS AND FAMILIES, WITH FACILITATION OF SERVICES INCLUDING PSYCHIATRIC EVALUATION, SUBSTANCE ABUSE TREATMENT, AND TRANSITION INTO EMERGENCY SHELTER AND STABLE HOUSING. OUTREACH SERVED A TOTAL OF 810 INDIVIDUALS IN METRO HONOLULU, WAIKIKI/EAST HONOLULU, AND WINDWARD OAHU.

Form 990, Part III, Line 4c:

COMMUNITY BASED CASE MANAGEMENT PROGRAM:THE HOMELESS INTENSIVE CASE MANAGEMENT PLUS (HICM+) PROGRAM SERVED 215 HIGH UTILIZER ADULTS WITH SEVERE MENTAL ILLNESS, WITH THE TOTAL VOLUME OF CLIENTS SERVED INCREASING BY 136% IN THE YEAR. COMMUNITY CASE SERVICES (CCS) PROGRAM SERVICES WERE PROVIDED TO 361 ADULTS WITH SEVERE MENTAL ILLNESS, WITH THE TOTAL VOLUME SERVED INCREASING 64% IN THE YEAR.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAYSON HARPER PRESIDENT	0.50	X		X				0	0	0
CLAUDE DUKE DU TEIL DIRECTOR	0.50	X						0	0	0
ROBERTA BERT DU TEIL EMERITUS MEMBER	0.50	X						0	0	0
JULIE ARIGO DIRECTOR	0.50	X						0	0	0
IAN BIGELOW DIRECTOR	0.50	X						0	0	0
CHRISTINE CAMP DIRECTOR	0.50	X						0	0	0
ELLEN C CARSON CHAIR - GOVERNANCE	0.50	X						0	0	0
SHARON M CROFTS DIRECTOR	0.50	X						0	0	0
KENNETH FINK DIRECTOR	0.50	X						0	0	0
JERRY GIBSON DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVIDD GIERLACH DIRECTOR	0.50	X						0	0	0
SARAH GUAY DIRECTOR	0.50	X						0	0	0
KENNETH C HANSEN DIRECTOR	0.50	X						0	0	0
JEFF HARRIS DIRECTOR	0.50	X						0	0	0
IAN HOGAN DIRECTOR	0.50	X						0	0	0
ED HOPE DIRECTOR	0.50	X						0	0	0
CRAIG MCGINNIS DIRECTOR	0.50	X						0	0	0
NANI MEDEIROS DIRECTOR	0.50	X						0	0	0
DAVID S MORIMOTO TREASURER	0.50	X						0	0	0
LAUREN S NAHME DIRECTOR	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KU'UHAKU PRK DIRECTOR	0.50	X						0	0	0
KEALA PETERS DIRECTOR	0.50	X						0	0	0
JOANNA OSHIRO DIRECTOR	0.50	X						0	0	0
LEE ANN SILVA DIRECTOR	0.50	X						0	0	0
CURTIS SAIKI DIRECTOR	0.50	X						0	0	0
CURT NAKAMURA DIRECTOR	0.50	X						0	0	0
BRUCE NAKAOKA DIRECTOR	0.50	X						0	0	0
K JAMES STEINER AUDIT COMMITTEE	0.50	X						0	0	0
TRACY TONAKI SECRETARY	0.50	X						0	0	0
LYNNE T UNEMORI CHAIR - EXTERNAL AFFAIRS, DEVELOPMENT	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH ANNIE VALENTIN DIRECTOR	0.50	X						0	0	0
JOE VIOLA CHAIR - INTERNAL AFFAIRS COMMITTEE	0.50	X						0	0	0
REV MSGR TERENCE WATANABE DIRECTOR	0.50	X						0	0	0
TAMMY YOKOGAWA-KING DIRECTOR	0.50	X						0	0	0
CONNIE MITCHELL EXECUTIVE DIRECTOR	45.00			X				132,347	0	9,189
LEINA IJACIC CHIEF ADMISTRATIVE OFFICER	45.00			X				6,923	0	0
ANTHONY MCDONALD DIRECTOR OF FINANCE	45.00			X				93,448	0	392

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number
99-0199107

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .	11,698,180	13,611,489	13,092,790	14,030,189	15,343,410	67,776,058
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	11,698,180	13,611,489	13,092,790	14,030,189	15,343,410	67,776,058
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) . . .						
6 Public support. Subtract line 5 from line 4.						67,776,058

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	11,698,180	13,611,489	13,092,790	14,030,189	15,343,410	67,776,058
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	72,703	74,927	87,118	93,219	92,498	420,465
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	9,111	51,403	25,880	0	0	86,394
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						68,282,917

12 Gross receipts from related activities, etc. (see instructions) **12** 10,267,804

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.260 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.200 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar 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						
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 or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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 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):	1	
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 factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
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.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 99-0199107

Name: IHS THE INSTITUTE FOR HUMAN SERVICES INC

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number
99-0199107

Part I 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 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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? Yes No

6 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 conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 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 ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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.

b If the organization elected, as permitted under SFAS 116 (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:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,200,000	1,200,000	1,200,000	1,202,470	1,201,053
b Contributions					
c Net investment earnings, gains, and losses	26,852	26,143	22,830	13,433	6,577
d Grants or scholarships					
e Other expenditures for facilities and programs	26,852	26,143	22,830	15,903	5,160
f Administrative expenses					
g End of year balance	1,200,000	1,200,000	1,200,000	1,200,000	1,202,470

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,430,218	3,542,431	1,887,787
d Equipment		1,012,055	756,943	255,112
e Other		228,040	135,945	92,095
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,234,994

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) WEINBERG TRUST	1,200,000
(2) TRUST-KOKUA	123,630
(3) SECURITY DEPOSIT-OFFICE SPACE	49,286
(4) BENEFICIAL INTEREST- CN WODEHSE	1,158,710
(5) BENEFICIAL INTEREST- ML CECIL	216,165
(6) CONTRIBUTED RENT	2,473,114
(7) INTEREST RECEIVABLE	5,532
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 5,226,437

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	20,678,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,058,361	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-69,358	
e	Add lines 2a through 2d		2e	989,003
3	Subtract line 2e from line 1		3	19,689,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-168,081	
c	Add lines 4a and 4b		4c	-168,081
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	19,521,577

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	20,154,147
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,058,361	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	168,082	
e	Add lines 2a through 2d		2e	1,226,443
3	Subtract line 2e from line 1		3	18,927,704
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	18,927,704

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 99-0199107

Name: IHS THE INSTITUTE FOR HUMAN SERVICES INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION ACTS AS THE CUSTODIAN OF PERSONAL FUNDS FOR ITS GUESTS WHO DO NOT HAVE BANK ACCOUNTS. THE FUNDS ARE DEPOSITED INTO A LOCAL FINANCIAL INSTITUTION. CHECKS ARE ISSUED UPON THE REQUEST AND DIRECTION OF THE GUESTS.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INCOME FROM THE ENDOWMENTS IS RESTRICTED PRIMARILY TO PROVIDE ELECTRICITY, WATER, GAS, PAPER PRODUCTS, SOAP, DIAPERS, FOOD AND OTHER BASIC NEEDS OF THE HOMELESS, AND TO PROVIDE FOR THE MAINTENANCE, REPAIR AND NEEDED IMPROVEMENTS TO THE BUILDING.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	IHS IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. IHS HAS BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). IHS RECOGNIZES THE FINANCIAL STATEMENT EFFECTS FROM A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION AFTER AN AUDIT BASED ON TECHNICAL MERITS OF THE POSITION. IHS HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS IN FILED RETURNS THAT REQUIRE DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -69,358.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES -168,081.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSES 168,081. ROUNDING 1.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number

99-0199107

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

HI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HAWAII FOR HAWAII (event type)	HOMEWARD BOUND (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	168,653	36,668		205,321
2	Less: Contributions	47,813	5,250		53,063
3	Gross income (line 1 minus line 2)	120,840	31,418		152,258
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	148,408	19,673		168,081
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				168,081
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-15,823

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations 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.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number 99-0199107

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LYNNE T UNEMORI	DIRECTOR	240,145	INTERESTED PERSON LYNNE T. UNEMORI WAS AN OFFICER OF HAWAIIAN ELECTRIC COMPANY, WHICH PROVIDES UTILITY SERVICES IN THE ORDINARY COURSE OF BUSINESS TO THE ORGANIZATION AND ITS CLIENTS		No
(2) JOE VIOLA	DIRECTOR	240,145	INTERESTED PERSON JOE VIOLA IS AN OFFICER OF HAWAIIAN ELECTRIC COMPANY, WHICH PROVIDES UTILITY SERVICES IN THE ORDINARY COURSE OF BUSINESS TO THE ORGANIZATION AND ITS CLIENTS		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number
99-0199107

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	12,463	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6,000	10,269	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	357,148	875,394	USDA RATES PER MEAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED EXCEPT FOR FOOD INVENTORY, WHICH IS BASED ON THE NUMBER OF MEALS SERVED BY THE ORGANIZATION.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
 Name of the organization
 IHS THE INSTITUTE FOR HUMAN SERVICES INC

Employer identification number
 99-0199107

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	IHS IS HAWAII'S OLDEST, LARGEST AND MOST COMPREHENSIVE HUMAN SERVICE AGENCY FOCUSED EXCLUSIVELY ON ENDING AND PREVENTING HOMELESSNESS ON OAHU. THE ORGANIZATION SERVES AS A SOCIAL SERVICE SAFETY NET FOR THOSE WHO ARE HOMELESS OR AT RISK FOR HOMELESSNESS IN OUR COMMUNITY THROUGH OUR ARRAY OF NINE (9) CORE SERVICES THAT INCLUDE EMERGENCY AND SPECIALTY SHELTERS, COMMUNITY MEAL AND FOOD PROGRAMS, HOUSING PLACEMENT AND SUPPORT, SPECIALIZED CASE MANAGEMENT, FAMILY PROGRAMS, HEALTH SERVICES, HOMELESS OUTREACH, EMPLOYMENT SUPPORT AND PUBLIC EDUCATION. OUR TRIAGE AND ASSESSMENT PROCESS HELPS STAFF TAILOR INDIVIDUALIZED SERVICE PLANS FOR EACH HOMELESS INDIVIDUAL AND FAMILY IN ORDER TO ADDRESS THE ROOT CAUSES OF THEIR HOMELESS SITUATION, AND PREPARES THEM TO TRANSITION INTO HOUSING WITH THE GOAL OF SELF-SUFFICIENCY. IHS IS ALSO FOCUSED ON ADVOCACY AND EDUCATION TO ADDRESS THE SYSTEMIC CAUSES OF HOMELESSNESS, INCLUDING THE LACK OF AFFORDABLE HOUSING, ALCOHOLISM, "ICE" EPIDEMIC AND ADDICTION TO PRESCRIPTION MEDICATIONS, LACK OF DISCHARGE PLANNING FROM PUBLIC SAFETY AND MEDICAL CENTERS, MICRONESIAN AND CONTINENTAL MIGRATION, HAWAII'S LACK OF SKILLED LABOR AND LOW-WAGE WORKFORCE, AND A FRAGMENTED MENTAL HEALTH SYSTEM. STRONG DONOR SUPPORT, NEW PUBLIC AND PRIVATE FUNDING SOURCES AND CAREFUL COST CONTROL ALLOW US TO CONTINUE VITAL PROGRAMS AND SERVICES DESPITE THE NEED FOR MORE RESOURCES. COMMUNITY SUPPORT INCLUDES VOLUNTEER LABOR, IN-KIND DONATIONS, CORPORATE COLLABORATIONS AND OTHER NON FINANCIAL CONTRIBUTIONS. WE BUILD CAPACITY THROUGH ONGOING STAFF DEVELOPMENT AND TRAINING ALONG WITH A FOCUS ON CONTINUOUS PROCESS IMPROVEMENT. IHS HAS BEEN ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) SINCE 2004, WHICH IS AN INTERNATIONAL THIRD PARTY NONPROFIT ORGANIZATION THAT RIGOROUSLY ASSESSES THE QUALITY OF REHABILITATION PROGRAMS AND ORGANIZATIONAL COMPETENCIES IN MEETING GOVERNANCE AND PROGRAM STANDARDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	SIGNIFICANT CHANGES IN FYE 06/30/2020 COMPRISED THE ADDITION OF COVID-19 RESPONSE TO EXISTING PROGRAMS PROVIDED BY THE AGENCY, WHICH INCLUDED SCREENING, TESTING, TRIAGE, MEDICAL CARE, AND SHELTER OF COVID-19 POSITIVE PERSONS AS WELL AS PERSONS UNDER INVESTIGATION FOR COVID-19 INFECTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ROBERTA "BERT" DU TEIL (EMERITUS MEMBER) AND CLAUDE "DUKE" DU TEIL, (DIRECTOR) HAVE A FAMILY RELATIONSHIP. LYNNE UNEMORI (CHAIR - EXTERNAL AFFAIRS, DEVELOPMENT) AND JOE VIOLA (CHAIR - INTERNAL AFFAIRS COMMITTEE) HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING. THE FORM 990 WAS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING THE FORM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND OFFICERS UNDERSTAND THAT THEY HAVE A DUTY TO DISCLOSE CONFLICTS OF INTEREST ON AN ONGOING BASIS. IN ADDITION, ALL BOARD MEMBERS AND OFFICERS MUST RESPOND ANNUALLY TO A QUESTIONNAIRE TO IDENTIFY ANY CONFLICTS OF INTEREST. ANY CONFLICTS THAT ARISE ARE REVIEWED BY THE NOMINATIONS/GOVERNANCE COMMITTEE OF THE BOARD AND ANY MEMBER WITH A CONFLICT RECUSES HIMSELF/HERSELF FROM PARTICIPATION IN ANY DELIBERATIONS AFFECTING TRANSACTIONS RELATED TO THE CONFLICT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD CONSIDERS SALARY RANGES OF COMPARABLE ENTITIES AS WELL AS THE FINANCIAL SITUATION OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -69,358.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 8	IHS RESTATED ITS PREVIOUSLY ISSUED FINANCIAL STATEMENTS DUE TO ADJUSTMENTS RELATED TO CONTRIBUTED RENT. US GAAP REQUIRES IHS TO RECORD A CONTRIBUTION AT THE COMMENCEMENT OF THE LEASE AT THE PRESENT VALUE OF THE CUMULATIVE DIFFERENCE BETWEEN THE FAIR RENTAL VALUE OF THE LEASE AND THE STATED AMOUNT OF LEASE PAYMENTS. IHS DID NOT RECORD THE CONTRIBUTION RECEIVABLE AT THE INCEPTION OF THE LEASE AND ACCORDINGLY RESTATED ITS BEGINNING NET ASSETS TO REFLECT THE CUMULATIVE CORRECTION OF THE MISSTATEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 24	<p>IN APRIL 2020, IHS RECEIVED FUNDS FROM A LOAN AGREEMENT OF APPROXIMATELY \$1,967,000 PURSUANT TO THE PPP UNDER THE CARES ACT. THE LOAN MAY BE FORGIVEN IF IHS USES THE FUNDS FOR ELIGIBLE PURPOSES, INCLUDING PAYROLL COSTS, INTEREST ON A COVERED MORTGAGE OBLIGATION, RENT OBLIGATION OR COVERED UTILITY PAYMENT, DURING THE 24 WEEK PERIOD BEGINNING ON THE DATE OF THE DISBURSEMENT. IHS HAS ELECTED TO ACCOUNT FOR THE PPP FUNDS AS A CONDITIONAL CONTRIBUTION IN ACCORDANCE WITH ASC 958-605. IN ACCORDANCE WITH ASC 958-605, THE PPP FUNDS RECEIVED ARE INITIALLY RECORDED AS A REFUNDABLE ADVANCE LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION, AND ARE RECOGNIZED AS CONTRIBUTION INCOME WHEN THE CONDITIONS HAVE BEEN SUBSTANTIALLY MET AND QUALIFYING EXPENSES ARE INCURRED. IHS DETERMINED THAT IT HAS SUBSTANTIALLY MET THE REQUIRED CONDITIONS FOR APPROXIMATELY \$1,419,000 OF THE PPP LOAN, SUCH AS MAINTAINING HEADCOUNT, LIMITATIONS ON COMPENSATION REDUCTION AND SPENDING FUNDS ON QUALIFIED EXPENSES, AND HAS RECOGNIZED THAT AMOUNT AS CONTRIBUTION REVENUE FOR THE YEAR ENDED JUNE 30, 2020. THE REMAINING REFUNDABLE ADVANCE AMOUNT OF APPROXIMATELY \$548,000 AT JUNE 30, 2020 IS EXPECTED TO BE RECOGNIZED AS CONTRIBUTION REVENUE IN FISCAL YEAR 2021. FOR THE PPP LOAN TO BE FORGIVEN, A FORMAL APPLICATION FOR FORGIVENESS MUST BE FILED. THE FINAL DETERMINATION OF COMPLIANCE WITH THE REQUIREMENTS AND FORGIVENESS IS SUBJECT TO AUDIT BY THE FEDERAL GOVERNMENT. IF IT IS DETERMINED THAT IHS DID NOT EXPEND THE FUNDS FOR QUALIFIED PURPOSES, ANY AMOUNTS IDENTIFIED MAY NEED TO BE REPAID WITH INTEREST AT A RATE OF 1.00%. IHS INTENDS TO FILE FOR FORGIVENESS OF THE \$1,967,000 BEFORE JUNE 30, 2021.</p>