

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2001**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2001 calendar year, OR tax year beginning**

**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> Human Services, Inc		<b>D Employer identification number</b> 84-0429686	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
	6795 E Tennessee Avenue		600	303-321-6363
	City or town	State or country	ZIP + 4	<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
Denver	CO	80224-1613		

**G Web site**

**J Organization type (check only one)**  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes" enter number of affiliates: N/A

H(c) Are all affiliates included? N/A  Yes  No  
(If "No" attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

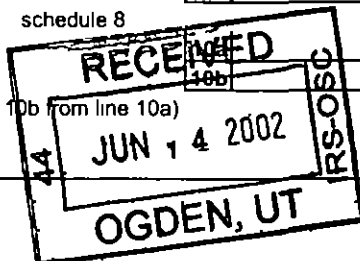
I Enter 4-digit GEN: N/A

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12: 7,023,364

**M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	2,318,174		
	b Indirect public support	1b	643,786		
	c Government contributions (grants)	1c	588,623		
	d Total (add lines 1a through 1c) (cash \$ 3,534,387 noncash \$ 16,196 )	1d			3,550,583
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			2,783,659
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			24,169
	5 Dividends and interest from securities	5			32,325
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe investment income from perpetual trusts )	7			4,034	
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	25,000		
b Less cost or other basis and sales expenses	533,979	8b	0		
c Gain or (loss) (attach schedule schedule 8)	563,391	8c	25,000		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	-29,412	8d		-4,412	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	66,454			
b Less direct expenses other than fundraising expenses	9b	26,786			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			39,668	
10a Gross sales of inventory, less returns and allowances					
b Less cost of goods sold					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0	
11 Other revenue (from Part VII, line 103)	11			3,161	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			6,433,187	
Expenses	13 Program services (from line 44, column (B))	13		4,096,847	
	14 Management and general (from line 44, column (C))	14		746,537	
	15 Fundraising (from line 44, column (D))	15		273,060	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			5,116,444
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,316,743	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,534,627	
	20 Other changes in net assets or fund balances (attach explanation) Schedule 1	20		-27,416	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		4,823,954	



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	0	0	0
23 Specific assistance to individuals (attach schedule)	23	0	0	0
24 Benefits paid to or for members (attach schedule)	24	0	0	0
25 Compensation of officers, directors, etc	25	0	0	0
26 Other salaries and wages	26	0	0	0
27 Pension plan contributions	27	0	0	0
28 Other employee benefits	28	0	0	0
29 Payroll taxes	29	0	0	0
30 Professional fundraising fees	30	0	0	0
31 Accounting fees	31	0	0	0
32 Legal fees	32	0	0	0
33 Supplies	33	0	0	0
34 Telephone	34	0	0	0
35 Postage and shipping	35	0	0	0
36 Occupancy	36	0	0	0
37 Equipment rental and maintenance	37	0	0	0
38 Printing and publications	38	0	0	0
39 Travel	39	0	0	0
40 Conferences, conventions, and meetings	40	0	0	0
41 Interest	41	0	0	0
42 Depreciation, depletion, etc (attach schedule)	42	0	0	0
43 Other expenses not covered above (itemize) a _____	43a	0	0	0
b Schedule 3	43b	5,116,444	4,096,847	746,537
c	43c	0	0	0
d	43d	0	0	0
e	43e	0	0	0
f	43f	0	0	0
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	5,116,444	4,096,847	746,537

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

**Part III Statement of Program Service Accomplishments**

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? Schedule 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a The Florence Crittenton Center for Young Families - provides education, job training, counseling and parenting skills to pregnant and parenting teens, enabling them to complete their education, become good parents, and obtain employment	(Grants and allocations \$ _____)	790,207
b The Young Fathers Program - provides services which address the parenting, education and job readiness training needs of young fathers and helps break the generational cycle of family violence	(Grants and allocations \$ _____)	463,178
c Counseling Services - provides clinicians to work with clients on-site at other programs in the community	(Grants and allocations \$ _____)	73,578
d SPIRIT - provides emergency housing, food transportation assistance, child-care assistance, counseling, and rental assistance to homeless families and individuals	(Grants and allocations \$ _____)	576,297
e Other program services (attach schedule) <u>Schedule 4</u>	(Grants and allocations \$ _____)	2,193,587
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		4,096,847

**Part IV Balance Sheets**

(See Specific Instructions on page 24 )

<b>Note</b>				(A)		(B)
		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year
<b>Assets</b>						
45	Cash - non-interest-bearing			5,691	45	4,061
46	Savings and temporary cash investments			444,235	46	730,716
47a	Accounts receivable	47a	378,423			
b	Less allowance for doubtful accounts	47b	15,374	394,239	47c	363,049
48a	Pledges receivable	48a	1,061,937			
b	Less allowance for doubtful accounts	48b	0	634,230	48c	1,061,937
49	Grants receivable				49	
50	Receivables from officers directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less allowance for doubtful accounts	51b			51c	0
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges			27,711	53	55,780
54	Investments - securities (attach schedule) schedule 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			1,095,573	54	798,332
55a	Investments - land, buildings, and equipment basis	55a				
b	Less accumulated depreciation (attach schedule)	55b			55c	0
56	Investments - other (attach schedule) schedule 5			156,021	56	145,236
57a	Land, buildings, and equipment basis	57a	5,302,969			
b	Less accumulated depreciation (attach schedule) Schedule 2	57b	516,124	3,303,213	57c	4,786,845
58	Other assets (describe _____ )			0	58	0
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>			6,060,913	59	7,945,956
<b>Liabilities</b>						
60	Accounts payable and accrued expenses			790,631	60	379,687
61	Grants payable				61	
62	Deferred revenue			475	62	87,502
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule) Schedule 5			1,718,819	64b	2,646,355
65	Other liabilities (describe <u>Lease obligations</u> )			16,361	65	8,458
66	<b>Total liabilities (add lines 60 through 65)</b>			2,526,286	66	3,122,002
<b>Net Assets or Fund Balances</b>						
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			2,320,752	67	4,007,090
68	Temporarily restricted			1,038,111	68	651,886
69	Permanently restricted			175,764	69	164,978
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74						
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings endowment, accumulated income, or other funds				72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>			3,534,627	73	4,823,954
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>			6,060,913	74	7,945,956

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26)

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	6,961,330
<b>b</b> Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$ -27,416		
(2) Donated services and use of facilities \$ 561,182		
(3) Recoveries of prior year grants \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) thru (4)	<b>b</b>	533,766
<b>c</b> Line a minus line b	<b>c</b>	6,427,564
<b>d</b> Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$ 5,623		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	<b>d</b>	5,623
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	6,433,187

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	5,672,003
<b>b</b> Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities \$ 561,182		
(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) thru (4)	<b>b</b>	561,182
<b>c</b> Line a minus line b	<b>c</b>	5,110,821
<b>d</b> Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$ 5,623		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2)	<b>d</b>	5,623
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	5,116,444

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Noreen M. Kelesian 6795 E Tennessee Ave, Ste 600, Denver, CO 80224	Pres & CEO 40+ hours	103,159	12,934	0
Steve DeVisser 6795 E Tennessee Ave, Ste 600, Denver, CO 80224	Sr VP & CFO 40+ hours	79,784	6,962	0
Gina Bovee 6795 E Tennessee Ave, Ste 600, Denver, CO 80224	VP of Develop & Com 40+ hours	60,863	1,650	0
See Schedule 6 for Board of Directors - Note that none received compensation of any kind				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27 )		Yes or No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	No
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	
81a	Enter direct or indirect political expenditures See line 81 instructions	0
b	Did the organization file Form 1120-POL for this year?	No
82a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	Yes
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )	561,182
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A
c	Dues, assessments and similar amounts from members	N/A
d	Section 162(e) lobbying and political expenditures	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A
b	Gross receipts, included on line 12, for public use of club facilities	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958	0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0
90a	List the states with which a copy of this return is filed <u>None</u>	
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions )	93
91	The books are in care of <u>Human Services, Inc</u> Telephone no <u>303-321-6363</u> Located at <u>6795 E Tennessee Ave, Ste 600, Denver, CO</u> ZIP + 4 <u>80224-1613</u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	N/A

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on page 32)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	Employee Assistance Program Fees					462,623
b	Interpreter Referrals					558,315
c	Counseling Fees					73,826
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					1,688,895
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	24,169	
96	Dividends and interest from securities			14	32,325	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income			14	4,034	
100	Gain or (loss) from sales of assets other than inventory			18	-4,412	
101	Net income or (loss) from special events			01	39,668	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Miscellaneous revenue					3,161
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		95,784	2,786,820
105	Total (add line 104, columns (B), (D), and (E))					2,882,604

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

(See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	Schedule 8

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 33)

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign: *Noreen M. Kelecevic* Date: *6/6/02*  
**PRESIDENT + CEO**

Date Check if self- Preparer's SSN or PTIN (See Gen Inst W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization  
Human Services, Inc

Employer identification number  
84-0429686

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Sally Ann Hodson 6795 E Tennessee Ave Suite 600 Denver, CO 80224	Director of Florence Cnttenton Center 40+ hours	53,310	4,636	0
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990, Part V	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	X	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	N/A	

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

<b>5</b> <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
<b>6</b> <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )
<b>7</b> <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
<b>8</b> <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
<b>9</b> <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
<b>10</b> <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
<b>11a</b> <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
<b>11b</b> <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
<b>12</b> <input type="checkbox"/> 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A )
<b>13</b> <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting

**NOTE** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,556,481	1,904,258	1,959,678	1,657,243	8,077,660
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,085,324	1,926,225	1,647,194	1,806,535	7,465,278
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	104,881	72,713	83,119	117,825	378,538
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	5,132	8,585	27,510	18,204	59,431
<b>23</b> Total of lines 15 through 22	4,751,818	3,911,781	3,717,501	3,599,807	15,980,907
<b>24</b> Line 23 minus line 17	2,666,494	1,985,556	2,070,307	1,793,272	8,515,629
<b>25</b> Enter 1% of line 23	47,518	39,118	37,175	35,998	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 170,313
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 274,061
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 8,515,629
<b>d</b> Add Amounts from column (e) for lines	18 378,538	19 0			<b>26d</b> 712,030
	22 59,431	26b 274,061			<b>26e</b> 7,803,599
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 7,803,599
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 91.64%
<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				N/A
	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
<b>c</b> Add Amounts from column (e) for lines	15 0	16 0			<b>27c</b> 0
	17 0	20 0	21 0		<b>27d</b> 0
<b>d</b> Add Line 27a total	0		and line 27b total 0		<b>27e</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 0
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27f</b> 0
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					N/A

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
<b>32</b>	Does the organization maintain the following			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>33</b>	Does the organization discriminate by race in any way with respect to			
<b>a</b>	Students' rights or privileges?	<b>33a</b>		
<b>b</b>	Admissions policies?	<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b>	Educational policies?	<b>33e</b>		
<b>f</b>	Use of facilities?	<b>33f</b>		
<b>g</b>	Athletic programs?	<b>33g</b>		
<b>h</b>	Other extracurricular activities?	<b>33h</b>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b> 0	0
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b> 0	0
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b> 0	0
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b> 0	0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b> 0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4 - Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes		Amount
	Yes	No	
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Human Services, Inc

Employer identification number

84-0429686

Organization type (check one)

**Filers of****Section**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions )

**General Rule -** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )**Special Rules -** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year )  
\$ \_\_\_\_\_**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization  
Human Services, IncEmployer identification number  
84-0429686**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>400,992</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>102,300</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>706,721</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>175,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>216,196</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> Complete Part II if there is a noncash contribution )
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>330,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )

Name of organization Human Services, Inc	Employer identification number 84-0429686
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**Part II Noncash Property** (See Specific Instructions )

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>		\$ <u>216,196</u>	<u>various dates</u>
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____
_____	_____ _____ _____	\$ _____	____/____/____

Name of organization Human Services, Inc	Employer identification number 84-0429686
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**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year**  
(Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once-see instructions) \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>

**Human Services Inc**  
**#84-0429686**  
**Year Ended December 31, 2001**

*Form 990, Part II, Line 23*

**Specific Assistance to individuals:**

Housing	\$	127,132
Vehicle Purchase and Repair		318,099
Moving and Storage		9,556
Food		50,974
Transportation		44,173
Activities		12,843
Holiday Projects		2,940
Personal Needs		58,854
Program Materials		10,232
Other Supplies		11,202
Stipends		2,445
Property Maintenance		3,904
Loan Defaults		<u>36,054</u>
Total	\$	<u><u>688,408</u></u>

*Form 990*

*Part I, Line 20*

*Other changes in net assets*

Changes in the value of beneficial interests in charitable trusts	\$	(10,786)
Unrealized loss on investments		<u>(16,630)</u>
	\$	<u><u>(27,416)</u></u>

**Human Services, Inc.**

#84-0429686

Year Ended December 31, 2001

**Form 990, Part II, Line 42 and Part IV, Lines 57a-c**

Land, buildings, and equipment, accumulated depreciation, and depreciation expense

<b>Land, buildings, and equipment</b>	<b>12/31/2000</b>		<b>Reclassifications</b>		<b>12/31/2001</b>	
	<b>Balance</b>	<b>Additions</b>	<b>Deletions</b>	<b>Balance</b>		
Building and land	1,003,820	3,411,312	-	4,415,132		
Construction in progress	2,179,063	-	(2,179,063)	-		
Furniture and equipment	427,637	366,061	-	793,698		
Equipment held under capital leases	32,392	-	-	32,392		
Leasehold improvements	95,233	-	(95,233)	-		
Vehicles	61,747	-	-	61,747		
<b>Total</b>	<b>3,799,892</b>	<b>3,777,373</b>	<b>(2,274,296)</b>	<b>5,302,969</b>		
<b>Accumulated depreciation</b>	<b>496,679</b>	<b>111,771</b>	<b>(92,326)</b>	<b>516,124</b>		
<b>Net book value</b>	<b>3,303,213</b>			<b>4,786,845</b>		

**HUMAN SERVICES, INC.**  
**#84-0429686**  
**Statement of Functional Expenses**  
**Year Ended December 31, 2001**

	Supporting Services			Total
	Total Program Services	Management and General	Fund Raising	
Salaries	\$ 2,082,262	372,948	170,345	2,625,555
Payroll taxes	155,418	26,879	12,637	194,934
Employee benefits	161,275	32,429	15,583	209,287
				-
Total salaries and related expenses	<u>2,398,955</u>	<u>432,256</u>	<u>198,565</u>	<u>3,029,776</u>
Occupancy	286,474	49,153	11,704	347,331
Client support - Schedule 1	681,181	7,002	225	688,408
				-
Organizational costs	177,432	72,142	1,891	251,465
				-
Professional services	353,038	96,501	4,745	454,284
				-
Office costs	44,296	22,312	9,823	76,431
Investment management fees	-	5,623	-	5,623
Staff development	40,715	11,625	14,696	67,036
Marketing/public relations	23,191	29,717	31,411	84,319
	<u>4,005,282</u>	<u>726,331</u>	<u>273,060</u>	<u>5,004,673</u>
Depreciation - Schedule 2	91,565	20,206	-	111,771
				-
Total expenses	<u>\$ 4,096,847</u>	<u>746,537</u>	<u>273,060</u>	<u>5,116,444</u>

**Human Services, Inc.**  
**#84-0429686**  
**Year Ended December 31, 2001**

**Form 990, Part III**

The organization's exempt purpose is to help families become strong and self-sufficient members of their community

**Form 990, Part III, Line e**

Other program services

<u>Description</u>	<u>Program Service Expenses</u>
Adolescent Shelter - provides a short-term safe house as well as a treatment center that serves girls who have been removed from their homes due to abuse and neglect or who have run away The program includes extensive counseling with girls and their families, a state-certified on-site school, and is certified by the State Alcohol and Drug Abuse Division	\$ 773,567
Interpreter Referral Program - provides quality sign language and oral interpreting services throughout Colorado	465,421
Employee Assistance Program - offers counseling, consultation and educational workshops for employees of local and national corporations and their families	470,634
Family Loan Program - provides loans to low income families to pay for expenses that directly impact their ability to keep a job or stay in school, and to change families' lives for the long-term through financial mentoring and education	111,731
Transportation Program - provides funding for the acquisition of vehicles, repair & maintenance of vehicles, and vehicle insurance to enable families to be self-sufficient	<u>372,234</u>
Total other program service expenses	\$ <u><u>2,193,587</u></u>

**Human Services, Inc.**  
**#84-0429686**  
**Year Ended December 31, 2001**

**Form 990, Part IV, Line 54**

Investments - securities at fair market value	<u>2001</u>	<u>2000</u>
U S Government obligations	321,355	416,470
U S Government agency securities	-	145,681
Mutual funds invested in equity securities	398,016	354,466
Money market funds and other	78,961	178,956
	<u>798,332</u>	<u>1,095,573</u>

**Form 990, Part IV, Line 56**

Investments - Other	<u>2001</u>	<u>2000</u>
Beneficial interest in perpetual trusts	<u>145,236</u>	<u>156,021</u>

**Form 990, Part IV, Line 64b**

Mortgages and other notes payable

<u>Description</u>	<u>2001</u>	<u>2000</u>
Note payable to a bank, interest adjusted as defined in the agreement, due in monthly installments of principal and interest through February 2001, at which time the unpaid principal and accrued interest is due, collateralized by certain property	-	418,117
Note payable to a bank, due in monthly principal and interest installments (interest to be adjusted as defined in the agreement) final payment of the unpaid principal balance and accrued interest is due December 2005, collateralized by land and a building	720,520	736,389
6% note payable to Ford Credit, due in monthly principal and interest installments, through February 2004, collateralized by a vehicle	11,733	16,656
Construction line of credit agreement with a bank, interest begins accruing January 2001 at an adjustable rate as defined in the agreement, final payment of unpaid principal and accrued interest is due June 2001, collateralized by certain investments	-	326,888
Construction line of credit agreement with a bank, interest begins accruing January 2001 at an adjustable rate as defined in the agreement, final payment of unpaid principal and accrued interest is due January 2002, collateralized by certain property	1,590,430	-
Construction line of credit agreement with the City and County of Denver Interest begins accruing in July 2000 at 5% on outstanding balance, due in monthly principal and interest installments beginning July 2000 Final payment of unpaid principal and accrued interest is due July 2010, collateralized by certain property	<u>323,672</u>	<u>220,769</u>
	<u>2,646,355</u>	<u>1,718,819</u>

**Human Services, Inc.**  
**#84-0429686**  
**Year Ended December 31, 2001**

<u>Name and Address</u>	<u>Title</u>	<u>Name and Address</u>	<u>Title</u>
Ron Tilton 370 17th Street Denver, CO 80202	President	K C Gallagher 370 17th Street, Ste 5600 Denver, CO 80202	Board Member
Jerome Buckley 370 17th Street Denver, CO 80202	Vice Chairperson	Pat Glinsky 2071 S Interlocken Drive Evergreen, CO 80439	Board Member
Elaine Torres 1044 Lincoln Street Denver, CO 80203	Secretary	Bill Johnson 1551 Larimer St , Apt 1804 Denver, CO 80202	Board Member
Stephen A Bain 821 17th Street, Ste 500 Denver, CO 80202	Board Member	Peggy Kent 260 S Eudora St Denver, CO 80246	Board Member
Ellen Balaguer 1400 16th Street, Ste 600 Denver, CO 80202	Board Member	Patti Klinge 1700 East 3rd Ave Denver, CO 80218	Board Member
Gregory W Berger 410 17th Street, Ste 2200 Denver, CO 80202	Board Member	Tamela Lee 1445 Market Street Denver, CO 80202	Board Member
Ann Block 7001 Tower Road Denver, CO 80249	Board Member	Brian Marston 6240 N Lakepoint Place Parker, CO 80134	Board Member
Peg Brown 9032 F East Amherst Dr Denver, CO 80231	Board Member	Porcia Silverberg 1089 Bannock Street Denver, CO 80204	Board Member
Juan Calderon 4643 S Ulster Street Denver, CO 80237	Board Member	Karen Spies 747 Detroit Street Denver, CO 80206	Board Member
Karen Frey 5105 S Lewiston Way Aurora, CO 80015	Board Member		

**Human Services, Inc.**  
**#84-0429686**  
**Year Ended December 31, 2001**

*Form 990, Part IV-A, Line 22 - Other Income:*

	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
Other income				
Miscellaneous income	\$ 5,132	8,585	27,510	18,204

**Human Services, Inc.**  
**#84-0429686**  
**Year Ended December 31, 2001**

**Form 990, Part I, Line 8d**  
Investment Gains and Losses

The investment transactions are too numerous to efficiently list but are available upon request

Sale of Other Assets (Other than Inventory)

Sale of Employee Assistance Program Contracts	\$ 25,000
Book Value	-
Gain on Sale	<u>\$ 25,000</u>

**Form 990, Part I, Line 9c**

Special Event Revenue	<u>Golf Tournament</u>
Gross Revenue	\$ 66,454
Less Direct Expenses	<u>26,786</u>
	<u>\$ 39,668</u>

**Form 990, Part VIII**

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	
93a	Provides counseling, consultation and educational workshops for employees of local and national corporations and their families
93b	Provides quality sign language and oral interpreting services to the public
93c	Provides therapy to families, individuals, couples and groups seeking emotional support
93g	Receives funding from various government agencies to cover the various program costs related to helping families become strong and self-sufficient
103a	Reimbursement of program related costs

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

## Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Human Services, Inc	Employer identification number 84-0429686
	Number, street, and room or suite no If a P O box, see instructions 6795 E Tennessee Avenue Suite 600	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Denver, CO 80224-1613	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 12/31/01  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form

Signature Suzanne K. Engle Title CPA Date 5/8/02  
For Paperwork Reduction Act Notice see instruction (HTA) Form 8868 (12-2000)