

Return of Organization Exempt From Income Tax

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

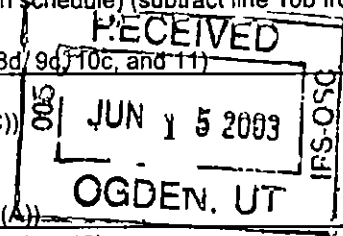
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2002 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Accounting method; G Web site; J ORGANIZATION TYPE; K Check here; L Gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances; 10 b Less cost of goods sold; 10 c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 TOTAL REVENUE; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 TOTAL EXPENSES; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

FILED JUN 30 2003



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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 page 21 of the instructions.)

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 \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	0			
34	Telephone	0			
35	Postage and shipping	0			
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	0			
43	Other expenses not covered above (itemize) a Schedule 2	4,133,925	3,258,024	648,536	227,365
b		0			
c		0			
d		0			
e		0			
f		0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	4,133,925	3,258,024	648,536	227,365

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 page 24 of the instructions)

What is the organization's primary exempt purpose? Schedule 4	Program Service Expenses
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.)	Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.
a The Florence Crittenton School - 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 \$ 0)	1,113,068
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 \$ 0)	551,155
c Counseling Services - provides clinicians to work with clients on-site at other programs in the community (Grants and allocations \$ 0)	57,153
d SPIRIT - provides emergency housing, food transportation assistance, child-care assistance, counseling, and rental assistance to homeless families and individuals (Grants and allocations \$ 0)	559,751
e Other program services (attach schedule) Schedule 4 (Grants and allocations \$ 0)	976,897
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	3,258,024

Part IV Balance Sheets (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		4,061	45	3,661
	46	Savings and temporary cash investments		730,716	46	762,197
	47 a	47a	378,438			
		b	Less allowance for doubtful accounts	8,043	47c	370,395
	48 a	48a	746,212			
		b	Less allowance for doubtful accounts	0	48c	746,212
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	51a	0			
		b	Less allowance for doubtful accounts	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		55,780	53	23,534
	54	Investments - securities Schedule 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		798,332	54	846,813
	55 a	55a	0			
		b	Less accumulated depreciation (attach schedule)	0	55c	0
	56	Investments - other Schedule 3		145,236	56	125,401
	57 a	57a	4,003,285			
		b	Less accumulated depreciation Schedule 3	236,227	57c	3,767,058
58	Other assets (describe <input type="checkbox"/>)		0	58	0	
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		7,945,956	59	6,645,271	
Liabilities	60	Accounts payable and accrued expenses		379,687	60	161,882
	61	Grants payable			61	
	62	Deferred revenue		87,502	62	87,502
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
		b	Mortgages and other notes payable Schedule 5	2,646,355	64b	1,793,455
	65	Other liabilities (describe <input type="checkbox"/> Lease obligations)		8,458	65	299
66	TOTAL LIABILITIES (add lines 60 through 65)		3,122,002	66	2,043,138	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		4,007,090	67	3,815,770
	68	Temporarily restricted		651,886	68	641,219
	69	Permanently restricted		164,978	69	145,144
	Organizations that do not follow SFAS 117, check here <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	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)		4,823,954	73	4,602,133	
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		7,945,956	74	6,645,271	

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 page 26 of the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	4,438,580
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments		\$ -67,232
(2)	Donated services and use of facilities		\$ 532,268
(3)	Recoveries of prior year grants		\$
(4)	Other (specify)		
			\$
	Add amounts on lines (1) through (4)	b	465,036
c	Line a minus line b	c	3,973,544
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		\$ 5,792
(2)	Other (specify)		
			\$
	Add amounts on lines (1) and (2)	d	5,792
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,979,336

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

a	Total expenses and losses per audited financial statements	a	4,660,401
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		\$ 532,268
(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) through (4)	b	532,268
c	Line a minus line b	c	4,128,133
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		\$ 5,792
(2)	Other (specify)		
			\$
	Add amounts on lines (1) and (2)	d	5,792
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,133,925

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

(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 80224-1613	Pres & CEO 40+ hours	106,995	10,583	0
Steve DeVisser 6795 E Tennessee Ave, Ste 600 Denver, CO 80224-1613	Sr VP of Finance & Admin 40+ hours	82,283	2,684	0
Gina Bovee 6795 E Tennessee Ave, Ste 600 Denver, CO 80224-1613	VP of Develop & Comm 40+ hours	50,144	530	0
See Schedule 6 for list of Board of Directors - 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 page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
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		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	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?	82a	X
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)	82b	532,268
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	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	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	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)	87b	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	88	X
89 a	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	89b	X
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
90 a	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, 2002 (See instructions)	90b	103
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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a Employee Assistance Program Fees					100,105
b Interpreter Referrals					233,763
c Counseling Fees					21,061
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,245,791
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13,554	
96 Dividends and interest from securities			14	28,445	
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	2,698	
100 Gain or (loss) from sales of assets other than inventory			18	-29,045	234,917
101 Net income or (loss) from special events			01	31,401	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Misc Revenue					17,557
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		47,053	1,853,194
105 TOTAL (add line 104, columns (B), (D), and (E))					1,900,247

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 page 32 of the instructions)

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 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 page 33 of the instructions)

- (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)

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

[Signature]
Date 5/30/03
PRESIDENT + CEO

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
Supplementary Information - (See separate instructions)

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

OMB No 1545-0047

2002

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
None				
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
1	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 1 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
2	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)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Form 990, Part V	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)		X
4	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 5 of the instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____
- 10 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)
- 11 a 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)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)
- 12 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)
- 13 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,106,680	2,556,481	1,904,258	1,959,678	9,527,097
16 Membership fees received					0
17 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	2,941,544	2,085,324	1,926,225	1,647,194	8,600,287
18 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	60,528	104,881	72,713	83,119	321,241
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Schedule 7	3,161	5,132	8,585	27,510	44,388
23 Total of lines 15 through 22	6,111,913	4,751,818	3,911,781	3,717,501	18,493,013
24 Line 23 minus line 17	3,170,369	2,666,494	1,985,556	2,070,307	9,892,726
25 Enter 1% of line 23	61,119	47,518	39,118	37,175	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 197,855
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 1998 through 2001 exceeded the amount shown in line 26a DO NOT FILE THIS LIST WITH YOUR RETURN Enter the total of all these excess amounts					26b 573,580
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 9,892,726
d Add Amounts from column (e) for lines 18 <u>321,241</u> 19 <u>0</u> 22 <u>44,388</u> 26b <u>573,580</u>					26d 939,209
e Public support (line 26c minus line 26d total)					26e 8,953,517
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 90.51%
27 ORGANIZATIONS DESCRIBED ON LINE 12 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
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27c 0
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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
29	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?		
30	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?		
31	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)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	

35	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	35	

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		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	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		
	The lobbying nontaxable amount is -		
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a)	(b)	(c)	(d)	(e)
Calendar year (or fiscal year beginning in)	2002	2001	2000	1999	Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 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 11 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
X		
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

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

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

Sale of Other Assets (Other than Inventory)

Believing that it could more effectively focus resources to achieve its mission and meet the needs of families and children, HSI began a strategic positioning process in 2001. In connection with this strategic positioning process, HSI made the decision to sell several services. Effective April 1, 2002, HSI sold its Center for Adolescent and Family Support facilities and certain related service contracts to another service provider. Effective July 1, 2002, HSI sold certain furniture and equipment and its interpreter and clientele databases related to its Interpreter Referral services to another organization.

	Adolescent Center	Interpreter Referral Program	Total
Sale Price	\$ 1,205,000	47,000	1,252,000
Book Value and Selling Costs	(1,012,404)	(4,679)	(1,017,083)
Gain on Sale	\$ 192,596	42,321	234,917

Form 990, Part I, Line 9c
Special Event Revenue

	<u>Golf Tournament</u>
Gross Revenue	\$ 74,212
Less Direct Expenses	(42,811)
	\$ <u>31,401</u>

Part I, Line 20

Other changes in net assets

Changes in the value of beneficial interests in charitable trusts	\$ (19,834)
Unrealized loss on investments	(47,398)
	\$ <u>(67,232)</u>

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

Form 990, Part II

Statement of Functional Expenses

	Total Program Services	Management and General	Fund Raising	Total
Salaries	\$ 1,611,504	354,264	141,279	2,107,047
Payroll taxes	117,704	25,169	10,488	153,361
Employee benefits	134,141	32,550	14,380	181,071
Total salaries and related expenses	<u>1,863,349</u>	<u>411,983</u>	<u>166,147</u>	<u>2,441,479</u>
Occupancy	299,374	31,372	8,255	339,001
Client support - Schedule 2	544,143	2,654	17	546,814
Organizational costs	191,869	58,115	5,064	255,048
Professional services	97,298	41,421	13,459	152,178
Office costs	58,617	27,145	5,810	91,572
Staff development	36,730	7,561	4,497	48,788
Marketing/public relations	11,430	36,711	24,116	72,257
Depreciation - Schedule 3	155,214	31,574	-	186,788
Total expenses	<u>\$ 3,258,024</u>	<u>648,536</u>	<u>227,365</u>	<u>4,133,925</u>

Form 990, Part II, Line 23

Specific Assistance to Individuals

Housing	\$ 191,853
Vehicle Purchase and Repair	140,956
Moving & Storage	5,448
Food	33,239
Transportation	38,614
Activities	9,921
Personal Needs	53,296
Program Materials	5,520
Other Supplies	3,642
Stipends	2,347
Property Maintenance	1,166
Loan Defaults	60,812
Total	<u>\$ 546,814</u>

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

Form 990, Part IV, Line 54

Investments - securities at fair market value	\$	2002	
U S Government obligations		287,355	
Mutual funds invested in bond funds		106,953	
Mutual funds invested in equity securities		370,897	
Money market funds and other		81,608	
	\$	<u>846,813</u>	

Form 990, Part IV, Line 56

Investments - Other		2002	
Beneficial interest in perpetual trusts	\$	<u>125,401</u>	

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

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

Land, buildings, and equipment	12/31/01 Balance	Additions	Deletions	12/31/02 Balance
Building and land	4,415,132	53,556	(1,003,820)	3,464,868
Construction in progress	-	34,289	-	34,289
Furniture and equipment	793,698	68,520	(405,034)	457,184
Equipment held under capital leases	32,392		(11,200)	21,192
Vehicles	61,747	-	(35,995)	25,752
Total	<u>5,302,969</u>	<u>156,365</u>	<u>(1,456,049)</u>	<u>4,003,285</u>
Accumulated depreciation	<u>516,124</u>	<u>186,788</u>	<u>(466,685)</u>	<u>236,227</u>
Net book value	<u>4,786,845</u>			<u>3,767,058</u>

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

Form 990, Part III

The organization's exempt purpose is to support and enhance the strengths and skills of young families that lead to sustained self-sufficiency and healthy communities

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	\$ 221,799
Interpreter Referral Program - provides quality sign language and oral interpreting services throughout Colorado	208,171
Employee Assistance Program - offers counseling, consultation and educational workshops for employees of local and national corporations and their families	61,206
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	136,903
Young Families Program - provides other services to support and enhance the strengths and skills of young families that lead to self-sufficiency and healthy communities	163,623
Transportation Program - provides funding for the acquisition of vehicles, repair & maintenance of vehicles, and vehicle insurance to enable families to be self-sufficient	<u>185,195</u>
Total other program service expenses	\$ <u><u>976,897</u></u>

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

Form 990, Part IV, Line 64b

Mortgages and other notes payable

Description	2002
6% note payable to Ford Credit, due in monthly principal and interest installments of \$482, through February 2004, collateralized by a vehicle	\$ 6,506
Note payable with a bank, due in monthly principal and interest installments of \$12,572, final payment of unpaid principal and accrued interest is due March 2012, collateralized by certain property	1,475,080
Note payable with the City and County of Denver Due in monthly principal and interest installments of \$2,310 Final payment of unpaid principal and accrued interest is due July 2010, collateralized by certain property	<u>311,869</u>
	<u>\$ 1,793,455</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
- 100 Sale of assets and service contracts related to program services that are no longer used to achieve HSI's mission
- 103a Reimbursement of program related costs

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

<u>Name and Address</u>	<u>Title</u>	<u>Name and Address</u>	<u>Title</u>
Ron Tilton 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Chairperson	Pat Glinsky 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Peg Brown 6795 E Tennessee Ave., Ste 600 Denver, CO 80224	Vice Chairperson	Bill Johnson 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Elaine Torres 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Secretary	Patti Klinge 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Stephen A Bain 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member	Tamela Lee 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Ellen Balaguer 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member	Brian Marston 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Gregory W Berger 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member	Carolyn Schaefer Wollard 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Jerome Buckley 6795 E Tennessee Ave., Ste 600 Denver, CO 80224	Board Member	Karen Spies 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Juan Calderón 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member	Laura J Wegscheid 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member
Karen Frey 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member		
K C Gallagher 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Board Member		

Human Services, Inc.
#84-0429686
Year Ended December 31, 2002

Form 990, Part IV-A, Line 22:

Other income

	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>
Miscellaneous income	\$ <u>3,161</u>	<u>5,132</u>	<u>8,585</u>	<u>27,510</u>

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

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

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
- For Paperwork Reduction Act Notice, see Instruction

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 2002 or 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

3 a 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 \$ _____ 0

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 \$ _____ 0

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 \$ _____ 0

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 5/2/03

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)