

Change of Accounting Period (Schedule 3)

Form **990**

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)

OMB No 1545-0047

2002
2002

Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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

A For the 2002 calendar year, or tax year beginning 1/1/2003 **and ending** 6/30/2003

- B Check if applicable**
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
Human Services, Inc

Number and street (or P O box if mail is not delivered to street address) Room/suite
6795 E Tennessee Avenue

City or town State or country ZIP + 4
Denver CO 80224-1613

D Employer identification number
84-0429686

E Telephone number
(303) 321-6363

F Accounting method Cash Accrual
 Other (specify) _____

• Section 601(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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

G Web site ▶ www.humanservicesinc.org

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,618,624

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	285,173		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	321,014		
	d	TOTAL (add lines 1a through 1c) (cash \$ 606,187 noncash \$)	1d		606,187	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		500,471	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		4,081	
	5	Dividends and interest from securities	5		12,171	
	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 ▶ Income from perpetual trust)	7		248		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		493,964	8a			
		560,144	8b			
		-66,180	8c	0		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-66,180		
9	Special events and activities (attach schedule)	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
		b	Less direct expenses other than fundraising expenses	9b		
		c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less cost of goods sold	10b		
		c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0
11	Other revenue (from Part VII, line 103)	11		1,502		
12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,058,480		
Expenses	13	Program services (from line 44, column (B))	13		1,283,964	
	14	Management and general (from line 44, column (C))	14		350,710	
	15	Fundraising (from line 44, column (D))	15		118,772	
	16	Payments to affiliates (attach schedule)	16			
	17	TOTAL EXPENSES (add lines 16 and 44, column (A))	17		1,753,446	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-694,966	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,602,133	
	20	Other changes in net assets or fund balances (attach explanation) Schedule 1	20		89,195	
	21	NET ASSETS OR FUND BALANCES AT END OF YEAR (combine lines 18, 19, and 20)	21		3,996,362	

(HTA) For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2002)

REVENUE SCANNED JAN 07 04

RECEIVED
OGDEN, UT
JAN 8 2003
IRS

12

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 1	1,753,446	1,283,964	350,710	118,772
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	1,753,446	1,283,964	350,710	118,772

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

Statement of Program Service Accomplishments (See page 24 of the instructions)

What is the organization's primary exempt purpose? Schedule 3	Program Service Expenses
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. The school also operates an on-site Infant/Toddler Development Center for the children of the teen mothers. (Grants and allocations \$ _____)	588,477
b The Young Families Program - provides services to young fathers which address the parenting, education and job readiness training needs of young fathers, helps families access transitional housing and support services to build on their life skills, provides financial literacy services and low-interest loans to working parents. (Grants and allocations \$ _____)	695,487
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	1,283,964

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		3,661	45	3,580	
	46	Savings and temporary cash investments		762,197	46	508,997	
	47 a	47a	277,456				
		b	47b	8,043	370,395	47c	269,413
	48 a	Pledges receivable					
		b	48a	149,542			
			48b	0	746,212	48c	149,542
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51 a	Other notes and loans receivable (attach schedule)					
		b	51a	0			
			51b	0	0	51c	0
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		23,534	53	22,314	
	54	Investments - securities Schedule 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		846,813	54	870,738	
55 a	Investments - land, buildings, and equipment basis						
	b	55a	0				
		55b	0	0	55c	0	
56	Investments - other (attach schedule) Schedule 3		125,401	56	133,708		
57 a	Land, buildings, and equipment basis						
	b	57a	4,012,698				
		57b	318,576	3,767,058	57c	3,694,122	
58	Other assets (describe <input type="checkbox"/> Lease obligations)		0	58	0		
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		6,645,271	59	5,652,414		
Liabilities	60	Accounts payable and accrued expenses		161,882	60	160,730	
	61	Grants payable			61		
	62	Deferred revenue		87,502	62	9,500	
	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 (attach schedule) Schedule 4		1,793,455	64b	1,485,822
	65	Other liabilities (describe <input type="checkbox"/> Lease obligations)		299	65	0	
66	TOTAL LIABILITIES (add lines 60 through 65)		2,043,138	66	1,656,052		
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		3,815,770	67	3,524,112	
	68	Temporarily restricted		641,219	68	318,800	
	69	Permanently restricted		145,144	69	153,450	
	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)		4,602,133	73	3,996,362	
	74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		6,645,271	74	5,652,414	

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	1,405,211		
b	Amounts included on line a but not on line 12, Form 990				
(1)	Net unrealized gains on investments \$ 89,195				
(2)	Donated services and use of facilities \$ 260,491				
(3)	Recoveries of prior year grants \$				
(4)	Other (specify)				
	Add amounts on lines (1) through (4)	b	349,686		
c	Line a minus line b	c	1,055,525		
d	Amounts included on line 12, Form 990 but not on line a				
(1)	Investment expenses not included on line 6b, Form 990 \$ 2,955				
(2)	Other (specify)				
	Add amounts on lines (1) and (2)	d	2,955		
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,058,480		

Part IV-B		Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
a	Total expenses and losses per audited financial statements	a	2,010,982		
b	Amounts included on line a but not on line 17, Form 990				
(1)	Donated services and use of facilities \$ 260,491				
(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	260,491		
c	Line a minus line b	c	1,750,491		
d	Amounts included on line 17, Form 990 but not on line a				
(1)	Investment expenses not included on line 6b, Form 990 \$ 2,955				
(2)	Other (specify)				
	Add amounts on lines (1) and (2)	d	2,955		
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,753,446		

Part IV 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 Keleshian 6795 E Tennessee Ave, Ste 600 Denver, CO 80224-1613	President & CEO 40+	53,127	6,716	0
Steve DeVisser 6795 E Tennessee Ave, Ste 600 Denver, CO 80224-1613	Sr VP of Finance & Admin 40+	41,089	379	0
See Schedule 5 for list of Board of Directors - None received compensation of any kind		0	0	0

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

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 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	260,491
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 N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	85a	N/A 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 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 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 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	50
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

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

Note	Enter gross amounts unless otherwise indicated	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	
93	Program service revenue					
a	Employee Assistance Program Fees					12,231
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					488,240
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	4,081	
96	Dividends and interest from securities			14	12,171	
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	248	
100	Gain or (loss) from sales of assets other than inventory			18	-66,180	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Misc Revenue					1,502
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		-49,680	501,973
105	TOTAL (add line 104, columns (B), (D), and (E))					452,293

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

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 4

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	%			
	%			
	%			
	%			

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)

Please print name: Margaret M. Kelesian Date: 12/23/03
 Title: PRESIDENT - CEO
 Declaration: 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.

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	

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)? See 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	

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)	2,352,314	3,106,680	2,556,481	1,904,258	9,919,733
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	1,624,776	2,941,544	2,085,324	1,926,225	8,577,869
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	44,697	60,528	104,881	72,713	282,819
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 6	17,557	3,161	5,132	8,585	34,435
23 Total of lines 15 through 22	4,039,344	6,111,913	4,751,818	3,911,781	18,814,856
24 Line 23 minus line 17	2,414,568	3,170,369	2,666,494	1,985,556	10,236,987
25 Enter 1% of line 23	40,393	61,119	47,518	39,118	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 204,740
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 663,189
c Total support for section 509(a)(1) test Enter line 24 column (e)					26c 10,236,987
d Add Amounts from column (e) for lines 18 <u>282,819</u> 19 <u>0</u>					26d 980,443
22 <u>34,435</u> 26b <u>663,189</u>					26e 9,256,544
e Public support (line 26c minus line 26d total)					26f 90.42%
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					
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>					27c 0
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27d 0
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27g 0.00%
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					
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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
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		
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		

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) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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	41	0 0
	\$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)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) 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	
	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
Six Months Ended June 30, 2003

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

Part I, Line 20

Other changes in net assets

Changes in the value of beneficial interests in charitable trusts	\$	8,306
Unrealized gain on investments		<u>80,889</u>
	\$	<u><u>89,195</u></u>

Form 990, Part II

Statement of Functional Expenses

	<u>Total</u>	<u>Program</u>	<u>Management and General</u>	<u>Fund Raising</u>
Salaries	\$ 837,066	614,010	151,015	72,041
Payroll taxes	61,817	45,024	11,403	5,390
Employee benefits	<u>107,400</u>	<u>78,247</u>	<u>19,015</u>	<u>10,138</u>
Total salaries and related expenses	<u>1,006,283</u>	<u>737,281</u>	<u>181,433</u>	<u>87,569</u>
Occupancy	195,363	100,471	83,801	11,091
Client support - Schedule 2	269,257	268,133	1,124	-
Organizational costs	125,869	76,558	39,311	10,000
Professional services	22,067	-	22,067	-
Office costs	29,546	19,336	8,260	1,950
Staff development	9,118	7,636	1,080	402
Marketing/public relations	13,594	788	5,046	7,760
Depreciation - Schedule 2	<u>82,349</u>	<u>73,761</u>	<u>8,588</u>	<u>-</u>
Total expenses	<u><u>\$ 1,753,446</u></u>	<u><u>1,283,964</u></u>	<u><u>350,710</u></u>	<u><u>118,772</u></u>

Human Services, Inc.
#84-0429686
Six Months Ended June 30, 2003

Form 990, Part II, Line 23

Specific Assistance to Individuals

Housing	\$ 109,330
Vehicle Purchase and Repair	14,192
Moving & Storage	410
Food	29,022
Transportation	19,328
Activities	8,833
Personal Needs	56,274
Program Materials	1,897
Other Supplies	1,343
Stipends	11,531
Property Maintenance	45
Loan Defaults	17,052
Total	<u>\$ 269,257</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

	<u>12/31/02</u>			<u>6/30/03</u>
	<u>Balance</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u>
Building and land	\$ 3,464,868			3,464,868
Construction in progress	34,289	6,853		41,142
Furniture and equipment	478,376	2,560		480,936
Vehicles	25,752			25,752
Total	<u>\$ 4,003,285</u>	<u>9,413</u>	<u>-</u>	<u>4,012,698</u>
Accumulated depreciation	<u>236,227</u>	<u>82,349</u>		<u>318,576</u>
Net book value	<u>\$ 3,767,058</u>			<u>3,694,122</u>

Human Services, Inc.
#84-0429686
Six Months Ended June 30, 2003

Form 990, Part IV, Line 54

Investments - securities at fair market value	<u>6/30/2003</u>
U S Government obligations	\$ 24,961
Corporate Bonds	71,928
Mutual funds invested in bond funds	88,209
Mutual funds invested in equity securities	221,662
Money market funds and other	463,978
	<u>\$ 870,738</u>

Form 990, Part IV, Line 56

Investments - Other	<u>6/30/2003</u>
Beneficial interest in perpetual trusts	\$ <u>133,708</u>

Form 990, Part III

Organization's primary exempt purpose

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

Change in accounting period

Human Services, Inc has changed its reporting year from a calendar year to a fiscal year ending June 30th. The accompanying Form 990 is submitted for the six month period from January 1, 2003 to June 30, 2003. This change is in accordance with Revenue Procedure 85-58. Human Services, Inc has not changed its fiscal year within the last ten years.

Human Services, Inc.
#84-0429686
Six Months Ended June 30, 2003

Form 990, Part IV, Line 64b

Mortgages and other notes payable

Description	6/30/2003
6% note payable to Ford Credit, due in monthly principal and interest installments of \$482, through February 2004, collateralized by a vehicle	\$ 3,773
Note payable with a bank, due in monthly principal and interest installments of \$8,396, final payment of unpaid principal and accrued interest is due March 2012, collateralized by certain property	1,176,306
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>305,743</u>
	<u>\$ 1,485,822</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
- 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

Human Services, Inc.
#84-0429686
Six Months Ended June 30, 2003

<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	Director	Pat Glinsky 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Peg Brown 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Chairperson	Patti Klinge 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Secretary
Elaine Torres 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director	Brian Marston 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Stephen A Bain 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director	Carolyn Schaefer Wollard 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Ellen Balaguer 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director	Karen Spies 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Gregory W Berger 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director	Laura J Wegscheid 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Jerome Buckley 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director	K C Gallagher 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director
Juan Calderón 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Vice-Chairperson	Karen Frey 6795 E Tennessee Ave , Ste 600 Denver, CO 80224	Director

Human Services, Inc.
#84-0429686
Six Months Ended June 30, 2003

Schedule A, Part IV-A, Line 22:

Other income

	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
Miscellaneous income	\$ <u>17,557</u>	<u>3,161</u>	<u>5,132</u>	<u>8,585</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 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 Ave	
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 80224-1613	

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 2/16/2004 to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year _____ or tax year beginning 1/1/2003, and ending 6/30/2003

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 11/9/03

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