

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 7/1/2003, and ending 6/30/2004

B Check if applicable:

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: Human Services, Inc
D Employer Identification number: 84-0429686
E Telephone number: 303-321-6363
F Accounting method: Accrual

G Website: www.humanservicesinc.org

J Organization type (check only one): 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? No
H(b) If "Yes," enter number of affiliates: N/A
H(c) Are all affiliates included? N/A
H(d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number: N/A

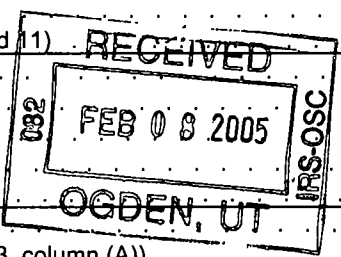
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,898,814

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning/end of year.

SCANNED FEB 15 2005



**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 22 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 \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals ( Schedule 2	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. Schedule 2	0			
43	Other expenses not covered above (itemize) a Schedule 1	2,973,205	2,207,641	525,163	240,401
b	-----	0			
c	-----	0			
d	-----	0			
e	-----	0			
f	-----	0			
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	2,973,205	2,207,641	525,163	240,401

**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 25 of the instructions.)

What is the organization's primary exempt purpose?  Schedule 3

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

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

a	The Florence Crittenton School - provides comprehensive support services and education for pregnant and parenting teen mothers. The young moms earn credits toward graduation from high school, learning parenting and job skills, establish workable career plans and build their self-esteem. The school also operates an on-site Infant/Toddler Learning Center for the children of the teen moms (Grants and allocations \$ 0)	1,109,143
b	Young Families Services - provides case management for young families, helping them meet their education, housing and employment needs, and address the parenting, financial, personal and life skills issues necessary to achieve lasting self-sufficiency. (Grants and allocations \$ 0)	1,098,498
c	----- (Grants and allocations \$ )	
d	----- (Grants and allocations \$ )	
e	Other program services (attach schedule) (Grants and allocations \$ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	2,207,641

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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
<b>Assets</b>	<b>45</b>	Cash—non-interest-bearing . . . . .		3,580	<b>45</b>	1,087
	<b>46</b>	Savings and temporary cash investments . . . . .		508,997	<b>46</b>	348,987
	<b>47 a</b>	Accounts receivable . . . . .	170,019		/	
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	15,012	269,413	<b>47c</b>	155,007
	<b>48 a</b>	Pledges receivable . . . . .	242,810		/	
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	0	149,542	<b>48c</b>	242,810
	<b>49</b>	Grants receivable . . . . .			<b>49</b>	
	<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50</b>	0
	<b>51 a</b>	Other notes and loans receivable (attach schedule) . . . . .	0		/	
	<b>b</b>	Less: allowance for doubtful accounts . . . . .	0	0	<b>51c</b>	0
	<b>52</b>	Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b>	Prepaid expenses and deferred charges . . . . .		22,314	<b>53</b>	19,664
	<b>54</b>	Investments—securities Schedule 3 <span style="float: right;"><input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV</span>		870,738	<b>54</b>	698,071
	<b>55 a</b>	Investments—land, buildings, and equipment: basis . . . . .	0		/	
	<b>b</b>	Less: accumulated depreciation (attach schedule) . . . . .	0	0	<b>55c</b>	0
<b>56</b>	Investments—other (attach schedule) Schedule 3		133,708	<b>56</b>	147,414	
<b>57 a</b>	Land, buildings, and equipment: basis . . . . .	4,264,176		/		
<b>b</b>	Less: accumulated depreciation (attach schedule) Schedule 2	482,655	3,694,122	<b>57c</b>	3,781,521	
<b>58</b>	Other assets (describe <span style="float: right;">▶ _____</span> )		0	<b>58</b>	0	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		5,652,414	<b>59</b>	5,394,561	
<b>Liabilities</b>	<b>60</b>	Accounts payable and accrued expenses . . . . .		160,730	<b>60</b>	127,323
	<b>61</b>	Grants payable . . . . .			<b>61</b>	
	<b>62</b>	Deferred revenue . . . . .		9,500	<b>62</b>	20,296
	<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b>	0
	<b>64 a</b>	Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b>	0
	<b>b</b>	Mortgages and other notes payable (attach schedule) Schedule 4		1,485,822	<b>64b</b>	1,434,512
	<b>65</b>	Other liabilities (describe <span style="float: right;">▶ _____</span> )		0	<b>65</b>	0
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)		1,656,052	<b>66</b>	1,582,131	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				/	
	<b>67</b>	Unrestricted . . . . .		3,524,112	<b>67</b>	3,267,158
	<b>68</b>	Temporarily restricted . . . . .		318,800	<b>68</b>	378,116
	<b>69</b>	Permanently restricted . . . . .		153,450	<b>69</b>	167,156
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				/	
	<b>70</b>	Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
	<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		3,996,362	<b>73</b>	3,812,430
	<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		5,652,414	<b>74</b>	5,394,561

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 27 of the instructions )

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	3,270,591
<b>b</b>	Amounts included on line a but not on line 12, Form 990:			
(1)	Net unrealized gains on investments	\$ 59,405		
(2)	Donated services and use of facilities	\$ 487,163		
(3)	Recoveries of prior year grants	\$		
(4)	Other (specify)	\$		
	Add amounts on lines (1) through (4)		<b>b</b>	546,568
<b>c</b>	Line a minus line b		<b>c</b>	2,724,023
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:			
(1)	Investment expenses not included on line 6b, Form 990	\$ 5,845		
(2)	Other (specify)	\$		
	Add amounts on lines (1) and (2)		<b>d</b>	5,845
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)		<b>e</b>	2,729,868

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	3,454,523
<b>b</b>	Amounts included on line a but not on line 17, Form 990:			
(1)	Donated services and use of facilities	\$ 487,163		
(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>b</b>	487,163
<b>c</b>	Line a minus line b		<b>c</b>	2,967,360
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:			
(1)	Investment expenses not included on line 6b, Form 990	\$ 5,845		
(2)	Other (specify)	\$		
	Add amounts on lines (1) and (2)		<b>d</b>	5,845
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)		<b>e</b>	2,973,205

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 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
Name <u>Noreen M. Keleshian</u> Str <u>6795 E Tennessee Ave, Ste 600</u> City <u>Denver</u> ST <u>CO</u> ZIP <u>80224-1613</u>	Title <u>President &amp; CEO</u> Hr/WK <u>40+</u>	112,085	8,032	0
Name <u>Jerith L. Gronski</u> Str <u>6795 E Tennessee Ave, Ste 600</u> City <u>Denver</u> ST <u>CO</u> ZIP <u>80224-1613</u>	Title <u>VP of Marketing</u> Hr/WK <u>40+</u>	49,583	237	0
Name <u>Sylvia Milanese</u> Str <u>2600 W. 29th Ave.</u> City <u>Denver</u> ST <u>CO</u> ZIP <u>80211</u>	Title <u>VP of Prog Svcs</u> Hr/WK <u>40+</u>	59,278	301	0
Name <u>See Schedule 5 for list of Board</u> Str City <u>of Directors - None received</u> ST ZIP	Title Hr/WK	0	0	0
Name <u>compensation of any kind</u> Str City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			
Name City ST ZIP	Title Hr/WK			

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 28 of the instructions

Part VI Other Information (See page 28 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 and 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	487,163
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, 2003 (See instructions.)	90b	50
91	The books are in care of <u>Name Human Services, Inc.</u> Telephone no <u>303-321-6363</u> Located at <u>6795 E. Tennessee Ave., Ste. 600 Denver</u> ST <u>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 33 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 Childcare and counseling fees					37,283
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					218,670
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,610	
96 Dividends and interest from securities			14	25,579	
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	411	
100 Gain or (loss) from sales of assets other than inventory			18	11,901	
101 Net income or (loss) from special events			01	23,745	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue.   a Misc. revenue					33,845
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		66,246	289,798
105 Total (add line 104, columns (B), (D), and (E))					356,044

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 34 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).
93a	Provides childcare, counseling and education for families to achieve lasting self-sufficiency.
93g	Funding from government agencies to cover the various program costs related to helping families become strong and self-sufficient.
103a	Reimbursement of program related costs.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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 sign: Margen M. Keleslian      Date: Jan. 31, 2005  
 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  
PRESIDENT + CEO

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

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

OMB No 1545-0047

(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.)

**2003**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Human Services, Inc.

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
Name Str None ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

**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
Name Str None ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 2a-2d. Sale, exchange, or leasing of property; Lending of money...; Furnishing of goods...; Payment of compensation...; 2e. Transfer of any part of its income or assets?; 3a. Do you make grants for scholarships...; 3b. Do you have a section 403(b) annuity plan...; 4. Did you maintain any separate account for participating donors...

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

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

- 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. [X] 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... and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income...
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.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes empty rows for data entry.

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,202,857	2,352,314	3,106,680	2,556,481	9,218,332
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	523,451	1,624,776	2,941,544	2,085,324	7,175,095
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,500	44,697	60,528	104,881	226,606
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,502	17,557	3,161	5,132	27,352
<b>23</b> Total of lines 15 through 22	1,744,310	4,039,344	6,111,913	4,751,818	16,647,385
<b>24</b> Line 23 minus line 17	1,220,859	2,414,568	3,170,369	2,666,494	9,472,290
<b>25</b> Enter 1% of line 23	17,443	40,393	61,119	47,518	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					189,446
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					749,162
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					9,472,290
<b>d</b> Add: Amounts from column (e) for lines:					
18 226,606      19 0					
22 27,352      26b 749,162					
<b>e</b> Public support (line 26c minus line 26d total)					8,469,170
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					89.41%
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					N/A
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add: Amounts from column (e) for lines:					
15 0      16 0					
17 0      20 0      21 0					
<b>d</b> Add: Line 27a total and line 27b total					0
<b>e</b> Public support (line 27c total minus line 27d total)					0
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A

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

		N/A	
		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

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



**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

**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	\$ 13,706
Unrealized gain on investments	45,699
	<u>\$ 59,405</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	\$ 1,496,502	1,071,257	268,062	157,183
Payroll taxes	109,933	80,964	17,467	11,502
Employee benefits	<u>210,091</u>	<u>148,886</u>	<u>33,987</u>	<u>27,218</u>
Total salaries and related expenses	<u>1,816,526</u>	<u>1,301,107</u>	<u>319,516</u>	<u>195,903</u>
Occupancy	253,529	176,781	48,203	28,545
Client support - Schedule 2	415,396	415,396	-	-
Organizational costs	195,935	119,445	74,708	1,782
Professional services	51,963	3,775	46,133	2,055
Office costs	45,715	29,064	13,447	3,204
Staff development	16,552	11,626	1,561	3,365
Marketing/public relations	13,510	663	7,300	5,547
Depreciation - Schedule 2	<u>164,079</u>	<u>149,784</u>	<u>14,295</u>	<u>-</u>
Total expenses	<u>\$ 2,973,205</u>	<u>2,207,641</u>	<u>525,163</u>	<u>240,401</u>

**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

**Form 990, Part II, Line 23**

Specific Assistance to Individuals:

Housing	\$ 244,324
Food	19,291
Transportation	20,853
Activities	9,990
Personal Needs	49,388
Program Materials	4,693
Other Supplies	2,712
Stipends	13,848
Loan Defaults	<u>50,297</u>
Total	<u>\$ 415,396</u>

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

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

	<u>6/30/03</u> <u>Balance</u>	<u>Additions/</u> <u>Depreciation</u>	<u>Deletions/</u> <u>Reclass</u>	<u>6/30/04</u> <u>Balance</u>
Building and land	\$ 3,464,868	276,951	-	3,741,819
Construction in progress	41,142	235,809	(276,951)	-
Furniture and equipment	480,936	15,669	-	496,605
Vehicles	<u>25,752</u>	<u>-</u>	<u>-</u>	<u>25,752</u>
Total	<u>\$ 4,012,698</u>	<u>528,429</u>	<u>(276,951)</u>	<u>4,264,176</u>
Accumulated depreciation	<u>318,576</u>	<u>164,079</u>	<u>-</u>	<u>482,655</u>
Net book value	<u>\$ 3,694,122</u>	<u>-</u>	<u>-</u>	<u>3,781,521</u>

**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

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

Special Event Revenue:

	<u>Golf Tournament</u>
Gross revenue	\$ 40,850
Less: direct expenses	<u>(17,105)</u>
	<u>\$ 23,745</u>

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

Investments - securities at fair market value:

	<u>6/30/2004</u>
Municipal bonds	\$ 39,617
Corporate bonds	239,055
Mutual funds invested in equity securities	399,999
Money market funds and other	<u>19,400</u>
	<u>\$ 698,071</u>

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

Investments - Other:

	<u>6/30/2004</u>
Beneficial interest in perpetual trusts	\$ <u>147,414</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.

**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

*Form 990, Part IV, Line 64b*

Mortgages and other notes payable:

**Description**

**6/30/2004**

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.

\$ 1,140,040

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.

294,472

\$ 1,434,512

**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

<u>Name and Address</u>	<u>Title</u>	<u>Name and Address</u>	<u>Title</u>
Stephen A. Bain 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director	Doug Hock 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Ellen Balaguer 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director	Patti Klinge 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Secretary
Gregory W. Berger 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director	Marion Leggett 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Peg Brown 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Chairperson	Brian Marston 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Jerome Buckley 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director	Karen Spies 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Juan Calderón 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Vice-Chairperson	Ron Tilton 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Linda Clark 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director	Laura J. Wegscheid 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director
Pat Glinsky 6795 E. Tennessee Ave., Ste. 600 Denver, CO 80224	Director		

**Human Services, Inc.**  
**#84-0429686**  
**Fiscal Year Ended June 30, 2004**

***Schedule A, Part IV-A, Line 22:***

Other income

	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
Miscellaneous income	\$ <u>1,502</u>	<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

<b>Type or print</b>	Name of Exempt Organization Human Services, Inc.	Employer identification number 84-0429686
	Number, street, and room or suite no. If a P.O. box, see instructions. 6795 E. Tennessee Avenue	
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	

**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 2/15/2005 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 7/1/2003, and ending 6/30/2004

**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 ▶ 11/8/04

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