Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

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

2023 Open to Public Inspection

OMB No. 1545-0047

and ending For the 2023 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: VOLUNTEERS IN SERVICE Address change 38-2673588 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 616-459-7500 PO BOX 8215 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated GRAND RAPIDS MI 49518 201,970 G Gross receipts S Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending REBECCA GATES 7730 EASTERN AVENUE SE H(b) Are all subordinates included? GRAND RAPIDS MI 49518 If "No." attach a list. See instructions X 501(c)(3) 501(c) ) (insert no.) 4947(a)(1) or WWW.VISGR.ORG Website: H(c) Group exemption number X Corporation Year of formation: 1986 Form of organization: M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENABLE CHURCHES TO BE CHRIST'S CARING SERVANTS IN THEIR COMMUNITIES. Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 9 6 Total number of volunteers (estimate if necessary) 1820 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 230. 737 201,945 Revenue 0 0 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20 25 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 230,757 201,970 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 189,080 151.115 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 40,452 25,535 27,279 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 214,615 178,394 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 16,142 23,576 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 183,891 161,532 20 Total assets (Part X, line 16) 6,372 5,155 21 Total liabilities (Part X, line 26) 155,160 178,736 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIRECTOR Here BERNITA TUINENGA Type or print name and title Print/Type preparer's name Preparer's signature Check Paid JAYNE E. VENLET 05/08/24 self-employed P00585722 JAYNE E. VENLET Preparer MEYAARD TOLMAN & VENLET P.C. 38-2598193 Firm's name **Use Only** P.O. BOX 320 ZEELAND, MI 49464 616-772-1901 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

# Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Altri II		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	200.0		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ı i	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Forn	1 990 (2023) VOLUNTEERS IN SERVICE	38-2673588		F	age 4
-	art IV Checklist of Required Schedules (continued)				
			7	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or	for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about con				l)
	organization's current and former officers, directors, trustees, key employees, an	nd nignest compensated	23		x
240	employees? If "Yes," complete Schedule J		23		A
24a	Did the organization have a tax-exempt bond issue with an outstanding principa \$100,000 as of the last day of the year, that was issued after December 31, 200				
	through 24d and complete Schedule K. If "No," go to line 25a	2: II Tes, answer lines 240	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a tempor	any period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow		1118		
·	to defease any tax-exempt bonds?	at any time during the year	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization		240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Sched		25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a		23a		
b	year, and that the transaction has not been reported on any of the organization's				
	If "Yes," complete Schedule L, Part I	s phor rounts 990 or 990-LZ:	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables fr	om or payables to any current	10.10		
20	or former officer, director, trustee, key employee, creator or founder, substantial				
	controlled entity or family member of any of these persons? If "Yes," complete S		26		x
27	Did the organization provide a grant or other assistance to any current or former	at state at a factor of the state of the sta	-1010		
21	employee, creator or founder, substantial contributor or employee thereof, a gra				
	member, or to a 35% controlled entity (including an employee thereof) or family				
	persons? If "Yes," complete Schedule L, Part III	member of any of these	27		X
28	Was the organization a party to a business transaction with one of the following	narties? (See the Schedule	12170		
	L, Part IV, instructions for applicable filing thresholds, conditions, and exception		10000000000000000000000000000000000000		
а	A current or former officer, director, trustee, key employee, creator or founder, or		033939393	X	0.000
a	"Yes," complete Schedule L, Part IV	of Substantial Contributor: If	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Sch	edule I Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations describe		1000		
•	"Yes," complete Schedule L, Part IV	a in this 200 of 200 . If	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes	es." complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other sir	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none ===		
	conservation contributions? If "Yes," complete Schedule M	,	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If ")	/es." complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its				
	complete Schodule N. Port II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the or	ganization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	g	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," comp		102020		
	or IV and Part V line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(t	))(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in		10000		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete So		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to a				
			36		X
37	Did the organization conduct more than 5% of its activities through an entity that				
•	and that is treated as a partnership for federal income tax purposes? If "Yes," co		37		x
38	Did the organization complete Schedule O and provide explanations on Schedu				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
P	art V Statements Regarding Other IRS Filings and Tax C		1		*
	Check if Schedule O contains a response or note to ar				
			Nacconstant	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				
c	Did the organization comply with backup withholding rules for reportable payme				

reportable gaming (gambling) winnings to prize winners?

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		*			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		×	2b	X	
3a			**************************************	_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth			4.4.4.4.4.4.4.4.		
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac			4a		x
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (	FBAR).			
5a	Most the ergonization a porty to a prohibited toy abolter transaction at any time during the toy year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			6-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			(18-8) + (18-8-18-3		
	arganization collect any contributions that were not toy dod satisfic an aboritable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			(Action of the Control		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			Territoria di esta del esta di constituire di const		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		50000000000000000000000000000000000000	19(0) 9 (0) 9 (0)		
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	14-010-010-019-3		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		9			
	and the second s			8		
9	Sponsoring organizations maintaining donor advised funds.	110101	ensiona i minim	17.717.715.716.7		
а	Did the appropriate apprication make any toyothe distribution under section 40002		******	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:			1727.737023		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	3				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year was a second during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any nayments for indeer tanning convices during the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			T0466685 1892 1		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activitie	s				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					A SHEET

Forn	n 990 (2023) VOLUNTEERS IN SERVICE 38-2673588				F	age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ugh 7b b	elow, and	for a "N	lo"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Sche	dule O. Se	e instru	ctions	
	Check if Schedule O contains a response or note to any line in this Part VI	garagayagas	i i i i i i i i i i i i i i i i i i i		rindiv	X
Sec	ction A. Governing Body and Management					
		a (			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	_1b_	10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?		15555555555	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct					٠,,
	supervision of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	-	X
6	Did the organization have members or stockholders?			6	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			_		₹.
<b>L</b>	one or more members of the governing body?		annan stere	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					x
8	stockholders, or persons other than the governing body?	by the fe	amasasana.	7b		
	The governing heady?		_	8a	х	HHHHE!
a b				O.	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			80		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal Re	evenue C			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	93193 Ja . 23	404444	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling				Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflic	ts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done	ronsviposes		12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?					X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			4.56	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
_	organization's exempt status with respect to such arrangements?	0.000.000		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 501(	c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply					
	Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st policy,				
00	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	IS.				

7730 EASTERN AVENUE SE

MI 49518

THE BOARD OF DIRECTORS

GRAND RAPIDS

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

<b>(A)</b> Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstilutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) BERNITA TUINENGA		П							-
	25.00								
EXECUTIVE DIRECTOR	0.00			X			41,561	0	1,247
(2) REBECCA GATES	2.00								
PRESIDENT	0.00	$ \mathbf{x} $		х			0	o	0
(3) ANDY BASSFORD	0.00	A		^			0		<u> </u>
(3) ANDI BASSFORD	2.00								
TREASURER	0.00	$ \mathbf{x} $		x			o	o	0
(4) HEIDI VANDERLAAN	0.00	22			_				
(-)	2.00								
SECRETARY	0.00	x		x			0	0	0
(5) KRISTEN BUTER									
(0,	1.00								
DIRECTOR	0.00	x					0	0	0
(6) DUKE GRAY									
``	1.00								
DIRECTOR	0.00	x					o	o	0
(7) JORDAN LEAMAN									-
**********	1.00								
DIRECTOR	0.00	X					0	0	0
(8) STEVE MEYER									
	1.00								
DIRECTOR	0.00	X		_			0	0	0
(9) KEZIA PHAN									
(5) 1 1 ( 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00								
DIRECTOR	0.00	X	Ш				0	0	0
(10) MICHELLE SCHAT									
	1.00								
DIRECTOR	0.00	X					0	0	0
(11) BRUCE SIENKOWSKI	1.00								
DIRECTOR	0.00	x					o	0	0

(12)  (13)  (14)  (15)  (14)  (15)  (16)  (17)  (18)  (19)		rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey Eı	mplo	yee	s, ar	nd Highest Compensated	Employees (continued)	ı ayc
Pot sale	***************************************	(A)	(B) Average	(c	do not	Pos check ess pe	C) sition more erson i	than d	one an	(D) Reportable compensation	(E) Reportable	Estimated amount
(13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (11			(list any hours for related organizations below	_	Institutional		Key	_	_	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
(15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (11	(12)		September (1881) Septem									
(15)  (16)  (17)  (18)  (19)  1b Subtotal  1c Total from continuation sheets to Part VII, Section A  1 Total from continuation sheets to Part VII, Section A  1 Total from continuation sheets to Part VII, Section A  2 Total rumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the capacity of the organization of the capacity of	(13)											
(16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (19)  (10)  (10)  (11)  (11)  (11)  (11)  (12)  (12)  (13)  (14)  (15)  (15)  (16)  (17)  (18)  (19)  (19)  (10)	(14)		randimiosococococ									
(19)  1b Subtotal	(15)	octorionical economic sects of a suspension to such	erekek estekharik ke									
(19)  1b Subtotal	(16)	9640CH3840H3840H384CH3843H3H3B4SH3849H3B4SH3										
to Subtotal	(17)											
1 b Subtotal	(18)											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	(19)	V()=X(111.03V()(111.03V()										
Total fund dead lines 1b and 1c)										41,561		1,247
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  Yes Note and the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)  Name and business address Description of services  Total number of independent contractors (including but not limited to those listed above) who	_									41,561		1.247
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	2	Total number of individuals (inc	luding but not lim	nited	to th	ose	listed	abo	ve)		00,000 of	, , ,
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any for	mer officer, direc		trust				-	- '		
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Description of services (C) Compensation  Description of services (Total number of independent contractors (including but not limited to those listed above) who		organization and related organization	zations greater th	nan \$	150	,000	? If "	Yes,	" con	nplete Schedule J for such	TENTOTICS SENSON DESCRIPTION	4 X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	5									•		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who				neate	d inc	dene	nder	nt cor	ntrac	tors that received more than	n \$100 000 of	
2 Total number of independent contractors (including but not limited to those listed above) who	<u> </u>	compensation from the organiz	ation. Report cor	nper	satio	n fo	the	cale	ndar	year ending with or within t	he organization's tax year.	J (C)
2 Total number of independent contractors (including but not limited to those listed above) who	-	Name and	business address			_				Descript	tion of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who												
2 Total number of independent contractors (including but not limited to those listed above) who	-											
Total number of independent contractors (including but not limited to those listed above) who												
received more than \$100,000 of compensation from the organization	2	Total number of independent co	ontractors (includ	ling t	out n	ot lim	nited	to th	ose	listed above) who		

#### Form 990 (2023) VOLUNTEERS IN SERVICE 38-2673588 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (B) Related or exempt function revenue from tax under husiness revenue sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, 201,945 and similar amounts not included above 1f q Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 201,945 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities sales of assets 7a other than inventory **b** Less: cost or other Other Revenue 7b basis and sales exps c Gain or (loss) 7с d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue

201,970

0

d All other revenue

Total revenue. See instructions

Total. Add lines 11a-11d.

Form 990 (2023)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) Management and (D) Do not include amounts reported on lines 6b, 7b, Program service expenses Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 42,808 10,772 10,679 21,357 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,040 93,487 78,820 5,627 Other salaries and wages Pension plan accruals and contributions (include 2,070 section 401(k) and 403(b) employer contributions) 1,803 267 Other employee benefits 604 399 133 12,146 8,029 1,439 2,678 Payroll taxes 10 Fees for services (nonemployees): Management b 1,005 1,005 Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,987 2,987 Advertising and promotion 8,117 4,169 1,609 2,339 Office expenses 13 2,720 2,176 408 136 Information technology 14 15 Royalties 3,774 6,068 1,450 844 16 Occupancy 1,272 1,272 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 4,228 2,570 987 671 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 473 473 SERVICE PROJECTS 409 409 MISCELLANEOUS b С d All other expenses 178,394 114,257 23,685 40,452 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Total liabilities and net assets/fund balances

#### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 111,518 133,852 Cash—non-interest-bearing 2 Savings and temporary cash investments 50,014 2 50,039 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation \_10b 10c 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 161,532 183,891 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,372 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 6,372 5,155 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 155,160 178,736 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 178,736 Total net assets or fund balances 155,160 32

183,891 Form 990 (2023)

161,532

Pa	Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI		enconsist.	
1	Total revenue (must equal Part VIII, column (A), line 12)			970
2	Total expenses (must equal Part IX, column (A), line 25)	17	8,3	394
3	Revenue less expenses. Subtract line 2 from line 1	2	3,5	576
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	15	5,:	160
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	17	8,	736
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2023)

### SCHEDULE A (Form 990)

Department of the Treasury

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer Identification number

2023

Open to Public Inspection

VOLUNTEERS IN SERVICE 38-2673588 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (iv) Is the organization (III) Type of organization (v) Amount of monetary (vI) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes

(A)
(B)
(C)
(D)
(E)

Schedule A (Form 990) 2023

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	241,282	224,963	261,736	230,737	201,945	1,160,663
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	- 1					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	241,282	224,963	261,736	230,737	201,945	1,160,663
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						153,306
6	Public support. Subtract line 5 from line 4						1,007,357
$\overline{}$	tion B. Total Support	( ) 2040	# > 0000 T	( ) 0004	( 1) 0000	( ) 0000	40 T L L
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	241,282	224,963	261,736	230,737	201,945	1,160,663
	similar sources				20	25	45
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	235	1,000				1,235
11	Total support. Add lines 7 through 10						1,161,943
12	Gross receipts from related activities, etc. (	see instructions)				12	2,600
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	<del></del>					
14	Public support percentage for 2023 (line 6,	column (f) divided by	/ line 11, column (f	))	ranga da ranga sangan	14	86.70%
15	Public support percentage from 2022 Scheen	dule A, Part II, line 1	4			15	86.06%
16a	33 1/3% support test — 2023. If the organ						
	box and <b>stop here</b> . The organization qualifi	es as a publicly sup	ported organization				<b>X</b>
b	33 1/3% support test — 2022. If the organ						
	this box and <b>stop here</b> . The organization q						64 (E3 (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
17a	10%-facts-and-circumstances test — 20	•				4 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact organization		.,,		ranna takang tana		
b	10%-facts-and-circumstances test — 20			,			
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fa organization	*******			romente romane de la composition della compositi		П
18	Private foundation. If the organization did	not check a box on	ine 13, 16a, 16b, 1	7a, or 17b, check the	his box and see		V
	instructions		****				

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality diluci ti	io tooto notoa c	olow, please s	ompioto i art ii	.)	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	3.4.	* 1				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	tion B. Total Support	T .	T .		1	1	1920
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here		100000000000000000000000000000000000000			Visit of the section of the section of	coordinates:
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2023 (line 8,	column (f), divided	by line 13, column	(f))		15	%
<u>16</u>	Public support percentage from 2022 Scher	dule A, Part III, line	15				%
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2023 (lin						%
18	Investment income percentage from 2022 S	Schedule A, Part III	, line 17			18	%_
19a	33 1/3% support tests — 2023. If the orga						1
	17 is not more than 33 1/3%, check this box		-				cestes control
b	33 1/3% support tests — 2022. If the orga						
	line 18 is not more than 33 1/3%, check this	•	_	•			100/1010000
20	Private foundation If the organization did	not check a box or	n line 14, 19a or 19	In check this hox a	ind see instructions	UNDSCRIPTION OF SUPERIORS	POLICE DESCRIPTION OF THE PROPERTY OF THE PROP

#### **Supporting Organizations** Part IV

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit c from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
X283		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
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. <b>7</b>		30000000000000000000000000000000000000
8		
9a		
_9b_		
9c		
10a		
10b	A (Form	990) 2023

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instruction).	nel		
2	Activities Test. Answer lines 2a and 2b below.	18).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	-0		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		and and high
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	213		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b				

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ns	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of	n Nov. 20, 1970	(explain in Part VI). See	<u> </u>
	instructions. All other Type III non-functionally integrated supporting organizations	s must complete	Sections A through E.	
Section	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	- Adjusted Net Illustric		(A) FIIOI Teal	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			2
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	191		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra	ated Type III sup	porting organization	

Schedule A (Form 990) 2023

(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Section E - Distribution Allocations (see instructions) Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023	VOLUNTE	EERS IN SE	RVICE		38-2673588	Page 8
Part VI	III, line 12; Part IV B, lines 1 and 2;	V, Section A, lin Part IV, Section	es 1, 2, 3b, 3c, C, line 1; Part	4b, 4c, 5a, IV, Section	6, 9a, 9b, 9c, 1 D, lines 2 and 3	ne 10; Part II, line 17a o 1a, 11b, and 11c; Part IV i; Part IV, Section E, line s 5, 6, and 8; and Part V	r 17b; Part /, Section s 1c, 2a, 2b,
	lines 2, 5, and 6.						
PART I	I, LINE 10 -	=======================================					
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# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

VOLUNTEERS IN SERVICE

Employer identification number

38-2673588

Organization type (check one): Filers of: Section: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2023

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

VOLUNTEERS IN SERVICE

Employer identification number

38-2673588

FORM 990, PART I, LINE 6

VOLUNTEERS ARE A VITAL PART OF OUR MINISTRY IN MANY WAYS:

THE PURPOSE OF THE BOARD OF DIRECTORS IS TO PROVIDE BOARD OF DIRECTORS: MINISTRY GOALS AND METHODS NEEDED TO HELP VOLUNTEERS IN SERVICE EFFECTIVELY FULFILL ITS MISSION STATEMENT. THE BOARD MEETS BI-MONTHLY WITH ADDITIONAL SUB-COMMITTEE MEETINGS.

OVERALL, VOLUNTEERS IN SERVICE CONNECTED 1,820 CHURCH AND SCHOOL VOLUNTEERS WHO PUT IN 10,088 HOURS OF VOLUNTEER SERVICE IN 2023. PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O FOR DETAILED INFORMATION.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT COVID PRETTY MUCH BECAME A THING OF THE PAST IN 2023, BUT WE CONTINUED TO RECEIVE A LOT OF REQUESTS FOR PICKUPS FROM FOOD PANTRIES, RIDES TO THE GROCERY STORE, AND TRANSPORTATION TO MEDICAL APPOINTMENTS. THIS CONTINUED TO REDUCE OUR ABILITY TO PROCESS AS MANY OF THE RELATIONAL/ONGOING REQUESTS THAT WE WOULD LIKE TO; REQUESTS SUCH AS A FRIENDLY VISITOR OR HELP WITH CLEANING. HOWEVER, OVERALL NUMBERS IN THE RELATIONAL/ONGOING REQUESTS ACTUALLY ROSE.

OVERALL, VOLUNTEERS IN SERVICE CONNECTED 1,820 CHURCH AND SCHOOL VOLUNTEERS WHO PUT IN 10,088 HOURS OF VOLUNTEER SERVICE IN 2023. THIS IS AN INCREASE IN VOLUNTEERS BY 13% AND AN INCREASE IN VOLUNTEER HOURS BY 34% WHEN COMPARED TO 2022! PART OF THIS IS DUE TO THE INCREASE IN REQUESTS FOR FOOD ASSISTANCE AND PART IS DUE TO INCLUDING VOLUNTEERS WHO HAVE BEEN

SERVING THE SAME VIS FRIEND (CLIENT) FOR SEVERAL YEARS. WE REALIZED THESE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

VOLUNTEERS IN SERVICE

Employer identification number

38-2673588

VOLUNTEERS HAVE NOT BEEN COUNTED IN THE PAST, AND THEY SHOULD HAVE BEEN BECAUSE THEY SERVED DURING THE LAST YEAR. THE BREAKDOWNS OF THESE NUMBERS ARE AS FOLLOWS:

BENEVOLENCE VOLUNTEERS: 246 VOLUNTEERS CONTRIBUTED 539 HOURS TO PEOPLE IN OUR COMMUNITY BY HELPING WITH THINGS LIKE FOOD PANTRY PICK-UP, GROCERY SHOPPING FOR AN INDIVIDUAL, RUNNING ERRANDS FOR CLIENTS, AND OTHER SPECIAL SERVICES. 90% OF THESE SERVICES HELPED PROVIDE FOOD AND BABY ITEMS FOR PEOPLE WHO WERE UNABLE TO GET TO FOOD OR BABY PANTRIES. NUMBERS REPRESENT A 126% INCREASE IN THE NUMBER OF VOLUNTEERS AND A 195% INCREASE IN VOLUNTEER HOURS. THIS IS PRIMARILY ATTRIBUTED TO THE INCREASE IN REQUESTS FOR FOOD ASSISTANCE.

SERVICE PROJECT VOLUNTEERS: 1,062 CHURCH AND SCHOOL VOLUNTEERS PROVIDED 7,076 HOURS OF SERVICE COMPLETING SERVICE PROJECTS. 204 OF THESE VOLUNTEERS PUT IN 1,352 HOURS OF SERVICE PROVIDING SERVICES SMALLER IN SCOPE SUCH AS MOWING A LAWN, HELPING MOVE FURNITURE TO STORAGE, CLEANING AN APARTMENT AFTER A MOVE, OR PAINTING.

OF THESE SERVICE PROJECT VOLUNTEERS, 858 PEOPLE FROM CHURCH AND SCHOOL GROUPS GAVE 5,724 HOURS WORKING ON LARGER SCALE PROJECTS SUCH AS LOCAL AGENCY CLEAN-UP, MORE EXTENSIVE YARD WORK, ALLEY CLEAN UP, LARGER PAINTING PROJECTS, AND SMALL CONSTRUCTION PROJECTS SUCH AS BUILDING A RAISED GARDEN OR REPAIRING A DECK. THIS IS AN INCREASE IN VOLUNTEERS BY 20% AND AN INCREASE IN HOURS BY 23% IN 2023!

WHILE SERVICE PROJECTS ARE TYPICALLY ONE OR TWO DAY PROJECTS, THE

PAGE 1 OF 3

Schedule O (Form 990) 2023

Name of the organization

VOLUNTEERS IN SERVICE

ENCOURAGEMENT, AND HOPE IN THE NAME OF CHRIST.

Employer identification number 38-2673588

VOLUNTEERS ARE ENCOURAGED TO SPEND TIME WITH AND BUILD A RELATIONSHIP WITH THOSE THEY ARE SERVING. IN THIS WAY, THEY ARE MAKING A DIFFERENCE THROUGH THE WORK THEY DO, BUT ALSO THROUGH THE LIVES THEY TOUCH IN SHARING JOY,

SOCIAL VOLUNTEERS: THERE WERE 46 CHURCH VOLUNTEERS WHO PROVIDED 888 HOURS OF FRIENDLY VISITOR, MOTHER'S HELPER, PHONE VISITOR, AND SOCIAL OUTING SERVICES FOR THOSE STRUGGLING IN THE COMMUNITY. SOCIAL VOLUNTEERS ARE MORE RELATIONALLY CONNECTED AND OFFER ONGOING SUPPORT AND ASSISTANCE AND ARE LONGER TERM CONNECTIONS. THEY TYPICALLY SERVE AN AVERAGE OF FOUR HOURS PER MONTH VISITING WITH LONELY, ISOLATED PEOPLE, BUILDING RELATIONSHIPS AND FRIENDSHIP. THOSE THEY SERVE USUALLY HAVE LITTLE TO NO SUPPORT IN THEIR LIFE AND OFTEN ARE NOT CONNECTED TO A CHURCH. THROUGH THEIR LOVE OF CHRIST, VOLUNTEERS BRING HOPE AND JOY INTO THE LIVES OF OTHERS. THE NUMBER OF VOLUNTEERS SERVING IN THIS CATEGORY IS 229% HIGHER THAN IN 2022 AND THE HOURS WERE 248% HIGHER. THERE ARE TWO REASONS FOR THE INCREASE. FIRST IS THAT PEOPLE WHO GO FOR A MEDICAL PROCEDURE OFTEN NEED A PATIENT SITTER TO STAY DURING THE PROCEDURE. IF THEY JUST NEED THE SITTER PORTION OF THE REQUEST, BUT DON'T NEED A RIDE THERE, VIS CATEGORIZES THAT AS A SOCIAL VOLUNTEER, NOT TRANSPORTATION. THE OTHER REASON IS VIS BEGAN A PHONE VISITOR/CARD FRIEND DURING COVID AND PEOPLE ARE STILL REQUESTING THIS SERVICE.

TRANSPORTATION VOLUNTEERS: TRANSPORTATION HAS BECOME A VITAL SERVICE TO
MANY PEOPLE IN OUR COMMUNITY. 466 VOLUNTEERS PROVIDED 1,585 HOURS OF
SERVICE BY TRANSPORTING COMMUNITY MEMBERS TO MEDICAL, MENTAL HEALTH, AND
DENTAL APPOINTMENTS, AND TO THE GROCERY STORE, BANK, AND OTHER ERRANDS.

PAGE 2 OF 3

Employer identification number

VOLUNTEERS IN SERVICE 38-2673588

THIS REPRESENTS A 83% INCREASE IN VOLUNTEERS OVER 2022 AND A 113% INCREASE IN VOLUNTEER HOURS. FOR MANY PEOPLE, VOLUNTEERS IN SERVICE PROVIDED ACCESS TO MEDICAL CARE THAT THEY MIGHT OTHERWISE NOT HAVE BEEN ABLE TO RECEIVE. VIS IS UNIQUE IN THAT WE ARE THE ONLY FREE SERVICE THAT PROVIDES RIDES TO MEDICAL PROCEDURES THAT REQUIRE THE VOLUNTEER TO STAY WITH THEM DURING THE PROCEDURE, SOMETIMES TAKING AS LONG AS 3-4 HOURS OF THEIR TIME. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO BEING FILED. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS ESTABLISH THE EXECUTIVE DIRECTORS' COMPENSATION AFTER DELIBERATIONS AT THE BOARD OF DIRECTORS MEETINGS AND COMPARISON TO PRIOR COMPENSATION PACKAGES. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS ANNUALLY ESTABLISHES ALL COMPENSATION FOR ALL EMPLOYEES. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION READILY AVAILABLE UPON REQUEST.

PAGE 3 OF 3