

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**VOLUNTEERS IN SERVICE**

Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 8215**

City or town, state or province, country, and ZIP or foreign postal code  
**GRAND RAPIDS MI 49518**

**D** Employer identification number  
**38-2673588**

**E** Telephone number  
**616-459-7500**

**F** Name and address of principal officer:  
**TOM WILLIAMS**  
**7730 EASTERN AVE SE**  
**GRAND RAPIDS MI 49518**

**G** Gross receipts \$ **226,113**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.VISGR.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1986** **M** State of legal domicile: **MI**

**H(c)** Group exemption number ▶

**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.**

**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) **7**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **7**

**5** Total number of individuals employed in calendar year 2020 (Part V, line 2a) **8**

**6** Total number of volunteers (estimate if necessary) **1312**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **0**

**7b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	241,282	224,963
<b>9</b> Program service revenue (Part VIII, line 2g)	200	150
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,485	1,000
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	243,967	226,113
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	171,869	186,097
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>57,011</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,392	23,996
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	197,261	210,093
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	46,706	16,020
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 82,052	End of Year 97,944
<b>21</b> Total liabilities (Part X, line 26)	7,048	6,920
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	75,004	91,024

**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.

**Sign Here**

Signature of officer: **BERNITA TUINENGA** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **JAYNE E. VENLET** Preparer's signature: **JAYNE E. VENLET** Date: **08/02/21** Check  if self-employed  PTIN: **P00585722**

Firm's name: ▶ **MEYAARD TOLMAN & VENLET P.C.** Firm's EIN: ▶ **38-2598193**  
 P.O. BOX 320  
 Firm's address: ▶ **ZEELAND, MI 49464** Phone no. **616-772-1901**

Form 990 (2020) VOLUNTEERS IN SERVICE  
Part III Statement of Program Service Accomplishments

X

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

1 Briefly describe the organization's mission:

TO ENABLE CHURCHES TO BE CHRIST'S CARING SERVANTS IN THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 132,867 including grants of \$ ) (Revenue \$ 150 )  
SEE SCHEDULE O

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4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 132,867

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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.		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		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		X
c 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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		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		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		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		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		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?		X
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		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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		
	<b>2a</b> 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		<b>X</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
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 Accounts (FBAR).		<b>X</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<b>X</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>X</b>
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>X</b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		<b>X</b>
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> 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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		<b>X</b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

X

1a Enter the number of voting members of the governing body at the end of the tax year... 1b Did any officer, director, trustee, or key employee have a family relationship... 2 Did the organization delegate control over management duties... 3 Did the organization make any significant changes to its governing documents... 4 Did the organization become aware during the year of a significant diversion of the organization's assets... 5 Did the organization have members or stockholders... 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in 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? 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?

Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records THE BOARD OF DIRECTORS GRAND RAPIDS 7730 EASTERN AVENUE SE MI 49518 616-459-7500

Form 990 (2020) **VOLUNTEERS IN SERVICE**

**38-2673588**

**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

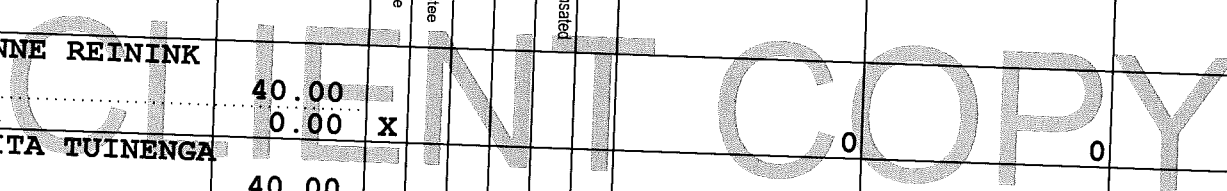
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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 and/or Box 7 of Form 1099-MISC) 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 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.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) SUZANNE RETINK ..... DIRECTOR	40.00 0.00	X					0	0	
(2) BERNITA TUINENGA ..... EXECUTIVE DIRECTOR	40.00 0.00			X			38,722	0	
(3) TOM WILLIAMS ..... PRESIDENT	2.00 0.00	X	X				0	1,162	
(4) JANIE DERKS ..... SECRETARY	2.00 0.00	X	X				0	0	
(5) LINDSAY CUMMINGS ..... DIRECTOR	1.00 0.00	X					0	0	
(6) WILL ELLIS ..... TREASURER	2.00 0.00	X	X				0	0	
(7) SHEILA JOHNSON ..... DIRECTOR	1.00 0.00	X					0	0	
(8) DAVID VEEN ..... DIRECTOR	1.00 0.00	X					0	0	
(9)							0	0	
(10)									
(11)									



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

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Summary rows: 1b Subtotal, 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.

Questions 3, 4, 5 regarding compensation reporting. Question 3: Did the organization list any former officer...? Question 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? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

Section B. Independent Contractors

Table for independent contractors with columns (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 15,000				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 20,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 189,963				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		<b>224,963</b>			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE REVENUE	Business Code				
	<b>b</b>		150	150		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		150			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b> 1,000				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events		1,000			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				1,000	
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions			<b>226,113</b>	<b>150</b>	<b>0</b>	<b>1,000</b>

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Form 990 (2020) **VOLUNTEERS IN SERVICE**

38-2673588

**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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	38,722	10,801	9,120	18,801
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,936	98,731	5,195	26,010
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,730	1,862	274	594
9 Other employee benefits	696	452	59	185
10 Payroll taxes	14,013	9,101	1,190	3,722
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	945		945	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,080	24		3,056
13 Office expenses	7,589	3,303	988	3,298
14 Information technology	4,364	3,491	655	218
15 Royalties				
16 Occupancy	4,910	3,028	1,187	695
17 Travel	63	63		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	359	359		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,498	1,524	542	432
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.)				
a SERVICE PROJECTS	96	96		
b EDUCATIONAL MATERIALS	60		60	
c PROGRAM EXPENSES	32	32		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	210,093	132,867	20,215	57,011
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) **VOLUNTEERS IN SERVICE**

38-2673588

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	82,052	1	97,944
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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		5	
	6	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation			
	11	Investments—publicly traded securities		10c	
	12	Investments—other securities. See Part IV, line 11		11	
	13	Investments—program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	82,052	15		
Liabilities	17	Accounts payable and accrued expenses	7,048	16	97,944
	18	Grants payable		17	6,920
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to 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		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	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		24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	7,048	25	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			26	6,920
	27	Net assets without donor restrictions			
	28	Net assets with donor restrictions	75,004	27	91,024
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			28	
	29	Capital stock or trust principal, or current funds			
	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
	31	Retained earnings, endowment, accumulated income, or other funds		30	
	32	<b>Total net assets or fund balances</b>	75,004	31	
33	<b>Total liabilities and net assets/fund balances</b>	82,052	32	91,024	
			33	97,944	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	226,113
2	Total expenses (must equal Part IX, column (A), line 25)	2	210,093
3	Revenue less expenses. Subtract line 2 from line 1	3	16,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,004
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,024

**Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c 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? 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 Single Audit Act and OMB Circular A-133?		
3b 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		X

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**VOLUNTEERS IN SERVICE**

Employer identification number  
**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.)

- 1  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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 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).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s). \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

VOLUNTEERS IN SERVICE

38-2673588

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.)

Section A. Public Support

Table with 6 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A; 16a 33 1/3% support test—2020; 16b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; 17b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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.)

Section A. Public Support

Table for Section A: Public Support. Columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

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Section B. Total Support

Table for Section B: Total Support. Columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))

16 Public support percentage from 2019 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))

18 Investment income percentage from 2019 Schedule A, Part III, line 17

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS determinations, foreign organizations, and excess business holdings.



Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described in line 11a above?
  - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3 By reason of the relationship described in 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 supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 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 line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
  - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions	1	
3	Other gross income (see instructions)	2	
4	Add lines 1 through 3.	3	
5	Depreciation and depletion	4	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	5	
7	Other expenses (see instructions)	6	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	7	
		8	

**Section 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):		
a	Average monthly value of securities		
b	Average monthly cash balances	1a	
c	Fair market value of other non-exempt-use assets	1b	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1c	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1d	
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	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

**Section C - Distributable Amount**

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		
2	Enter 0.85 of line 1.	1	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	2	
4	Enter greater of line 2 or line 3.	3	
5	Income tax imposed in prior year	4	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	5	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	6	

**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	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

**Section E - Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total of lines 3a through 3e</b>			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

**VOLUNTEERS IN SERVICE**

**38-2673588**

**Part V**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

MISCELLANEOUS INCOME	\$	235
FUNDRAISING EVENT INCOME	\$	1,000

CLIENT COPY

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**38-2673588**

**VOLUNTEERS IN SERVICE**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check 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**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), but it **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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

**VOLUNTEERS IN SERVICE**

Employer identification number  
**38-2673588**

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLASSIS GRANDVILLE OF THE CRC 3027 PINE MEADOW DRIVE SW GRANDVILLE MI 49418	\$ 15,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CLASSIS GRAND RAPIDS SOUTH 6888 PINE BLUFF CT SW BYRON CENTER MI 49419	\$ 11,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LA GRAVE AVENUE CRC 107 LAGRAVE AVE SE GRAND RAPIDS MI 49503	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CORNUCOPIA FAMILY FOUNDATION 231 FULTON STREET WEST GRAND RAPIDS MI 49503	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BUIST ELECTRIC INC 2 84TH STREET SW BYRON CENTER MI 49315	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SOBIE COMPANY INC 3276 HANNA LAKE INDUSTRIAL DR SE CALEDONIA MI 49316	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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VOLUNTEERS IN SERVICE

Employer identification number  
38-2673588**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT AND BETH SPICA 4681 5TH STREET CALEDONIA MI 49316	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WENDELL & HELEN CHRISTOFF 7122 GLADYS DRIVE SE GRAND RAPIDS MI 49546	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ALGER PARK CRC 2655 EASTERN AVE SE GRAND RAPIDS MI 49507	\$ 9,169	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DETAILED METALS INC 1149 UNIFORM RD GRIFFIN GA 30224	\$ 5,215	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW GRAND RAPIDS MI 49503	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KENT COUNTY 300 MONROE AVE NW GRAND RAPIDS MI 49503	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**VOLUNTEERS IN SERVICE**

Employer identification number  
**38-2673588**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DAVID VEEN 835 CHERRY ST SE, APT 3 GRAND RAPIDS MI 49506	\$ 5,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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:

BOARD OF DIRECTORS: THE PURPOSE OF THE BOARD OF DIRECTORS IS TO PROVIDE 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 1,312 CHURCH AND SCHOOL VOLUNTEERS WHO PUT IN 4,070 HOURS OF VOLUNTEER SERVICE IN 2020. PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON SCHEDULE O FOR DETAILED INFORMATION.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

WHILE HUMBLER SERVICE IS OUR CALL AS CHRISTIANS, IT IS NOT ALWAYS EASY TO KNOW WHERE TO BEGIN. COMPLEX SOCIAL ISSUES, A WEB OF COMMUNITY AGENCIES, AND THE DYNAMICS OF PERSONAL RELATIONSHIPS CAN LEAD SOME VOLUNTEERS AND CHURCHES TO FEEL UNCERTAIN OR UNPREPARED. THROUGH OUR CONNECTING PROGRAM, VOLUNTEERS IN SERVICE HELPS PEOPLE OF FAITH NAVIGATE THE ISSUES, CONNECTIONS, AND SKILLS THAT CONTRIBUTE TO A THRIVING RELATIONAL MINISTRY. WE WORK WITH DEACONS, SMALL GROUP LEADERS, OUTREACH COMMITTEES, AND OTHER CHURCH LEADERS TO HELP THEM REVEAL THE GIFTS OF DISCIPLESHIP, SO THEY CAN VOLUNTEER MORE FULLY AND LIVE AS STRONGER DISCIPLES ELSEWHERE IN LIFE.

TO SAY THAT COVID MADE AN IMPACT ON THE SERVICES PROVIDED BY VOLUNTEERS THROUGH VIS IN 2020 WOULD BE A HUGE UNDERSTATEMENT. SOME SERVICES DROPPED SIGNIFICANTLY BECAUSE WE WERE UNABLE TO PROVIDE IN-HOME SERVICES FOR MOST

VOLUNTEERS IN SERVICE

Employer identification number

38-2673588

OF THE YEAR. OTHER SERVICES, SUCH AS FOOD PANTRY PICK-UP AND GROCERY SHOPPING FOR PEOPLE HAD A SIGNIFICANT INCREASE.

OVERALL, WE CONNECTED 1,312 CHURCH AND SCHOOL VOLUNTEERS WHO PUT IN 4,070 HOURS OF VOLUNTEER SERVICE IN 2020. THE BREAKDOWN OF THESE NUMBERS IS AS FOLLOWS:

BENEVOLENCE VOLUNTEERS: 220 VOLUNTEERS CONTRIBUTED 220 HOURS TO PEOPLE IN OUR COMMUNITY BY HELPING WITH THINGS LIKE FOOD PANTRY PICK-UP, GROCERY SHOPPING, FURNITURE PICK-UP AND DELIVERY, AND OTHER SPECIAL SERVICES. 44% OF THESE SERVICES HELPED PROVIDE FOOD FOR PEOPLE WHO WERE QUARANTINED DUE TO COVID, OR FOR PEOPLE WHO WERE AT HIGH RISK SHOULD THEY GET THE VIRUS.

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SERVICE PROJECT VOLUNTEERS: 911 CHURCH AND SCHOOL VOLUNTEERS PROVIDED 3,374 HOURS OF SERVICE COMPLETING SERVICE PROJECTS. 504 OF THESE VOLUNTEERS PUT IN 2,016 HOURS OF SERVICE, PROVIDING SERVICES SMALLER IN SCOPE SUCH AS MOWING A LAWN, HELP MOVE FURNITURE TO STORAGE, CLEANING AN APARTMENT AFTER A MOVE, OR SNOW SHOVELING.

OF THESE SERVICE PROJECT VOLUNTEERS, 407 PEOPLE FROM CHURCH AND SCHOOL GROUPS GAVE 1,358 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 OR WHEELCHAIR RAMP. THIS IS A 53% DROP IN VOLUNTEERS AND NEARLY 80% DROP IN HOURS, DUE TO GROUPS NOT VOLUNTEERING BECAUSE OF COVID.

Name of the organization

Employer identification number

VOLUNTEERS IN SERVICE

38-2673588

WHILE SERVICE PROJECTS ARE TYPICALLY ONE OR TWO DAY PROJECTS, THE VOLUNTEERS ARE ENCOURAGED TO SPEND TIME WITH AND BUILD A RELATIONSHIP WITH THOSE THEY ARE SERVICING. IN THIS WAY, THEY ARE MAKING A DIFFERENCE THROUGH THE WORK THEY DO, BUT ALSO THROUGH THE LIVES THEY TOUCH IN SHARING JOY, ENCOURAGEMENT, AND HOPE IN THE NAME OF CHRIST.

SOCIAL VOLUNTEERS (FORMERLY CALLED FRIENDSHIP VOLUNTEERS): THERE WERE 67 CHURCH VOLUNTEERS WHO PROVIDED 134 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 TWO 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. BECAUSE OF COVID, THE NUMBERS IN THIS CATEGORY ARE CONSIDERABLY LOWER THAN IN THE PAST BECAUSE VOLUNTEERS WERE NOT ABLE TO ENTER THE HOMES OF VIS FRIENDS, WHICH REALLY LIMITED WHAT COULD BE DONE. AS A RESULT, WE CHANGED TO MAKING CONTACTS BY OTHER MEANS SUCH AS PHONE CALLS AND/OR CARDS.

TRANSPORTATION VOLUNTEERS: FOR THE FIRST TIME, WE BEGAN TRACKING TRANSPORTATION CASES SEPARATELY BECAUSE IT HAS BECOME SUCH A BIG NEED. 114 VOLUNTEERS PROVIDED 342 HOURS OF SERVICE TRANSPORTING COMMUNITY MEMBERS TO MEDICAL AND MENTAL HEALTH APPOINTMENTS, AND TO THE GROCERY STORE, BANK AND OTHER ERRANDS. FOR MANY PEOPLE, VIS PROVIDED ACCESS TO MEDICAL CARE THAT THEY MIGHT OTHERWISE NOT HAVE BEEN ABLE TO RECEIVE. VIS IS UNIQUE IN THAT

**VOLUNTEERS IN SERVICE**

Employer identification number

**38-2673588**

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.

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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.

Form **990**

**Two Year Comparison Report**

**2019 & 2020**

For calendar year 2020, or tax year beginning

, ending

Name

Taxpayer Identification Number

**38-2673588**

**VOLUNTEERS IN SERVICE**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	241,282	204,963	-36,319
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue		20,000	20,000
	5. Investment income	200	150	-50
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming	2,250	1,000	-1,250
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	235		-235
<b>Expenses</b>	12. <b>Total revenue.</b> Add lines 1 through 11	243,967	226,113	-17,854
	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	58,303	38,722	-19,581
	16. Salaries, other compensation, and employee benefits	113,566	147,375	33,809
	17. Professional fundraising fees			
	18. Other professional fees			
	19. Occupancy, rent, utilities, and maintenance	925	945	20
	20. Depreciation and Depletion	4,947	4,910	-37
	21. Other expenses			
	22. <b>Total expenses.</b> Add lines 13 through 21	19,520	18,141	-1,379
23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	197,261	210,093	12,832	
<b>Other Information</b>	24. Total exempt revenue	46,706	16,020	-30,686
	25. Total unrelated revenue	243,967	226,113	-17,854
	26. Total excludable revenue			
	27. Total assets	435	1,150	715
	28. Total liabilities	82,052	97,944	15,892
	29. Retained earnings	7,048	6,920	-128
	30. Number of voting members of governing body	75,004	91,024	16,020
	31. Number of independent voting members of governing body	7	7	
	32. Number of employees	7	7	
	33. Number of volunteers	8	8	
	2057	1312		

Form **990**

**Tax Return History**

**2020**

Name

**VOLUNTEERS IN SERVICE**

Employer Identification Number  
**38-2673588**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	195,974			241,282	224,963	
Membership dues						
Program service revenue	6,276			200	150	
Capital gain or loss						
Investment income	13					
Fundraising revenue (income/loss)	5,013			2,250	1,000	
Gaming revenue (income/loss)						
Other revenue				235		
<b>Total revenue</b>	<b>207,276</b>			<b>243,967</b>	<b>226,113</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	90,023			58,303	38,722	
Other compensation	91,887			113,566	147,375	
Professional fees	935			925	945	
Occupancy costs	4,382			4,947	4,910	
Depreciation and depletion						
Other expenses	21,363			19,520	18,141	
<b>Total expenses</b>	<b>208,590</b>			<b>197,261</b>	<b>210,093</b>	
<b>Excess or (Deficit)</b>	<b>-1,314</b>			<b>46,706</b>	<b>16,020</b>	
Total exempt revenue	207,276			243,967	226,113	
Total unrelated revenue						
Total excludable revenue	6,289			435	1,150	
Total Assets	98,193			82,052	97,944	
Total Liabilities	7,556			7,048	6,920	
Net Fund Balances	90,637			75,004	91,024	

# Federal Statements

## Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS FROM HEART OF WEST MICHIGAN UNITED WAY	\$ 15,000
GOVERNMENT CONTRIBUTIONS	20,000
PUBLIC CONTRIBUTIONS, NOT REQUIRED TO BE SHOWN ON SCH B	189,963
TOTAL	<u>\$ 224,963</u>

## Schedule A, Part II, Line 9(e)

Description	Amount
FUNDRAISING EVENT	\$ 1,000
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 0</u>

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