Form 990

(Rev. January 2020) 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.

OMB No. 1545-0047 2019 Open to Public Inspection

A	For the 2019 c	alendar year, or tax year beginning , and ending	<u> </u>	1	
	Check if applicable:	C Name of organization		D Employer	identification number
	Address change	VOLUNTEERS IN SERVICE			CT OF OC
2	-	Doing business as	Door-to-1	38-20	673588
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		459-7500
	Initial return	PO BOX 8215 City or town, state or province, country, and ZIP or foreign postal code			
	Final return/ terminated	4054.0		G Gross rece	iots \$ 243,967
\Box	Amended return	GRAND RAPIDS MI 49518 F Name and address of principal officer:	T		
	Application pending		H(a) is this a g	roup return for su	ıbordinates? Yes X No
Ш	Application pending	WILLIAMS, THOMAS 7730 EASTERN AVE SE	H(b) Are all su	bordinates inclu	uded? Yes No
		GRAND RAPIDS MI 49518	If "No	," attach a list.	(see instructions)
		GIVE DE LA CONTRACTION DE LA C			
	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	H(c) Group ex	emption numbe	r >
7_			Year of formation:		M State of legal domicile: MI
	Form of organization	Corporation Trees Trees			
	4 Date Bank	Immary escribe the organization's mission or most significant activities:			
		ENABLE CHURCHES TO BE CHRIST'S CARING SERVANTS IN !	THEIR COM	MUNITIE	S.
ခွ		MABUE CHORCHED 10 B2 CHILD			
Governance					
Ver	0.05-464	his box ▶ if the organization discontinued its operations or disposed of more than	25% of its net a	ssets.	
တိ	2 Check tr	of voting members of the governing body (Part VI, line 1a)			7
<u>مح</u>		of independent voting members of the governing body (Part VI, line 1b)			7
Activities	4 Number	mber of individuals employed in calendar year 2019 (Part V, line 2a)		5	8
į.	5 Total nu	mber of individuals employed in edicined year 2000 (2000) mber of volunteers (estimate if necessary)			2057
Ą	6 Total nu	related business revenue from Part VIII, column (C), line 12		7a	0
	/a lotal un	elated business taxable income from Form 990-T, line 39		7b	0
	D Net unite	sidiled business taxable mount train to any observations and any	FIRIT	eat	Current Year
	8 Contribu	itions and grants (Part VIII, line 1h)	1.0	64,915	241,282
Revenue	9 Program	n service revenue (Part VIII, line 2g)			200
Š	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		20 400	2 405
ď	I 11 Otherre	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,487	2,485
	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.	85,402	243,967
	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)		76 116	l
U	1 45 0-1	s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		76,116	171,869
Sephen	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)			0
ğ	b Total fu	ndraising expenses (Part IX, column (D), line 25) ► 32,883		0 <i>C</i> 1E <i>C</i>	25,392
μ	17 Othere	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		26,156	
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		$\frac{02,272}{16,970}$	
		e less expenses. Subtract line 18 from line 12	Beginning of	16,870	End of Year
<u></u>	20 Total as			36,246	
sets	ਛੂ 20 Total as	ssets (Part X, line 16)		7,948	
A As	면 21 Total lia	abilities (Part X, line 26)	-	28,298	
ž		ets or fund balances. Subtract line 21 from line 20	<u> </u>	<u> </u>	
**	Part II S	Signature Block	oments and to the	e hest of my l	mowledge and belief, it is
	Under penalties of	of perjury, I declare that I have examined this return, including accompanying schedules and stat complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	edge.	anomaago ame a ama, m
_	true, correct, and	complete. Decidiation of property (other trial others) to account of			
				Dat	e
	ign	Signature of officer EXE(CUTIVE D	IRECTO	R
Н	lere	TOTNINGA, BERGETTA		·	
_	<u> </u>	Type or print name and title Preparer's signature Preparer's signature	Date	Chec	k if PTIN
_		ype property of thems	07/	06/20 self-	
		E E. VENLET JAYNE E. VENLET DEMOS MEYAARD TOLMAN & VENLET P.C.	12.17	Firm's EIN	
	reparer Firm's	P.O. BOX 320			
U	•	. PERTAND MT 49464		Phone no.	616-772-1901
-	Firm's	address ZEEDAND, RT 43404 cuss this return with the preparer shown above? (see instructions)			X Yes No
N	May the IRS disc	cass this territi with the hiebardr anown above ((see mandonous)	<u></u>	· · · · · · · · · · · · · · · · · · ·	Form 990 (2019

rm 990 (2	2019) VOLUNTEERS IN	SERVICE	38-2673588	Page 2
Part III	Statement of Program S	Service Accomplishments	line in this Part III	X
			line in this Part III	
Briefly TO E	y describe the organization's mission NABLE CHURCHES TO	BE CHRIST'S CARING	SERVANTS IN THEIR COL	MUNITIES.
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
prior	ne organization undertake any signif Form 990 or 990-EZ? es," describe these new services on		which were not listed on the	Yes X No
Did th	he organization cease conducting, o	r make significant changes in how it co	onducts, any program	Yes X No
1 Desc	es," describe these changes on Schooring the organization's program serv	edule O. rice accomplishments for each of its th 4) organizations are required to report i	ree largest program services, as measured the amount of grants and allocations to othe	ру
4a (Cod	e:) (Expenses \$ SCHEDULE O	149,503 including grants of) (Revenue 5	;)
SEE	SCHEDOLLE O			
				.,

•		.,		
• • • • •			•••••	
b (Cod	de:) (Expenses \$	including grants o	f\$) (Revenue	\$
N/A				
				.,
•			,	,,,
			•	**************************
	,			•••••
40 (Co	de:) (Expenses \$	including grants of	of \$ (Revenue	\$
4c (Co N/A	de) (Εχροπασό Ψ			
W/ E				
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				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • •				
• • • •				
• • • •				
• • • •	.,,			
	ner program services (Describe on S	chedule O.)	/Payanua *	١
	penses \$	including grants of \$ 149,503) (Revenue \$	
4e Tot	tal program service expenses 🕨 🔃	149,503		

Pai	till Checklist of Required Schedules		Yes	No				
	10.47/ V/4) /-they then a private foundation\? If "Ves"							
	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х					
	complete Schedule A	2	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		X				
	candidates for public office? If "Yes," complete Schedule C, Part I							
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II							
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		X				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III							
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	6		X				
	"Yes," complete Schedule D, Part I							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		X				
	complete Schedule D, Part III							
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	9		X_				
	debt negotiation services? If "Yes," complete Schedule D, Part IV							
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				
	or in quasi endowments? If "Yes," complete Schedule D, Part V							
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
а		11a		X				
	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more							
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X				
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	}	1	1				
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X				
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets							
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	·	X				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X				
e	Did the organization report an amount for other habilities in a tary, into 20th the tax year include a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X				
4.0	and the first second independent audited financial statements for the tax year? If "Yes," complete		1					
12a	Schedule D. Parts XI and XII	128	<u> </u>	X				
	that the included in consolidated, independent audited financial statements for the tax year? If							
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	121	<u> </u>	X				
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1_	X				
13		148	3	X_				
14a	and the state of the same and the same page of an expenses of more than \$10,000 from grantmaking.							
þ	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	14	b	X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or							
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			٠.,				
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	j	<u> </u>				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			77				
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17	'	X				
18	the state of the state of fundraising event gross income and contributions on							
	Part VIII lines 1c and 8a? If "Yes." complete Schedule G, Part II	. 18	3	X				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v				
	If "Ves." complete Schedule G. Part III	. 19		X				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 2		 ^				
Ł	a. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20	ın	+-				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.	x				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4		390 (201				

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arm 9	90 (2019) VOLUNTEERS IN SERVICE 38-26/3388			- <u></u>
Part			Yes	No
			100	1,0
22 D	old the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
_	N. 4.W. calumn (A), ling 22 If "Ves." complete Schedule I, Parts I and III			
	states exemplation answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the			
0	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	i '	х
	1 0 If IIVon II complete Schedule I	- <u>-</u> -		
	the state of the state of the state with an outstanding principal amount of more than			
	2400 000 as of the last day of the year, that was issued after December 31, 2002? If 165, answer into 215	24a		X
	4 A 4-1 and complete Schodule K. If "No." do to line 258	24b	 	 -
	and the second of the second of the second bonds beyond a temporary period exception:	240	$\vdash \neg$	1
c E	Did the organization milest any proceeds of tax extempts and the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to the second prompt hande?		 	
		24d	 	+
AF. (Specifican FOM/GV(3), FOM/GV(4), and 501(G)(29) organizations. Did the organization engage in all excess better	0.5		x
	the marked porcon during the year? If "Yes," Comblete Schedule L, 1 of the	25a	 	-A
	to the suggest that it anguaged in an excess benefit transaction with a disqualitied person in a prior		Ì	1
b	is the organization aware that it engaged in an oxocos something of the organization's prior Forms 990 or 990-EZ? year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			₹
	rame a manufactor Cabadula I Dorf I	25b	┼—	X
	If "Yes," complete Scriedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	-		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	37
1	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26_	 	X_
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	Ì		
27	Did the organization provide a grant of other assistance to any substantial contributor or employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ļ	1	
	employee, creator or founder, substantial continuous of employee thereof) or family member of any of these member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		1]
	member, or to a 35% controlled entity (including all employee the sort) of harmy	27		X
	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
28	Was the organization a party to a business transaction with one of the following party to a pusiness transaction with one of the following party to a party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with one of the following party to a pusiness transaction with the party to a pusine party to a pusi			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	ļ		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	282	1	X
	"Yes," complete Schedule L, Part IV	281	<u> </u>	X
b				
C	A family member of any individual described in line 2eth member of any individuals and/or organizations described in lines 28a or 28b? If A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	286	c	X_
	"Yes," complete Schedule L, Part IV	29	<u>, </u>	X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		-	
30	Did the organization receive more than \$22,000 in historical treasures, or other similar assets, or qualified	30	<u> </u>	X
	conservation contributions? If "Yes," complete Schedule M	31	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			- [
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	33	2	X
	1. Co-bandulo N. Dort II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	3	3	X
	and 2704 2 and 201 7701.32 If "Vas." complete Schedule R. Part I			
34	Mee the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Fatch, III,	. ا	4	Х
				X
35a	Did the expenization have a controlled entity within the meaning of section 512(D)(13)?			
b	as a status association receive any nayment from or engage in any transaction with a		5b	1
	the Leasth within the magning of section 512(b)(13)? If "Yes," complete Scriedule N, Fait V, IIIO 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exemplinon-character	١,	16	X
		⊢	-	
37	the state of the sectivities through an entity that is not a related organization	1,	37	x
0,	to the test are morthogophin for federal income tax burposes? If "Yes," complete ochequie in, i are vi		"	
38	and that is treated as a partnership for federal mostle tax parpership in Schedule O for Part VI, lines 11b and Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	38	x
30	too N. A. All Form 000 filors are required to complete Schedule O.		20 -	F
	Ot towards Degarding Other IRS Filings and Tax Compilation			Γ
333 5	Check if Schedule O contains a response or note to any line in this Part V		·····	es N
		5 55	Y	62 14
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
1a	Fut a the number of Forms W-2G included in line 1a, Enter -0- if not applicable			
Ł	the same length backup withholding rules for reportable payments to venuors and		****	
(c Did the organization comply with backup withholding tales reportable gaming (gambling) winnings to prize winners?	<u></u>	1c]	000
	reportance garring (garrioning) mining-		Form	990 (20

6980 07/06/2020 Page 5 38-2673588 Form 990 (2019) VOLUNTEERS IN SERVICE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 2b X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Х a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g α If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year _______12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 14a 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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

excess parachute payment(s) during the year?

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X

X

16

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orm 0	90 (2019) VOLUNTEERS IN SERVICE 38-2673588			je o
Part	Management and Discinsure For each "Yes" response to lines 2 through 10 below, and	for a "N	lo"	
E CLL	reports to line 8a, 8b, or 10b below, describe the circumstances, processes, or crianges on schedule O. Se	o mona		S.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X_
N - 45	on A. Governing Body and Management			
secu	on A. Governing Body and management		Yes	No
	1a 7			
1a E	enter the number of voting members of the governing body at the end of the tax year			
ı	f there are material differences in voting rights among members of the governing body, or			
	f the governing body delegated broad authority to an executive committee or similar			
(committee, explain on Schedule O.			
b l	enter the number of voting members included on line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
;	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	was rising of officers, directors, trustees, or key employees to a management company or other persons	4		X X
,	Did the erganization make any significant changes to its governing documents since the prior Form 990 was medi-	5		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-+	X
c	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	x
	one or more members of the governing body?	7a	-+	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			٧.
	4. Lt. 4.1 can are and other than the governing hody?	7b		X
0	stockholders, or persons office that the governing body. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			*******
		100	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b	to the convertiger, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the second of the provide the names and addresses on Schedule U	9		<u> </u>
	the organization's mailing address? If Yes, provide the mames and addresses of the Internal Revenue Cion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	iode.)		
Seci	ion B. Policies (This Section B requeste informace)		Yes	No
		10a		_X_
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
đ	If "Yes," did the organization have written policies and procedures governing the determined the determined of the control of	10b		
	affiliates, and branches to ensure their operations are consistent with the diganization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
11a	Has the organization provided a complete copy of this Form 990			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
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?	·		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	40		Х
13	Did the organization have a written whistleblower policy?			X
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?	45-	X	********
а	The organization's CFO. Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	<u>^</u>	
b	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		4	47
104	11 - Levelle onlike during the year?	16a	.	X
1.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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?	16b	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed NONE NONE NONE			
17	List the states with which a copy of this Form 990 is required to 30 find a copy of this Form 990 is required to 30 fin	·		
18	Section 6104 requires an organization to make as rolling to the se available. Check all that apply.			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Ours washelts. Another's website. X Upon request Other (explain on Schedule O)			
	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			
T		16-4	59-	750
G	RAND RAPIDS MI 49516 C			90 (2019
		,	J., 21	1

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

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 organ				(C			\Box	(D)	(E)	(F)
(A) Name and title	(B) Average hours per week (list any hours for	unle cerar	Posi heck r ss per id a di	tion nore l son is rector	han on s both a /trustee	an e)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
1) TUININGA, BERNIT	'A									
	40.00							F0 300	o	1,74
XECUTIVE DIRECTOR	0.00	<u> </u>		X	_	<u> </u>		58,302		<u> </u>
(2) VEEN, DAVID										
	1.00							o	o	
IRECTOR	0.00	X	<u></u>	<u> </u>				0		
(3) DERKS, JANIE	2 22			ļ						
	2.00			٦,	1	1 1		l ol	o	
SECRETARY	0.00	X	-	X	-	-				
(4) REIDSMA, JENN	4 00					i i				
,	1.00							o	o	
DIRECTOR	0.00	X	 	┼-						
(5) BOONSTRA, NATE	2.00	1								
	0.00	x		x				o	0	
TREASURER CHETTA	0.00	1	╁	1	+-	+	1			
(6) JOHNSON, SHEILA	1.00		1							
	0.00	x						0	0	
DIRECTOR (7) WILLIAMS, THOMA:		+**		†-	┪┈	+				
(7) WILLIAMS, INCMA.	2.00									
PRESIDENT	0.00	X		x				0	0	
(8) ELLIS, WILL	0.00	†==		1	1					
(8) EHHID, WIND	1.00								_	
DIRECTOR	0.00	· X	:			1		0	0	
(9)		1								
(9)			1							
,					\perp		1.			
(10)										
V/										
			_	_ _	1	\perp	_			
(11)										
					1					
					1					Form 990 (

6980 07/06/2020 Form 990 (2019) VOLUNTEERS IN SERVICE

	t VII Section A. Officers	, Directors, Tru	stee	s, Ke	y E	mple	oyee	s, a	nd Highest Compensated	I Employees (continued)	
(A) Name and title		(B) Average hours per week (list any	box	ı, unle	heck ss pe nd a d	ition more rson i irecto	than o s both r/truste	an ee)	(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
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21099-Mi3o)	(172/1000/11100)	related organizations
	Subtotal					<u></u>		>	58,302	2	1,749
c	Total from continuation sho Total (add lines 1b and 1c) Total number of individuals (reportable compensation from	eets to Part VII,	Sect	tion 	Α			▶ abo	58,302 ve) who received more that	2 n \$100,000 of	1,749
3 4 5	Did the organization list any temployee on line 1a? If "Yes For any individual listed on li organization and related organization and related organization and related organization any person listed on line	former officer, di s," complete Sche ne 1a, is the sum anizations greate	rectoredule of rof r r tha	or, tr o <i>J fo</i> epor in \$1	r su table 50,0 	ch in e co 000? satid	ndivic mper If "Y on fro	lual isati 'es," om a	ion and other compensation complete Schedule J for s any unrelated organization o	n from the <i>uch</i> or individual	yes No
	for services rendered to the tion B. Independent Contract	organization? <i>If "</i> tors	Yes,	" coi	nple	te S	chea	lule -	J for such person		5 X
1	Complete this table for your compensation from the orga	five highest com nization. Report (A) nd business address	pens com	pens	ind	eper n for	the o	cor	ndar year ending with or wi	e than \$100,000 of ithin the organization's tax (B) ription of services	year. (C) Compensation
	Name a	nd business address							Dago	April of Col 1000	
							<u></u>				
2	Total number of independer received more than \$100,00	nt contractors (inc 0 of compensati	cludi	ng b om t	ut no	ot lim rgar	nited nizati	to th	nose listed above) who	0	5 990 (20)

Form 990 (2019) VOLUNTEERS IN SERVICE

Part		Statement of Revenue Check if Schedule O contains a response or note	to any line in this	Part VIII		
		Check if Schedule O contains a response of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grar and Other Similar Amour	b M c F e C f / a g ! h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, giffs, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f PROGRAM SERVICE REVENUE	241,282	200		
-	f	All other program service revenue Total. Add lines 2a–2f	200			T
	3	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties				
	b c d	Gross rents 6a 6b Rental inc. or (loss) 6c Net rental income or (loss)				
Revenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) (i) Securities (ii) Other 7a				
Other R	d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 2,25				
	ga 9a	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 8b 9a 9a	2,25	0		
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	• 			
Miscellaneous	Ţ -	a MISCELLANEOUS INCOME b c	23	15		235
Mis.	1	d All other revenue Total. Add lines 11a-11d Total revenue. See instructions	≥ 23 ≥ 243,96		00	0 235 Form 990 (2019)

Form 990 (2019) VOLUNTEERS IN SERVICE
Part IX Statement of Functional Expenses

Par	Statement of Functional Expe	unlate all calumns. All other	organizations must comp	ete column (A).	<u> </u>
Sectio	n 501(c)(3) and 501(c)(4) organizations must cor	npiete all columns. All other	Part IX		
	Check if Schedule O contains a respor	(A)	(B) j	(C)	(D)
Do no 7b, 8b	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
4	Benefits paid to or for members		***		
	Compensation of current officers, directors,				14,576
	trustees, and key employees	58,303	43,727		14,010
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0.005	7,600
7	Other salaries and wages	92,494	75,969	8,925	7,600
8	Pension plan accruals and contributions (include				127
٠	section 401(k) and 403(b) employer contributions)	3,535	3,098		<u>437</u> 809
9	Other employee benefits	5,499	4,365	325	
10	Payroll taxes	12,038	9,555	712	1,771
11	Fees for services (nonemployees):				
	l l				
	Management				
		925		925	
	Accounting				
d	Lobbying Professional fundralsing services. See Part IV, line 17				
	Investment management fees				
f	I 400/ af line 95 column				
g	(A) amount, list line 11g expenses on Schedule O.)				
4.0	* *	3,133	24		3,109
	Advertising and promotion	7,280	3,337	1,024	
13	Office expenses	3,438	2,750	516	172
14	Information technology				
15	Royalties	4,947	3,058	1,192	697
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	105	105		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,296	3,280	1,223	793
23	Insurance	3,230	= 1 = = =		
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.)	235	235		
ε		33		33	3
h	EDUCATIONAL MATERIALS		<u> </u>		
C					
C					
•	All other expenses	4 00 004	149,503	14,87	32,883
25	Total functional expenses. Add lines 1 through 24e	197,261	149,303	17,07.	
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				
	following SOP 98-2 (ASC 958-720)				Form 990 (2019)
	The state of the s				rong J J J (2019)

		Check if Schedule O contains a response or note to any line in this Part X	(A)	1	(B)
			Beginning of year		End of year
Γ,		Cash—non-interest-bearing	36,246	1	82,05
2		Savings and temporary cash investments		_2	
		Pledges and grants receivable, net		3	
		Accounts receivable, net		4	
	, , , ,	coans and other receivables from any current or former officer, director,			
•	5 L	rustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
		Loans and other receivables from other disqualified persons (as defined			
'	61	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
		Notes and loans receivable, net		7	
l		nventories for sale or use		88	<u> </u>
•	8	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
1	ua	Land, buildings, and equipment cost of strict			
		basis. Complete Part VI of Schedule D 10a 10b 10b		10c	
		Less, accumulated depression		11	
ì	1	Investments—publicly traded securities		12	
Į.	2	Investments—other securities. See Part IV, line 11		13	
1		Investments—program-related. See Part IV, line 11		14	
1	4	Intangible assets	•••	15	
1	15	Other assets. See Part IV, line 11	36,246	16	82,0
1	16	Total assets. Add lines 1 through 15 (must equal line 33)	7 948		7,04
1		Accounts payable and accrued expenses		18	
'	18	Grants payable		19	
	19	Deferred revenue		20	
1	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
		controlled entity or family member of any of these persons	• • • • • • • • • • • • • • • • • • • •	23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties			
-	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
١		of Schedule D	7,948		
_	26	Total liabilities. Add lines 17 through 25			
		Organizations that follow FASB ASC 958, check here ► X			
3		and complete lines 27, 28, 32, and 33.	28,29	B 27	75,0
5	27	Net assets without donor restrictions		28	
ם ב	28	Net assets with donor restrictions			
Net Assets of Fully Dalances		Organizations that do not follow FASB ASC 958, check here ▶			
۱ ۲		and complete lines 29 through 33.		29)
5	29	Capital stock or trust principal, or current funds		30	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		3	
Š	31	Retained earnings, endowment, accumulated income, or other funds			
	32	Total net assets or fund balances	36,24		

2

3

4

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Single Audit Act and OMB Circular A-133?

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

3a

X

SCHEDULE A (Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

			VOLUNTEERS IN				38-2013				
Pai	t I	Reaso	n for Public Charity S	Status (All organizations	must co	mplete th	is part.) See instruction	S			
				it is: (For lines 1 through 12,							
1	9 0.	A church con	vention of churches, or asso	ciation of churches described	in section	170(b)(1)(A)(i).				
2)(ii). (Attach Schedule E (Forr							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	_	A medical res	earch organization operated	in conjunction with a hospital	described i	n section	170(b)(1)(A)(iii). Enter the ho	spital's name,			
4		city, and state			7						
5	\neg	An organizatio	n operated for the benefit of	a college or university owned	or operate	d by a gov	ernmental unit described in	***************************************			
o [-	o)(1)(A)(iv). (Complete Part i			, ,					
6		A federal stat	e or local government or go	vernmental unit described in s	section 170	D(b)(1)(A)(v	<i>(</i>).				
· ·	X	An organization	on that normally receives a s	ubstantial part of its support fr	om a gove	rnmental u	nit or from the general public				
, ,		described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II.)	·						
8				70(b)(1)(A)(vi). (Complete Par	t II.)						
9	\exists	An agricultura	I research organization desc	ribed in section 170(b)(1)(A)(ix) operate	d in conjur	nction with a land-grant colleg	e			
,		or university of university:	r a non-land-grant college of	f agriculture (see instructions).	. Enter the	name, city,	and state of the college or				
10		An organization	on that normally receives: (1)	more than 33 1/3% of its sup	port from c	ontribution	s, membership fees, and gro	SS			
		receipts from	activities related to its exem-	pt functions—subject to certain	n exceptior	ns, and (2)	no more than 33 1/3% of its				
		support from	gross investment income and	d unrelated business taxable i	ncome (les	s section 5	11 tax) from businesses				
				, 1975. See section 509(a)(2			1-1/11				
11	Ш	An organization	on organized and operated e	xclusively to test for public sat	rety. See s	ection 509	(a)(4).	200			
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.										
	_			rated, supervised, or controlle							
	a	Type i. A	supporting organization ope	er to regularly appoint or elect	t a maiority	of the dire	ctors or trustees of the	•			
		supporting	g organization. You must co	omplete Part IV, Sections A	and B.						
	b			pervised or controlled in conne		ts supporte	ed organization(s), by having				
	~	control or	management of the support	ing organization vested in the	same pers	ons that co	ontrol or manage the supporte	ed			
		organizat	ion(s). You must complete	Part IV, Sections A and C.							
	С	Type III f	unctionally integrated. A su	upporting organization operate ructions). You must complet	ed in conne	ction with, Sections A	and functionally integrated wi , D, and E.	th,			
	d	Type III r	non-functionally integrated	. A supporting organization op	erated in c	onnection	with its supported organizatio	n(s)			
	u	that is no	t functionally integrated. The	organization generally must s	atisfy a dis	tribution re	quirement and an attentivene	ess			
		requireme	ent (see instructions). You n	ust complete Part IV, Sectio	ons A and	D, and Pa	rt V.				
	е	Check thi	is box if the organization rec	eived a written determination f	rom the IR	S that it is	a Type I, Type II, Type III				
				n-functionally integrated suppo	rting organ	ization.					
	f		nber of supported organization		. <i>.</i>						
	g	Provide the fo	ollowing information about th	e supported organization(s).	1			full Amount of			
(i)		e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
	or	ganization		above (see instructions))	1 .	ment?	instructions)	instructions)			
					Yes	No					
(A)											
, ,											
(B)											
, ,											
(C)											
. ,											
(D)											
						<u> </u>					
(E)											
_											
			************************************	************************************	arratta eta eta eta eta eta eta eta eta eta	KLW00000000000000000		1			

38-2673588

Page 2

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

	Part III. If the organization	fails to qualify u	nder the tests	listed below, pi	ease complete	r arcini,	-
Secti	on A. Public Support			1 2 2047	(d) 2018	(e) 2019	(f) Total
Calend	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(0) 2018	(6) 2010	
r	Gifts, grants, contributions, and nembership fees received. (Do not nclude any "unusual grants.")	217,372	195,974	143,223	164,915	241,282	962,766
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						•
	The value of services or facilities furnished by a governmental unit to the organization without charge			140,000	164,915	241,282	962,766
	Total. Add lines 1 through 3	217,372	195,974	143,223	104,915		· · · · · · · · · · · · · · · · · · ·
	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)					L	76,396
	Public support. Subtract line 5 from line 4						886,370
6 Sect	ion B. Total Support					() 0040	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 962,766
7	Amounts from line 4	217,372	195,974	143,223	164,915	241,282	902,700
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.3	1.3	11	6		43
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.)	5,359				235	5,594 968,403
11	Total support. Add lines 7 through 10					12	31,936
12	Gross receipts from related activities, etc.	. (see instructions)		the sufficient and	or as a section 5f		
13	First five years. If the Form 990 is for the	e organization's firs	st, second, third, to	ounth, or tilth tax ye	al as a section of	11(0)(0)	▶ □
	organization, check this box and stop he	re Dorgon	tago	<u></u>			
Sec	tion C. Computation of Public S	upport Percen	d by line 11 colu	mn (fl)		14	91.53%
14	Public support percentage for 2019 (line	6, column (t) alvide	ng by line it, colui	· · · · · · · · · · · · · · · · · · ·		15	89.45%
15	Public support percentage from 2018 Sc 33 1/3% support test—2019. If the orga	nedule A, Fait II, III pization did not chi	eck the hox on line	a 13. and line 14 is	33 1/3% or more	, check this	. =
16a		stifice as a publicly.	supported organiz	zation			▶ [X]
	an 4 (00) and took 2018 If the ords	nization did not che	eck a box on line '	13 or toa, and line	13 13 33 17370 01	(moro, errosit	▶ [7
b	the transfer The examination	a nualifice as a nub	licly supported or	ganization			
17a	t	040 If the organiza	tion did not check	a box on line 13,	TOA, OF TOD, AND IN	110 17 10	
11 a	titleindian mo	ate the "facts-and-i	circumstances" te:	St Cueck and nove	and stop note. Ex	pican	
	Part VI how the organization meets the "	facts-and-circumst	ances" test. The c	organization quaiii	es as a publicit of	apportu	▶ [7]
b	Land C. L. and Synumptonene test—2	018 If the organiza	ition did not check	(a box on line to,	100, 100, 01		
	t to the comment which	on monte the "facte	_and_circumstanc	es" test, check this	s nox and stop he	16.	
	Evoluin in Part VI how the organization i	meets the "facts-an	id-circumstances"	test. The organiza	ation qualifies as a	paolioly	▶ □
18	Private foundation, If the organization	did not check a bo	X on line 13, 10a,	10D, 17a, 01 17D, 0	SHOOK WING DOST CALL		. .
	instructions					Schedule A (Form	1 990 or 990-EZ) 2019
-						Schedule W (1 OH	. 000 0. 000 2, -0

Schedule A (Form 990 or 990-EZ) 2019

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

Sect	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
<u> </u>	line 6.) tion B. Total Support				<u> </u>		
Calai	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(4) = 3 · · ·					
	• • • • • • • • • • • • • • • • • • • •						
10a	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the	e organization's t	irst, second, third, t	ourth, or fifth tax	year as a section 5	01(c)(3)	▶ □
	organization, check this box and stop he	re <u></u>	. <u></u> <u></u>	<u> </u>			
Se	ction C. Computation of Public S	Support Perce	entage	(0)		15	%
15	Public support percentage for 2019 (line	8, column (f), div	ided by line 13, col	umn (f))			%
<u>16</u>	Public support percentage from 2018 Sci	hedule A, Part III	, line 15				
<u>Se</u>	ction D. Computation of Investm	ent income r	(A. divided by line	13 column (f))		17	%
17	Investment income percentage for 2019	(line Tuc, column	i (I), aivided by line art III. line 17	15, Column (i))		18	%
18	Investment income percentage from 201 33 1/3% support tests—2019. If the org	o ouneune A, Pi ranization did not	check the box on !	ine 14, and line 1	5 is more than 33 1	/3%, and line	
19a	17 is not more than 33 1/3%, check this	hox and ston he	re. The organizatio	n qualifies as a pi	ublicly supported o	ganization	▶ └
,	as 4/20/nort toots 2019 If the are	noitesine	check a box on line	e 14 or line 19a, a	and line 16 is more	than 33 1/3%, and	_
k	line 40 is not more than 33 1/3% check	this box and stor	o here. The organiz	ation qualifies as	a publicly support	ed organization	
20	Private foundation. If the organization of	did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see instr	uctions	,
	-						

Schedule A (Form 990 or 990-EZ) 2019 Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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
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	A (Form 990 or 990-EZ) 2019 VOLUNTEERS IN SERVICE	38-2673588	Page 5
	SA (1 of the color		
Part			Yes No
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 (b) and (c)	11a	
-	below, the governing body of a supported organization?	11b	
b	a sure that the property described in (a) ahove?	1	
υ o	A tamily member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	VI. 11c	
Secti	on B. Type I Supporting Organizations		Yes No
OCCL			Yes No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		
1	the annulation of closet a majority of the organization's directors of trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	to the experimentation's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	d	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
	or an analysis of the henefit of any supported organization office than the supported		
2	organization operate to the benefit of any supporting organization? If "Yes," explain in Par organization(s) that operated, supervised, or controlled the supporting organization(s) that operated	t	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	
	supervised, or controlled the supporting organization.		
Coat	ion C. Type II Supporting Organizations		
Sect	ion G. Type if Supporting Gigs	00000000	Yes No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	5	
1	to the effect of the organization's supported organization(s)? If "No," describe in Part Vi now control		
	or trustees of each of the digamization's deposition of the same persons that controlled or managed or management of the supporting organization was vested in the same persons that controlled or managed	·	
	or management of the supporting organization has received a reconstruction(s)		
Cool	the supported organization(s). ion D. All Type III Supporting Organizations		<del>                                     </del>
Seci		(mm)	Yes No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
1	to the territory (i) a written notice describing the type and amount of support provided during and p	8000000	
	who was take from 000 that was most recently filed as of the date of flotification, and (iii) copies a		
	the design design design affect on the date of notification, to the extent not previously proving		
_	att and afficers directors or trustees either (I) appointed of elected by the support	50	
2	the deal or (ii) conting on the governing body of a supported organization? If two, explain in the	2	
	the amountation maintained a close and continuous working relationship with the supported organization,	s). <u>2</u>	
	Burness of the relationship described in (2), did the organization's supported organizations have a		
3	to the organization's investment noticies 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		
	to the reconstructions played in this regard		<u> </u>
Soc	U. F Signally Infograted Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructions).	
	The organization satisfied the Activities Test. Complete line 2 below.		
	in the state of the supported organizations. Complete line 3 below.	e e e in deventione	3
	The organization is the parent of each of its supported organizations. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ent entity (see instructions	).
			Yes No
2	Activities Test. Answer (a) and (b) below.	6	103   100
	and the state of the organization's activities during the tax year directly futther the exempt purpose.	s OI	
	(at a manifestion (a) to which the organization was responsive? If "Yes, men in Fait Vilability	·	
	with disconnections and explain how these activities directly furthered their exemple purpose	,00,	
	how the organization was responsive to those supported organizations, and now the organization determine	ined 2	a
	u v u v v v v v v v v v v v v v v v v v	100000	
		HOID the	
	title amenication's supported organization(s) would have been engaged into it less, explain in a decirion and a supported organization (s) would have been engaged into it.	uie	
	reasons for the organization's position that its supported organization(s) would have engaged in these	I	b
	activities but for the organization's involvement.	2	
3	Person of Supported Organizations, Answer (a) and (b) below.		
v	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	5	3a
	the O Preside details in Part VI	<u></u>	the second second

trustees of each of the supported organizations? 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.

chedule A (Form 990 or 990-EZ) 2019 VOLUNTEERS IN SERVICE	)rganizatio	ons	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C  1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	Nov 20 19	70 (explain in Part VI). S	See
1 Check here if the organization satisfied the integral Part Test as a quantying trust of	must comple	te Sections A through E	
instructions. All other Type III non-functionally integrated supporting organizations	musi comple		(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1	<u>, , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,</u>	
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 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 B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
f the company transport (con			
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d		
d Total (add lines 1a, 1b, and 1c)	10 1		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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)	1		
2 Enter 85% of line 1.	2		
to the series was from Scotion R. line 8. Column A)	3		
	4		
	5		
The state of the s			
	6		
emergency temporary reduction (see instructions).  7 Check here if the current year is the organization's first as a non-functionally integ		supporting organization	n (see
	, <b>, ,</b> ,		
instructions).		Schedu	le A (Form 990 or 990-EZ) 201

38-2673588 VOLUNTEERS IN SERVICE Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (iii) (ii) (i) Distributable **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 ..... b From 2015 ..... c From 2016 ..... d From 2017 ..... e From 2018 ....................... f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 .....

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019 ......

DAA

180 07/06/2020	V/OT	UNTEERS IN SER	VICE		38-2673588	Page 8
Schedule A (Fo	Supplemental Information III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Sand 3a, and 3b; Part V, line 1; lines 2, 5, and 6. Also cor	on. Provide the explana n A, lines 1, 2, 3b, 3c, 4 Section C, line 1; Part IV	tions required b, 4c, 5a, 6, 9 /, Section D,	lines 2 and 3; P	art IV, Section E, lin . 6, and 8; and Part	es 1c. 2a. 2b.
PART I	I, LINE 10 - OTH	ER INCOME DETA	IL			
	LLANEOUS INCOME		\$	5,359		
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					Schedule /	A (Form 990 or 990-EZ) 201

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

VOLUNTEERS IN SERVICE

Employer identification number

38-2673<u>588</u>

Organization type (check o	one):
Filers of:	Section:
Form 990 or 990-EZ	X 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 Note: Only a section 501(dinstructions.	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organization or more (in money contributor's total or	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 13, 16a, or 16b, a \$5,000; or (2) 2%	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line nd that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one get the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.
contributor, during contributions tota during the year fo General Rule ap totaling \$5,000 or	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the plies to this organization because it received nonexclusively religious, charitable, etc., contributions or more during the year
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t 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 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

VOLUNTEERS IN SERVICE

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 2,057 CHURCH AND SCHOOL VOLUNTEERS
WHO PUT IN 11,222 HOURS OF VOLUNTEER SERVICE IN 2019. THE BREAKDOWNS OF
THESE NUMBERS ARE AS FOLLOWS:
FRIENDSHIP VOLUNTEERS: THERE WERE 273 CHURCH VOLUNTEERS WHO PROVIDED 1,092
HOURS OF FRIENDLY VISITOR, MOTHER'S HELPER, TRANSPORTATION, LIGHT CLEANING,
AND OTHER ONE-ON-ONE SERVICES FOR THOSE STRUGGLING IN THE COMMUNITY.
FRIENDSHIP VOLUNTEERS ARE MORE RELATIONALLY CONNECTED AND OFFER ONGOING
SUPPORT AND ASSISTANCE AND ARE LONGER TERM CONNECTIONS. THEY TYPICALLY
SERVE ABOUT FOUR HOURS PER MONTH VISITING WITH LONELY, ISOLATED PEOPLE,
BUILDING RELATIONSHIPS AND FRIENDSHIP AND 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.
SERVICE PROJECT VOLUNTEERS: 1,745 CHURCH AND SCHOOL VOLUNTEERS PROVIDED
10,088 HOURS OF SERVICE COMPLETING SERVICE PROJECTS. 888 OF THESE
VOLUNTEERS PUT IN 3,552 HOURS OF SERVICE, PROVIDING SMALLER IN SCOPE

Employer identification number

38-2673588

VOLUNTEERS IN SERVICE SERVICES SUCH AS MOWING A LAWN, HELPING MOVE FURNITURE TO STORAGE, CLEANING

AN APARTMENT AFTER A MOVE, OR SNOW SHOVELING.

OF THESE SERVICE PROJECT VOLUNTEERS, 857 CHURCH AND SCHOOL VOLUNTEERS PUT IN 6,536 HOURS OF PROVIDING LARGER GROUP PROJECTS INVOLVING CHURCH GROUPS, YOUTH GROUPS, SCHOOL GROUPS AND OTHER GROUPS WHO WORKED 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 AND WHEELCHAIR RAMPS.

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 SERVING. 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.

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 THROUGH OUR CONNECTING PROGRAM, CHURCHES TO FEEL UNCERTAIN OR UNPREPARED. 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.

Form **990** 

# **Event Income and Deduction Worksheet**

Description FUNDRAISING EVENT

Taxpayer Identification Number 38-2673588

2019

Name VOLUNTEERS IN SERVICE

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

O		Expense Details - Indirect Expense:
Income & Expense Summary:	2,250	Advertising and promotion
1. Gross receipts or sales 1.		Office
2. Advertising income 2.		Printing/publication/postage
3. Circulation income 3.		Info technology/Maintenance
4. Other income 4		Royalties & License Fees
5. Returns and allowances 5.		Occupancy/Real Estate Taxes
6. Contributions received 6.	2,250	Travel & Repairs
7. Total revenue. Add lines 1 through 6		Travel/entertainment (officials)
8. Cost of Goods Sold 8.		Conferences/meetings
9. Employment Expense 9.		Interest
10. Fees for services 10.		Insurance
11. Indirect Expense 11.		Total Indirect Expense
12. Depreciation Expense 12.		
13. Exempt Activity Expense 13.		Expense Details - Depreciation Expense:
14. Fundraising Expense 14		On investment property
15. Total expenses. Add lines 8 through 1415.		On non-investment property
16. Net Income/Loss. Line 7 minus Line 1516.		Amortization
		Depletion
		Total Depreciation Expense
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		Repairs and Maintenance
Labor		•
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		To the English Events
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Total Employment Expense	-	Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T	schedule:	Allocation of Expense to Program Service Accomplishments:
	20	First
Schedule E		Second
Schedule F		Third
Schedule G		All other
Schedule 1		
Schedule J		

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TCE         2016         2017         2018         2019           ,372         195,974         2017         241,           ,730         6,276         243,           ,609         5,013         2,243,           ,083         207,276         243,           ,083         207,276         243,           ,104         91,887         113,           ,396         21,382         4,382           ,049         208,590         197,           ,049         208,590         197,           ,049         208,590         197,           ,083         207,276         46,           ,083         207,276         243,           ,083         207,276         243,           ,083         207,276         28,           ,083         207,276         28,           ,083         207,276         28,           ,083         207,276         28,           ,624         7,556         77,           ,624         7,556         77,	Form <b>990</b>		Іах Ке	lax Keturn History		A A A A A A A A A A A A A A A A A A A	) 
217,372 195,974 2017 2018 2011, 217,372 195,974 243,  13		II N				Employer 38-2	Employer Identification Number 38-2673588
217,372     195,974     241,       6,730     6,276     24,043       oss)     3,609     5,013     2,243,       oss)     5,359     207,276     243,       speid     88,258     90,023     58,       etc     87,104     91,887     4,382       ct     87,104     93.5     4,4,382       17,396     21,363     46,       233,083     207,276     19,4       233,083     207,276     243,       12,102     6,289     82,33       98,575     98,193     82,34       6,624     7,556     77,7		200c	2016	2017	2018		2020
renue 6,730 6,276 27.6 27.6 27.6 27.6 27.6 27.6 27.6 2	Contributions, gifts, grants	217,372	195,974			241,282	
13	Membership dues	6 730	6.276		THE PROPERTY OF THE PROPERTY O	200	
13   13   13   27,	Program service revenue						
5,359       207,276       243,         233,083       207,276       58,         88,258       90,023       58,         87,104       91,887       113,         919       935       4,382       4,4         17,396       21,363       197,         199,049       208,590       1197,         34,034       -1,314       46,         233,083       207,276       243,         12,102       6,628       98,193       82,         98,575       98,193       7,         6,624       7,556       7,	Capital gain of loss	13	13				
5,359       207,276       243,         233,083       207,276       58,         88,258       90,023       58,         87,104       91,887       113,         87,104       935       4,382       4,         17,396       21,363       197,         199,049       208,590       197,         34,034       -1,314       46,         233,083       207,276       243,         12,102       6,289       82,         98,575       98,193       82,         6,624       7,556       77,	Fundraising revenue (income/loss)	1 4	5,013		ilia de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela composición del composición dela c	2,250	
5,359       207,276       243,         233,083       207,276       243,         88,258       90,023       58,         87,104       91,887       4,382         919       935       4,44         17,396       21,363       197,         199,049       208,590       197,         233,083       207,276       46,         12,102       6,289       82,         6,624       7,556       77,	Gaming revenue (income/loss)	1				LCC	WE COMPANY TO THE PROPERTY OF
233,083       207,276       243,         88,258       90,023       58,         87,104       91,887       113,         87,104       91,887       4,382         17,396       21,363       19,049         199,049       208,590       197,         233,083       207,276       46,         12,102       6,289       82,         98,575       98,193       7,556	Other revenue	-					
88,258     90,023     58,       87,104     91,887     113,       919     935     4,382     4,       17,396     21,363     19,049     208,590     197,       199,049     208,590     197,     146,       233,083     207,276     243,       12,102     6,289     82,98,193     82,75       6,624     7,556     7,7	Total revenue	. 7	- ٦		· · · · · · · · · · · · · · · · · · ·	243,967	
88,258     90,023     58,       87,104     91,887     113,       919     935     4,382     4,382       17,396     21,363     197,       199,049     208,590     197,       34,034     -1,314     46,       233,083     207,276     243,       12,102     6,289     82,98,575       98,575     98,193     7,556	Grants and similar amounts paid		Annual Prince Control of the Control	THE PROPERTY OF THE PROPERTY O		THE THE PARTY OF T	The state of the s
88,258     90,023       87,104     91,887       919     935       5,372     4,382       17,396     21,363       199,049     208,590       34,034     -1,314       233,083     207,276       12,102     6,289       6,624     7,556	Benefits paid to or for members						
87,104     91,887       919     935       5,372     4,382       17,396     21,363       199,049     208,590       34,034     -1,314       233,083     207,276       12,102     6,289       6,624     7,556	Compensation of officers, etc.	88,258	ᅦ	· · · · · · · · · · · · · · · · · · ·	THE PERSON NAMED IN COLUMN NAM	ч	
919     935       5,372     4,382       pletion     17,396     21,363       199,049     208,590     46,283       e     233,083     207,276     243,043       enue     12,102     6,289     82,624       enue     98,575     98,193     82,75       enue     6,624     7,556     7,75	Other compensation	87,104	۲.		WARREN TO THE PROPERTY OF THE	ч	
depletion         17,396         21,363         197,           it)         34,034         -1,314         46,           snue         233,083         207,276         243,           evenue         12,102         6,289         82,           evenue         98,575         98,193         7,556         7,7	Professional fees	919	935				
depletion         17,396         21,363         197,           ttp         199,049         208,590         197,           it)         34,034         -1,314         46,           sine         233,083         207,276         243,           wenue         12,102         6,289         82,           evenue         98,575         98,193         82,           6,624         7,556         7,7	Occupancy costs	5,372	١ ٦			4,947	
17,396     21,363       199,049     208,590       34,034     -1,314       233,083     207,276       12,102     6,289       98,575     98,193       6,624     7,556	Depreciation and depletion				- ALLEGATION		List James
cit) 34,034 -1,314 -1,314 46,  venue 233,083 207,276 243,  evenue 12,102 6,289 82,  6,624 7,556 82,	Other expenses	17,396	٦			~	**************************************
a4,034 —1,314 46,  Le 233,083 207,276 243,  Inde 12,102 6,289 82,  Senue 98,575 98,193 82,  Constant of the co	Total expenses	199,049	٦		THE PERSON NAMED OF THE PE	~	THE PERSON NAMED IN COLUMN NAM
e 12,102 6,289 6,289 82, 98,575 98,193 82, 6,624 7,556	Excess or (Deficit)		니			46,706	
e 12,102 6,289 82, 98,575 98,193 82, 6,624 7,556	Total exempt revenue	233,083	207,276		ALLACATION CONTRACTOR	243,967	
e revenue 12,102 6,289 82, 98,575 98,193 82, 6,624 7,556 75	Total unrelated revenue		ı	- ALL PARTY AND	***************************************	H C S	
98,575 98,193 82, 6,624 7,556 7,	Total excludable revenue	12,102				- 1	
6,624 7,556 7,	Total Assets	98,575				•	
	Total Liabilities	6,624			A STATE OF THE STA	7,048	
91,951 90,637 \	Net Find Balances	91,951	90,637			75,004	

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# Federal Statements

6980 VOLUNTEERS IN SERVICE 38-2673588 FYE: 12/31/2019

Schedule A, Part II, Line 1(e)

Amgiint	\$ 144,996	г ч ч	115/01	14,000	τ.		15,000		6,000	1	5,000		20,000		5,000		5,000	5,000	\$ 241,282		Amoiint		 \$ 235
Description	NOT REQUIRE B	$\alpha$	CLASSIS GRAND RAPIDS SOUTH	CASH CONTRIBUTION	CAS	CORNUCOPIA FAMILY FOUNDATION	CASH CONTRIBUTION	BUIST ELECTRIC INC	CASH CONTRIBUTION	SOBIE COMPANI INC	CASH CONTRIBUTION	ROBERT AND BETH SPICA	CASH CONTRIBUTION	ADA BIBLE CHURCH	$\mathbf{O}$	COMMUNITY CHRISTIAN MINISTRIES	CASH CONTRIBUTION	CASH CONTRIBUTION	TOTAL	Schedule A. Part II, Line 10(e)	Description	WISCHILANECITS INCOME	TOTAL

6980 VOLUNTEERS IN SERVICE 38-2673588 FYE: 12/31/2019

# Federal Statements

# Schedule A, Part II, Line 12 - Current year

PROGRAM SERVICE REVENUE FUNDRAISING EVENT

Description

TOTAL

20	250	450
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