2212 03/08/2002 1 45 PM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 9/01/00, and ending 8/31/01

B Check if applicable: ☐ Change of address ☐ Change of name ☐ Initial return ☐ Final return ☐ Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: HOME REPAIR SERVICES OF KENT COUNTY, INC.

Number and street (or P O box if mail is not delivered to street address): 1100 S. Division — Room/suite:

City or town, state or country, and ZIP code: Grand Rapids MI 49507

D Employer ID number: 38-2263817

E Telephone number: 616-241-2601

F Check ▶ ☐ if application pending

G Org type (check only one) ▶ ☒ 501(c) (3) ◂ (insert no) ☐ 527 or ☐ 4947(a)(1)

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)**

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No" att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	462,456		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	742,000		
	d	**Total** (add lines 1a through 1c) (cash $ 1,009,668 noncash $ 194,788)			1d	1,204,456
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	564,845
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	23,925
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
R	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses — (B) Other: 100	8b	100		
	c	Gain or (loss) (attach schedule) — (B) Other: -100	8c	-100		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) See Stmt 1			8d	-100
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (att sch) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	6,511
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,799,637
Expenses	13	Program services (from line 44, column (B))			13	1,280,935
	14	Management and general (from line 44, column (C))			14	443,975
	15	Fundraising (from line 44, column (D))			15	39,530
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	1,764,440
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	35,197
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,009,075
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,044,272

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For Paperwork Reduction Act Notice, see page 1 of the separate instr

Form **990** (2000)

DAA

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Form 990 (2000) HOME REPAIR SERVICES 38-2263817 Page 2

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ non-cash $ ______)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	667,654	428,492	211,681	27,481
27 Pension plan contributions	27	6,196	6,196		
28 Other employee benefits	28	61,318	60,498	820	
29 Payroll taxes	29	54,018	27,550	24,308	2,160
30 Professional fundraising fees	30				
31 Accounting fees	31	7,480		7,480	
32 Legal fees	32	500		500	
33 Supplies	33	13,334	13,334		
34 Telephone	34	7,067		7,067	
35 Postage and shipping	35	2,796		1,837	959
36 Occupancy	36	20,708		20,708	
37 Equipment rental and maintenance	37	4,515		4,515	
38 Printing and publications	38	12,670		8,517	4,153
39 Travel	39	14,593		13,448	1,145
40 Conferences, conventions, and meetings	40				
41 Interest	41	7,900		7,900	
42 Depreciation, depletion, etc (att sch)	42	102,297	16,497	85,800	
43 Other expenses (itemize) a	43a				
b See Statement 2	43b	781,394	728,368	49,394	3,632
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 - 43) **Organizations completing columns (B)-(D), carry these totals to lines 13-15**	44	1,764,440	1,280,935	443,975	39,530

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes" enter (i) the aggregate amount of these joint costs $______, (ii) the amount allocated to Program services $______, (iii) the amount allocated to Management and general $______, and (iv) the amount allocated to Fundraising $______

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶ See Statement 3

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a Minor home repair, senior home repair, low-income housing repair for city and county projects, paint & tools. (Grants and allocations $)	413,267
b Contracting of emergency repair and remodeling for local Department of Social Services and other non-profit organizations. (Grants and allocations $)	359,712
c Builder's Abundance Program - Education program for home repair, provides house repair materials to low-income families ar a very low price. (Grants and allocations $)	507,956
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,280,935

Part IV Balance Sheets (See Specific Instructions on page 23)

	Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing			119,427	45	174,346
	46	Savings and temporary cash investments			170,464	46	737,350
	47a	Accounts receivable	47a	176,679			
	b	Less allowance for doubtful accounts	47b		77,049	47c	176,679
	48a	Pledges receivable	48a	276,399			
	b	Less allowance for doubtful accounts	48b	5,710	759,269	48c	270,689
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule) See Worksheet	51a				
	b	Less allowance for doubtful accounts	51b		79,000	51c	
	52	Inventories for sale or use			116,715	52	87,265
	53	Prepaid expenses and deferred charges			5,071	53	175
	54	Investments-securities ▶ ☐ Cost ☐ FMV				54	
	55a	Investments-land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	2,614,257			
	b	Less accumulated depreciation (attach schedule) See Stmt 4	57b	329,358	2,367,409	57c	2,284,899
	58	Other assets (describe ▶ See Stmt 5)				58	3,609
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			3,694,404	59	3,735,012
Liabilities	60	Accounts payable and accrued expenses			78,859	60	175,353
	61	Grants payable				61	
	62	Deferred revenue See Stmt 6			117,840	62	120,387
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) See Worksheet			474,000	64b	395,000
	65	*Other liabilities (describe* ▶ See Stmt 7)			14,630	65	
	66	**Total liabilities** (add lines 60 through 65)			685,329	66	690,740
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			2,979,195	67	2,617,857
	68	Temporarily restricted			29,880	68	426,415
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			3,009,075	73	3,044,272
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			3,694,404	74	3,735,012

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements ▶	a	1,889,152
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) See Stmt 8 $ 89,734		
	Add amounts on lines (1) through (4) ▶	b	89,734
c	Line a minus line b ▶	c	1,799,418
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,799,418

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

a	Total expenses and losses per audited financial statements ▶	a	1,853,955
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) See Stmt 9 $ 89,515		
	Add amounts on lines (1) through (4) ▶	b	89,515
c	Line a minus line b ▶	c	1,764,440
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,764,440

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
David Jacobs Grand Rapids, MI	Exec. Dir. 2080	59,508	929	0
Henry Kroondyk Grand Rapids, MI	Dev. Dir 2080	50,404	722	0
Bob Hengeveld Grand Rapids, MI	Constr Mgr 2080	47,649	650	0
Dave Scheidel Grand Rapids, MI	Carpty Supvr 2080	44,386	664	0
James Lynch Rockford, MI	Plbg. Supvr 2080	42,902	597	0
Bob Deppe Grand Rapids, MI	Director	0	0	0
Don Nederhood Wyoming, MI	Director	0	0	0
John Romero Grand Rapids, MI	Director	0	0	0
Ruth Vis Grand Rapids, MI	Director	0	0	0
See Statement 10				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

			N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78a	Did the organization have unrelated business gross inc of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt				
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a			
b	*Did the organization file* **Form 1120-POL** *for this year?*		81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0			
90a	List the states with which a copy of this return is filed ▶ MI				
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b			

91 The books are in care of ▶ DAVID JACOBS Telephone no ▶ 616-241-2601

Located at ▶ 1100 S DIVISION AVE, GRAND RAPIDS, MI ZIP code ▶ 49507

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by sec 512 513 or 514 (C) Exclusion code	Excluded by sec 512 513 or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Contracts					456,207
b User Fees					190,126
c Return Program Inc					-81,488
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	23,925	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-100
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Income - Misc - Agency					3,511
c Income from Project Eval					3,000
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		23,925	571,256
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					595,181

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	PROVIDES SERVICES TO LOW-INCOME FAMILIES WHICH ARE PAID
	FOR BY OTHER NON-PROFIT ORGANIZATIONS.
	See Statement 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

[redacted] Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge [redacted] than officer) is based on all information of which preparer has any knowledge

[redacted] 3/8/02 ▶ David Jacobs Executive Director

Date Type or print name and title

[redacted] Date Check if Preparer's SSN or PTIN

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate Instructions.)

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

OMB No 1545-0047

2000

Name of the organization
HOME REPAIR SERVICES
OF KENT COUNTY, INC.

Employer Identification number
38-2263817

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
David Jacobs Grand Rapids, MI	Exec Dir. 2080	59,508	929	0
Henry Kroondyk Grand Rapids, MI	Devel. Dir. 2080	50,404	722	0
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $ 50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. **Schedule A (Form 990 or 990-EZ) 2000**

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Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of exp If more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg 2 of the instr)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

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

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

	Calendar year (or FY beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, & contrib received (Do not incl unusual grants See line 28)	1,516,796	1,377,813	1,171,224	792,991	4,858,824
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose					
18	Gross inc from int , dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	4,557	24,865	34,281	9,917	73,620
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21	The value of services or facl furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23	Total of lines 15 through 22	1,521,353	1,402,678	1,205,505	802,908	4,932,444
24	Line 23 minus line 17	1,521,353	1,402,678	1,205,505	802,908	4,932,444
25	Enter 1% of line 23	15,214	14,027	12,055	8,029	

26 Organizations described on lines 10 or 11 **a** Enter 2% of amount in column (e), line 24 ▶ 26a 98,649

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 4,932,444

d Add Amounts from column (e) for lines 18 73,620 19 ______ 22 ______ 26b ______ ▶ 26d 73,620

e Public support (line 26c minus line 26d total) ▶ 26e 4,858,824

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.5074 %

27 Organizations described on line 12 **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person " Enter the sum of such amounts for each year N/A

(1999) (1998) (1997) (1996)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(1999) (1998) (1997) (1996)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr)

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ▶ a ☐ if the organization belongs to an affiliated group
Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	**The lobbying nontaxable amount is-**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization	**Employer identification number**
HOME REPAIR SERVICES OF KENT COUNTY, INC.	38-2263817

Organization type (check one)- Section [X] 501(c)(3) ◄ (enter number) [ ] 527 or [ ] 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-
Check this box if the organization had **no General** charitable contributors who contributed more than $1,000 during the year (But see **rule** below) ▶ [ ]
Enter here the total gifts recieved during the year for a religious, charitable, etc , purpose ▶ $

Note: This form is generally not open to public inspection except for section 527 organizations

Name of organization	Employer identification number
HOME REPAIR SERVICES	38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	W Christoff Lowell, Mi	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	G Tiede Ada, Mi	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	A Williamson Grand Rapids, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	R Wo Grand Rapids, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	P Lanser Grand Rapids, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	D Gaydou Grand Rapids, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	N Treul Grand Rapids, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	R Olds Macatawa, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	D Nederh Caledonia, MI	$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	J Barnes Grand Rapids, MI	$ 11,219	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	J Hamersma Grand Rapids, MI	$ 5,855	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	F Allen Zeeland, MI	$ 6,079	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	J Price Baltimore, MD	$ 14,859	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	L Rutgers Grand Rapids, MI	$ 7,500	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	A Has Grand Rapids, MI	$ 8,066	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	J Meyers Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	Douglas D Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	K Klopcic Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	Robert Shelbyville, MI	$ 20,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	P Sterling Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	L Likely Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	E Irwin Grand Rapids, MI	$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	J Bryant Grand Rapids, MI	$ 12,500	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	Max DePr Holland, MI	$ 15,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	R Vis Grand Rapids, MI	$ 35,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	Kenneth D Rockford, MI	$ 40,118	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	L Magnesen Grand Rapids, MI	$ 17,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	B Breslin Grand Rapids, MI	$ 20,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	R DeVos Grand Rapids, MI	$ 20,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	C Baker Zeeland, MI	$ 20,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	J Shutz Grand Rapids, MI	$ 25,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	E Satterlee Grand Rapids, MI	$ 100,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	S Broman Grand Rapids, MI	$ 25,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	Mike Mc Kentwood, MI	$ 25,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	D Sebastian Grand Rapids, MI	$ 33,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
1	Bay Area Interiors Grand Rapids, MI	$ 5,060	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)

Name of organization
HOME REPAIR SERVICES

Employer identification number
38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	South West Area Neighbor Grand Rapids, MI	$ 6,000	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	AA Construction & Installation Grand Rapids, MI	$ 6,290	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Wm Freckman	$ 14,084	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Johnson Carpet Grandville, MI	$ 7,750	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Lowe's, Inc. Grandville, MI	$ 25,057	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Scott Velting Caledonia, MI	$ 6,330	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	John Kennedy Grand Rapids, MI	$ 15,329	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Michael Storrer Grand Rapids, MI	$ 6,893	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Lumbermen's, Inc. Grand Rapids, MI	$ 14,530	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	New Dimension Building Supplies Walker, MI	$ 5,886	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
1	Standale Lumber & Supply Grandville, MI	$ 53,392	Individual ☐ Payroll ☐ Noncash ☒ (Complete Part II if a noncash contribution)
2	City of Grand Rapids Grand Rapids, MI	$ 597,000	Individual ☒ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
2	County of Kent Grand Rapids, MI	$ 110,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
2	City of Wyoming Wyoming, MI	$ 35,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
		$	Individual [ ] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Building Supplies	$ 5,060	
1	Building Supplies	$ 6,000	
1	Building Supplies	$ 6,290	
1	Building Supplies	$ 14,084	
1	Building materials	$ 7,750	
1	Building materials	$ 25,057	

Name of organization: HOME REPAIR SERVICES

Employer identification number: 38-2263817

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Building materials	$ 6,330	
1	Building materials	$ 15,329	
1	Building materials	$ 6,893	
1	Building materials	$ 14,530	
1	Building materials	$ 5,886	
1	Building materials	$ 53,392	

Other Notes and Loans Receivable

Form **990** For calendar year 2000, or tax year beginning 9/01/00 , and ending 8/31/01 **2000**

Name	Employer Identification Number
HOME REPAIR SERVICES OF KENT COUNTY, INC.	38-2263817

Form 990, Part IV, Line 51a - Additional Information

	Name of borrower	Relationship to disqualified person
(1)	Intercompany rec. between funds	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	79,000				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		79,000		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		79,000		

Mortgages and Other Notes Payable

Form 990 | For calendar year 2000, or tax year beginning 9/01/00, and ending 8/31/01 | 2000

Name: HOME REPAIR SERVICES OF KENT COUNTY, INC.

Employer Identification Number: 38-2263817

Form 990, Part IV, Line 64b - Additional Information

	Name of lender	Relationship to disqualified person
(1)	Intercompany note payable	
(2)	Grand Rapids Municipal Corp	NONE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	79,000				
(2)	395,000	1/19/99	2/10/04	Interest only until mat.	2.000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)	Real estate	Purchase real estate
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		79,000	
(2)		395,000	395,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		474,000	395,000

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions ▶ Attach this form to your return

OMB No 1545-0172

2000

Attachment Sequence No **67**

Name(s) shown on return	Identifying number
HOME REPAIR SERVICES OF KENT COUNTY, INC.	38-2263817

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Tangible Property (Section 179)

Note: If you have any "listed property," complete Part V before you complete Part I

1	Maximum dollar limitation If an enterprise zone business, see page 2 of the instructions	1	$20,000
2	Total cost of section 179 property placed in service See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter amount from line 27	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999 See page 3 of the instructions	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12 ▶	13	

Note Do not use Part II or Part III below for listed property (automobiles certain other vehicles, cellular telephones certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

Section A-General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See page 3 of the instructions ▶ ☐

Section B-General Depreciation System (GDS) (See page 3 of the instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property			27 5 yrs	MM	S/L	
i Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	

Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions)

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property) (See page 5 of the instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	102,299

Part IV Summary (See page 6 of the instructions)

20	Listed property Enter amount from line 26	20	
21	**Total** Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions	21	102,299
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

There are no amounts for Page 2

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Other

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd / Cost & Expense	Whom Sold / Deprec	Gain/ -Loss
Backup Drive				Purchase		
	11/22/95	8/31/01	$	$ 1,338	$ 1,338	$
Typewriter Stand				Purchase		
	11/01/79	8/31/01		80	80	
Chair-Gray				Purchase		
	11/01/79	8/31/01		80	80	
Floor Runner				Purchase		
	1/11/84	8/31/01		186	186	
Stacking Chair				Purchase		
	5/02/84	8/31/01		79	79	
Stacking Chair				Purchase		
	5/02/84	8/31/01		79	79	
Stacking Chair				Purchase		
	5/02/84	8/31/01		79	79	
Stacking Chair				Purchase		
	5/02/84	8/31/01		79	79	
Calculator				Purchase		
	5/15/84	8/31/01		57	57	
Stacking Chair				Purchase		
	5/31/85	8/31/01		84	84	
Copy Machine				Purchase		
	1/01/95	8/31/01		1,695	1,695	
88 Chevy Van				Purchase		
	12/22/87	8/31/01		11,477	11,377	-100
Belt Sander				Purchase		
	12/03/93	8/31/01		149	149	
Circular Saw				Purchase		
	9/14/93	8/31/01		126	126	
Circular Saw				Purchase		
	10/05/94	8/31/01		129	129	
Drywall Screw				Purchase		
	9/14/93	8/31/01		93	93	
Elec Disc Hea				Purchase		
	10/31/88	8/31/01		125	125	
Elec Disc Hea				Purchase		
	1/03/89	8/31/01		125	125	
Electric Drill				Purchase		
	10/10/94	8/31/01		111	111	
Electric Drill				Purchase		
	10/05/94	8/31/01		111	111	
Extension Ladder				Purchase		
	11/06/90	8/31/01		134	134	
Extension Ladder				Purchase		
	9/09/92	8/31/01		164	164	
Extension Ladder				Purchase		
	8/26/93	8/31/01		317	317	
Extension Ladder				Purchase		
	8/26/93	8/31/01		317	317	
Extension Ladder				Purchase		
	10/05/94	8/31/01		227	227	

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Other (continued)

Desc	Date Acquired	Date Sold	Sale Price	How Rec'd / Cost & Expense	Whom Sold / Deprec	Gain/ -Loss
3/8 Drill	8/31/83	8/31/01	$	Purchase $ 50	$ 50	$
Sawzall	11/09/84	8/31/01		Purchase 137	137	
Sawzall	3/15/85	8/31/01		Purchase 132	132	
10' Aluminum H	1/01/80	8/31/01		Purchase 20	20	
10' Aluminum Ladder	10/01/85	8/31/01		Purchase 129	129	
Saber Saw	10/18/93	8/31/01		Purchase 142	142	
Step Ladder, 8	10/29/91	8/31/01		Purchase 60	60	
Shop Vac	4/10/89	8/31/01		Purchase 203	203	
Sawzall	10/05/94	8/31/01		Purchase 138	138	
Computer 486	7/29/93	8/31/01		Purchase 2,189	2,189	
Computer 486	7/26/94	8/31/01		Purchase 970	970	
Computer 486	9/23/94	8/31/01		Purchase 1,630	1,630	
Computer 486	10/24/94	8/31/01		Purchase 1,827	1,827	
Total			$ 0	$ 25,068	$ 24,968	$ -100

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	$	$	$	$
Indirect Expense				
Materials - Capital Fund	-21	-21		
Materials - City MHR	39,277	39,277		
Materials - XM	15,036	15,036		
Materials - City Access	13,035	13,035		
Materials - KC MHR	6,935	6,935		

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Materials - KC Access	$ 5,813	$ 5,813	$	$
Materials - BA	131,607	131,607		
Materials - Vol	36,923	36,923		
Materials - CR	31,895	31,895		
Materials - Wyoming MHR	2,660	2,660		
Materials - Wyoming Access	1,784	1,784		
Subcontractor - City MHR	16,722	16,722		
Subcontractor - XM	2,298	2,298		
Subcontractor - City Access	546	546		
Subcontractor - KC MHR	17,519	17,519		
Subcontractor - KC Access	2,300	2,300		
Subcontractor - Vol	58,150	58,150		
Subcontractor - Education	3,780	3,780		
Subcontractor - CR	269,995	269,995		
Subcontractor - Wyoming MHR	1,184	1,184		
Vehicle-Gas	8,293	8,293		
Vehicle - License	800	800		
Vehicles - Maintenance	6,043	6,043		
Vehicle - BA	915	915		
Vehicle - Agency	-1,090	-1,090		
Mileage Expense	6,923	6,923		
Mileage Expense Reduction	-431	-431		
Insurance - Vehicle	3,705	3,705		
Office- All	4,366		4,366	
Office - Marketing	150		150	
Office - Capital Fund	774		774	

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Office - Clear Corp	$ 41	$	$ 41	$
Office - City Tool	233		233	
Office - City MHR	70		70	
Office - BA	678		678	
Office - Vol	82		82	
Office - Ed	938		938	
Office - Homeowner Counselor	576		576	
Office - FR	2,434			2,434
Builders License - All	507		507	
Small Office Equipment - All	5,551		5,551	
Small Office Equipment - Capi	248		248	
Small Office Equipment - BA	144		144	
Small Office Equipment - FR	53			53
Computer Programming - All	17,955		17,955	
Computer Programming - Agency	24		24	
Custodial	12,401		12,401	
Trash Removal	3,260		3,260	
Trash Removal - BA	2,072		2,072	
Snow Removal/Lawn Maintenance	5,964		5,964	
Security Monitoring	255		255	
Advertising - All	2,391		2,391	
Advertising - Mktg	-67		-67	
Advertising - Clear Corp	311		311	
Advertising - City MHR	704		704	
Advertising - BA	1,336		1,336	
Advertising - Vol	714		714	

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Advertising - Education	$ 1,372	$	$ 1,372	$
Advertising - Homeowner Couns	109		109	
Advertising - FR	350			350
Advertising - Agency	590		590	
Uniforms - All	1,449		1,449	
Education - All	1,745		1,745	
Education - City MHR	175		175	
Education - Homeowner Counsel	721		721	
Education - FR	700			700
Insurance - General Liability	10,770		10,770	
Insurance - Vol Liability	250		250	
Insurance - DB/Dir Liability	3,960		3,960	
Bad Debts - All	15		15	
Consulting - All Programs	4,986		4,986	
Consulting - BA	1,010		1,010	
Consulting - Vol	188		188	
Consulting - FR	95			95
Consulting - Agency	837		837	
Other Miscellaneous Expenses	1,546		1,546	
Acknowledgment - Vol	140		140	
Acknowledgment - Donor	1,500		1,500	
Project Evaluation Expense	2,125		2,125	
Allocated from Admin Exps.	-45,772		-45,772	
Allocated to Program Svcs	45,772	45,772		

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Total	$ 781,394	$ 728,368	$ 49,394	$ 3,632

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Building value and dignity by equiping low-income home owners with critical repairs, low-cost supplies and quality information while advocating for a strong, vibrant community

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Building-Division	$ 408,413	$	$ 408,413	$
Building Furnishings - Divisi	1,975,320		1,975,320	
Computer & Office Equipment	91,465		81,014	
Vehicles	123,279		131,689	
Operating Equipment-Agency &	20,734		17,821	
A/D-Division Building		28,332		40,735
A/D-Division Improvements		63,194		126,760
A/D-Computer & Office Equipme		43,050		42,431
A/D-Vehicles		96,492		101,611
A/D-Operating Equipment-Agenc		20,734		17,821
Total	$ 2,619,211	$ 251,802	$ 2,614,257	$ 329,358

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Workers' comp ins rec	$	$ 3,499
Misc adj		110
Total	$ 0	$ 3,609

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Deferred Income - Capital Cam	$ 103,881	$ 85,030
Deferred Income - Clear Corp		2,390
Deferred Income - H/O Counsel		17,593
Deferred Income - Agency	13,959	14,857
Deferred Income - XM		517
Total	$ 117,840	$ 120,387

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Payroll taxes withheld	$ 14,630	$
Total	$ 14,630	$ 0

Statement 8 - Form 990, Part IV-A - Other Revenue Included in Financial Statements

Description	Amount
Capital Campaign released from restrictions	$ 89,155
Capital Campaign released from restrictions	579
Total	$ 89,734

Statement 9 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
Capital Campaign released from restrictions	$ 89,155
Capital Campaign released from restrictions	360
Total	$ 89,515

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Address / Average Hours	Compensation	Benefits	Expenses
Jason Paulateer	Secretary	Grand Rapids, MI	0	0	0
Betty Smith-Banks	Treasurer	Grand Rapids, MI	0	0	0
Nancy Truel	Director	Grand Rapids, MI	0	0	0
Doug Scholma	Vice-chair	Grand Rapids, MI	0	0	0
Ron Weathersby	Director	Grand Rapids, MI	0	0	0

Federal Statements

Statement 10 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Title	Address / Average Hours	Compensation	Benefits	Expenses
Betty Zylstra		Grand Rapids, MI			
	Chairperson		0	0	0
Mick McGraw		Kentwood, MI			
	Director		0	0	0
Abe DeBries		Grand Rapids, MI			
	Director		0	0	0
Dick Westra		Grand Rapids, MI			
	Director		0	0	0

Statement 11 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
	VALUE OF MATERIALS DONATED TO BUILDERS' ABUNDANCE PROGRAM AT REDUCED RATES MINIMUM FEE PAID BY HOMEOWNERS FOR REPAIRS AND MATERIALS
	EDUCATION CLASSES FOR LOW-INCOME HOMEOWNERS RELATING TO REPAIRS OF HOMES.