

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 9/01/01, and ending 8/31/02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: HOME REPAIR SERVICES OF KENT COUNTY, INC.
Number and street (or P O box if mail is not delivered to street address) Room/suite: 1100 S. DIVISION
City or town, state or country, and ZIP + 4: GRAND RAPIDS MI 49507

D Employer ID number: 38-2263817
E Telephone number: 616-241-2601
F Accounting method: [X] Accrual [] Other (specify)

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

G Web site: HOMEREPAIRSERVICES.ORG

J Organization type: [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

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

H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter no. of affiliates: [X] N/A
H(c) Are all affiliates included? [X] N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Enter 4-digit GEN

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,226,902

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

Table with 12 rows (1-12) for Revenue. Columns include description, sub-rows (a-c), and total amounts. Total revenue is 2,226,902.

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Table with 8 rows (13-21) for Expenses and Net Assets. Total expenses are 2,097,265. Net assets at end of year are 3,173,909.

SCANNED APR 29 2003

513 28

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 21)

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	761,449	595,122	137,019
27	Pension plan contributions	27	6,040	6,040	
28	Other employee benefits	28	93,287	92,180	1,107
29	Payroll taxes	29	60,087	30,644	27,040
30	Professional fundraising fees	30			
31	Accounting fees	31	8,200		8,200
32	Legal fees	32	250		250
33	Supplies	33	20,915	20,915	
34	Telephone	34	7,557		7,557
35	Postage and shipping	35	7,118		4,118
36	Occupancy	36	21,117		21,117
37	Equipment rental and maintenance	37	17,692		17,692
38	Printing and publications	38	11,941		7,880
39	Travel	39	11,130		11,029
40	Conferences, conventions, and meetings	40			
41	Interest	41	7,900		7,900
42	Depreciation, depletion, etc (att sch)	42	112,288	27,728	84,560
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 2	43b	950,294	851,699	96,523
	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	2,097,265	1,624,328	431,992

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (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 24)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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.)	
a HOMEOWNERSHIP RETENTION SERVICES FOR LOW INCOME HOMEOWNERS (CRITICAL HOME REPAIRS, HANDICAP ACCESS MODIFICATIONS, LEAD POISONING PREVENTION, AND FINANCIAL COUNSELING) (Grants and allocations \$ _____)	1,056,617
b SERVICES TO HELP LOW INCOME HOMEOWNERS MAINTAIN THEIR OWN HOMES. (TOOL LIBRARY, SURPLUS BUILDING MATERIAL STORE AND EDUCATIONAL CLASSES) (Grants and allocations \$ _____)	220,659
c VOLUNTEER COORDINATION, FUNDRAISING AND OTHER. (Grants and allocations \$ _____)	56,907
d DONATED GOODS AND SERVICES (Grants and allocations \$ _____)	290,145
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,624,328

Part IV Balance Sheets (See Specific Instructions on page 24)

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
45	Cash-non-interest-bearing	174,346	45	56,289
46	Savings and temporary cash investments	737,350	46	1,119,827
47a	Accounts receivable	111,010		
b	Less allowance for doubtful accounts		47c	111,010
48a	Pledges receivable	143,700		
b	Less allowance for doubtful accounts	4,978	48c	138,722
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	87,265	52	94,580
53	Prepaid expenses and deferred charges	175	53	8,760
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	2,650,553		
b	Less accumulated depreciation (attach schedule) SEE STMT 4	434,804	57c	2,215,749
58	Other assets (describe SEE STMT 5)	3,609	58	3,502
59	Total assets (add lines 45 through 58) (must equal line 74)	3,735,012	59	3,748,439
60	Accounts payable and accrued expenses	175,353	60	141,031
61	Grants payable		61	
62	Deferred revenue SEE STMT 6	120,387	62	38,499
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	395,000	64b	395,000
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	690,740	66	574,530
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	2,617,857	67	3,169,092
68	Temporarily restricted	426,415	68	4,817
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, column (B) must equal line 21)	3,044,272	73	3,173,909
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,735,012	74	3,748,439

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 26)

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

a	Total revenue, gains, and other support per audited financial statements	a	2,226,903
b	Amounts included on line a but not on line 12, Form 990	b	
	(1) Net unrealized gains on investments \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify)		
	SEE STMT 7		
	\$ 1		
	Add amounts on lines (1) through (4)	b	1
c	Line a minus line b	c	2,226,902
d	Amounts included on line 12, Form 990 but not on line a	d	
	(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	2,226,902

a	Total expenses and losses per audited financial statements	a	2,097,265
b	Amounts included on line a but not on line 17, Form 990	b	
	(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)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,097,265
d	Amounts included on line 17, Form 990 but not on line a	d	
	(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	2,097,265

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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	62,644	880	0
HENRY KROONDYK GRAND RAPIDS, MI	DEV. DIR 2080	51,422	745	0
BOB HENGEVELD GRAND RAPIDS, MI	CONSTR MGR 2080	47,994	650	0
DAVE SCHEIDEL GRAND RAPIDS, MI	CARPTY SUPVR 2080	44,413	673	0
BRUCE JORDAN GRAND RAPIDS, MI	SELF-HELP MG 2080	44,500	0	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 8				

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 27

Part VI Other Information (See Specific Instructions on page 27)

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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instr	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 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?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
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?	85g	N/A	
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?	85h	N/A	
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 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="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 <input type="text" value="MI"/>			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b		
91	The books are in care of <input type="text" value="DAVID JACOBS"/> Located at <input type="text" value="1100 S DIVISION AVE, GRAND RAPIDS, MI"/>			
	Telephone no <input type="text" value="616-241-2601"/> ZIP + 4 <input type="text" value="49507"/>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by sec 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CONTRACTS					495,384
b USER FEES					186,941
c RETURN PROGRAM INCOME					-86,732
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	27,966	
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					37
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b INCOME - MISCELLANEOUS - AGEN					2,552
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	27,966	598,182
105 Total (add line 104, columns (B), (D), and (E))					626,148

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 32)

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. VALUE OF MATERIALS DONATED TO BUILDERS' ABUNDANCE PROGRAM SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 page 33)

- (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)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Executive Director

Date 4/14/03

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

**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
NONE				
Total number of other employees paid over \$50,000 ▶				

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

(See page 2 of the 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 ▶		

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

	Yes	No
<p>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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B)</p> <p>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</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	4	X

Note 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

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 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 6 of the instructions)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,204,456	1,516,796	1,377,813	1,171,224	5,270,289
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					
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	23,925	4,557	24,865	34,281	87,628
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac 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	1,228,381	1,521,353	1,402,678	1,205,505	5,357,917
24 Line 23 minus line 17	1,228,381	1,521,353	1,402,678	1,205,505	5,357,917
25 Enter 1% of line 23	12,284	15,214	14,027	12,055	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	107,158
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		▶	26c	5,357,917
d Add Amounts from column (e) for lines	18 <u>87,628</u> 19 _____		26d	87,628
	22 _____ 26b _____		26e	5,270,289
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	98.3645%

27 Organizations described on line 12. **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year **N/A**

(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A				
(2000)	(1999)	(1998)	(1997)	
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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
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 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

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

Limits on Lobbying Expenditures

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

Table with 3 columns: (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table with 6 columns: (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows 45-50 detailing lobbying expenditures during the 4-year averaging period.

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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

- 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)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a through i.

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 12 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 (X) No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Mortgages and Other Notes Payable

Form
990/990-PF

2001

For calendar year 2001, or tax year beginning

9/01/01, and ending

8/31/02

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) GRAND RAPIDS MUNICIPAL CORP	NONE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

Security provided by borrower	Purpose of loan
(1) REAL ESTATE	PURCHASE REAL ESTATE
(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
(1)	395,000	395,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	395,000	395,000

Federal Statements

38-2263817

FYE. 8/31/2002

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

Desc	How Rec'd		Whom Sold		Gain/ -Loss
	Date Acquired	Date Sold	Sale Price	Cost & Expense	
GAIN/LOSS ON SALES OF ASSETS					
			\$ -37	\$	\$ -37
TOTAL			\$ -37	\$ 0	\$ -37

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
MATERIALS - CAPITAL FUND				
MATERIALS - CITY MHR	48,420	48,420		
MATERIALS - XM	34,017	34,017		
MATERIALS - CITY ACCESS	14,068	14,068		
MATERIALS - KC MHR	9,247	9,247		
MATERIALS - KC ACCESS	7,353	7,353		
MATERIALS - BA	202,309	202,309		
MATERIALS - VOL	26,909	26,909		
MATERIALS - CR	22,134	22,134		
MATERIALS - WYOMING MHR	3,088	3,088		
MATERIALS - WYOMING ACCESS	4,812	4,812		
SUBCONTRACTOR - CITY MHR	72,187	72,187		
SUBCONTRACTOR - XM	17,507	17,507		
SUBCONTRACTOR - CITY ACCESS				
SUBCONTRACTOR - KC MHR	15,200	15,200		
SUBCONTRACTOR - KC ACCESS				
SUBCONTRACTOR - VOL	64,010	64,010		
SUBCONTRACTOR - EDUCATION	3,210	3,210		
SUBCONTRACTOR - CR	169,213	169,213		
SUBCONTRACTOR - WYOMING MHR	180	180		
VEHICLE-GAS	7,665	7,665		
VEHICLE - LICENSE	756	756		
VEHICLES - MAINTENANCE	6,804	6,804		
VEHICLE - BA	860	860		
VEHICLE - AGENCY	-1,080	-1,080		
MILEAGE EXPENSE	6,218	6,218		
MILEAGE EXPENSE REDUCTION	-689	-689		
INSURANCE - VEHICLE	5,467	5,467		
OFFICE- ALL	4,380		4,380	
OFFICE - MARKETING				
OFFICE - CAPITAL FUND				
OFFICE - CLEAR CORP	485		485	
OFFICE - CITY TOOL				
OFFICE - CITY MHR	183		183	
OFFICE - BA	724		724	
OFFICE - VOL	6		6	
OFFICE - ED	67		67	
OFFICE - HOMEOWNER COUNSELOR	887		887	
OFFICE - FR	713			713

Federal Statements

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FYE. 8/31/2002

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
BUILDERS LICENSE - ALL	\$ 285	\$	\$ 285	\$
SMALL OFFICE EQUIPMENT - ALL	5,165		5,165	
SMALL OFFICE EQUIPMENT - CAPI				
SMALL OFFICE EQUIPMENT - BA				
SMALL OFFICE EQUIPMENT - FR				
COMPUTER PROGRAMMING - ALL	10,879		10,879	
COMPUTER PROGRAMMING - AGENCY				
CUSTODIAL	11,047		11,047	
TRASH REMOVAL	3,036		3,036	
TRASH REMOVAL - BA	2,405		2,405	
SNOW REMOVAL/LAWN MAINTENANCE	6,720		6,720	
SECURITY MONITORING	265		265	
ADVERTISING - ALL	1,617		1,617	
ADVERTISING - MKTG				
ADVERTISING - CLEAR CORP	59		59	
ADVERTISING - CITY MHR				
ADVERTISING - BA	62		62	
ADVERTISING - VOL	525		525	
ADVERTISING - EDUCATION	379		379	
ADVERTISING - HOMEOWNER COUNS				
ADVERTISING - FR	1,141			1,141
ADVERTISING - AGENCY	230		230	
UNIFORMS - ALL	995		995	
EDUCATION - ALL	230		230	
EDUCATION - CITY MHR	323		323	
EDUCATION - HOMEOWNER COUNSEL	762		762	
EDUCATION - FR	218			218
INSURANCE - GENERAL LIABILITY	13,622		13,622	
INSURANCE - VOL LIABILITY	696		696	
INSURANCE - DB/DIR LIABILITY				
BAD DEBTS - ALL				
CONSULTING - ALL PROGRAMS				
CONSULTING - BA				
CONSULTING - VOL				
CONSULTING - FR				
CONSULTING - AGENCY				
OTHER MISCELLANEOUS EXPENSES	2,736		2,736	
ACKNOWLEDGMENT - VOL	1,184		1,184	
ACKNOWLEDGMENT - DONOR	13,812		13,812	
PROJECT EVALUATION EXPENSE				
ALLOCATED FROM ADMIN EXPS.				
ALLOCATED TO PROGRAM SVCS.				
MATERIAL - CLEAR CORP	323	323		
SUBCONTRACTOR - WYOMING ACCES	132	132		
COMMUNITY MORTGAGE ASSISTANCE	110,049	110,049		
MAF EXPENSES	1,330	1,330		
FOLLOW UP SURVEY	1,377		1,377	
SMALL OFFICE EQUIPMENT - GM	50		50	
COMPUTER PROGRAMMING - HOC	1,050		1,050	
ADVERTISING - KC MHR	3,000		3,000	
UNIFORMS - CLEAR CORP	248		248	
EDUCATION - CLEAR CORP	812		812	
INSURANCE - DISABILITY	1,963		1,963	

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
CONSULTING - CLEAR CORP	\$ 2,863	\$	\$ 2,863	\$
RAISE THE ROOF - VOL	1,394		1,394	
TOTAL	\$ 950,294	\$ 851,699	\$ 96,523	\$ 2,072

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		1,978,510	
COMPUTER & OFFICE EQUIPMENT	81,014		74,070	
VEHICLES	131,689		155,535	
OPERATING EQUIPMENT-AGENCY &	17,821		17,999	
A/D-DIVISION BUILDING		40,735		53,128
A/D-DIVISION IMPROVEMENTS		126,760		190,189
A/D-COMPUTER & OFFICE EQUIPME		42,431		44,152
A/D-VEHICLES		101,611		129,336
A/D-OPERATING EQUIPMENT-AGENC		17,821		17,999
VEHICLES - CLEAR CORP			16,026	
TOTAL	\$ 2,614,257	\$ 329,358	\$ 2,650,553	\$ 434,804

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Federal Statements

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
WORKERS' COMP. INS REC	\$ 3,499	\$
MISC ADJ	110	
L/T WORKERS' COMP DEPOSIT REC		3,499
ROUNDING		3
TOTAL	<u>\$ 3,609</u>	<u>\$ 3,502</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED INCOME - CAPITAL CAM	\$ 85,030	\$
DEFERRED INCOME - CLEAR CORP	2,390	
DEFERRED INCOME - H/O COUNSEL	17,593	31,988
DEFERRED INCOME - AGENCY	14,857	2,205
DEFERRED INCOME - XM	517	785
DEFERRED INCOME - FIA/PDS AAA		3,521
TOTAL	<u>\$ 120,387</u>	<u>\$ 38,499</u>

Statement 7 - Form 990, Part IV-A - Other Revenue Included in Financial Statements

<u>Description</u>	<u>Amount</u>
ROUNDING	\$ 1
TOTAL	<u>\$ 1</u>

38-2263817

Federal Statements

FYE: 8/31/2002

Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JASON PAULATEER	SECRETARY		GRAND RAPIDS, MI			
BETTY ZYLSTRA	PRESIDENT		GRAND RAPIDS, MI			
NANCY TRUEL	DIRECTOR		GRAND RAPIDS, MI			
DOUG SCHOLMA	VICE-PRES		GRAND RAPIDS, MI			
BETTY-SMITH BANKS	TREASURER		GRAND RAPIDS, MI			
RON WEATHERSBY	DIRECTOR		GRAND RAPIDS, MI			
MAUREEN GEARY	DIRECTOR		GAND RAPIDS, MI			
KURT SLINGLAND	DIRECTOR		ADA, MI			

Statement 9 - Form 990, Part VIII - Relationship of ActivitiesLine No.Description

AT REDUCED RATES MINIMUM FEE PAID BY HOMEOWNERS FOR REPAIRS AND MATERIALS.
EDUCATION CLASSES FOR LOW-INCOME HOMEOWNERS RELATING TO REPAIRS OF HOMES

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1085, 1086, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HOME REPAIR SERVICES OF KENT COUNTY, INC.	Employer identification number 38-2263817
	Number, street, and room or suite no. If a P O box, see instructions 1100 S. DIVISION	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GRAND RAPIDS MI 49507	

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 4/15/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 9/01/01 and ending 8/31/02.

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Bradley A. Horvath* ▶ CPA

For Paperwork Reduction Act-Notice, see instruction

Date ▶ 1/14/03
Form 8868 (12-2000)