

Form **990**

OMB No 1545-0047

2002

Open to Public Inspection

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)

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 2002 calendar year, or tax year beginning **7/01/02**, and ending **8/31/03**

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

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**
 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: Cash 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 (check only one): 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **2,078,729**

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes," enter no. of affiliates: **0**

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

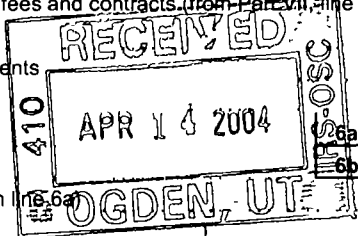
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: **0000**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	757,569	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	771,000	
d	Total (add lines 1a through 1c) (cash \$ 1,201,678 noncash \$ 326,891)	1d		1,528,569
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		521,302
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		24,550
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		
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a	125	
c	Gain or (loss) (attach schedule)	8b	100	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	25	
9	Special events and activities (attach schedule)		SEE STMT 1	25
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 (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		4,183
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,078,629
13	Program services (from line 44, column (B))	13		1,590,641
14	Management and general (from line 44, column (C))	14		429,243
15	Fundraising (from line 44, column (D))	15		71,216
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		2,091,100
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-12,471
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,173,909
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		3,161,438



e = SCANNED APR 28 2004

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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 page 21 of the instructions.)

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	726,314	159,262	45,517
27	Pension plan contributions	27	7,779	7,779	
28	Other employee benefits	28	101,857	2,640	
29	Payroll taxes	29	57,964	26,084	2,319
30	Professional fundraising fees	30			
31	Accounting fees	31	8,200	8,200	
32	Legal fees	32	270	270	
33	Supplies	33	8,507	8,507	
34	Telephone	34	7,500	7,500	
35	Postage and shipping	35	7,400	3,964	3,436
36	Occupancy	36	23,409	23,409	
37	Equipment rental and maintenance	37	12,052	12,052	
38	Printing and publications	38	10,518	44	4,265
39	Travel	39	7,614	6,614	1,000
40	Conferences, conventions, and meetings	40			
41	Interest	41	7,900	7,900	
42	Depreciation, depletion, etc (attach schedule)	42	106,910	22,547	84,363
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 2	43b	996,906	901,451	14,679
	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	2,091,100	1,590,641	429,243

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 page 24 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others)
<p>SEE STATEMENT 3</p> <p>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.)</p>	
<p>a HOMEOWNERSHIP RETENTION SERVICES FOR LOW INCOME HOMEOWNERS (CRITICAL HOME REPAIRS, HANDICAP ACCESS MODIFICATIONS, LEAD POISONING PREVENTION, AND FINANCIAL COUNSELING)</p> <p>(Grants and allocations \$ 931,682)</p>	931,682
<p>b SERVICES TO HELP LOW INCOME HOMEOWNERS MAINTAIN THEIR OWN HOMES. (TOOL LIBRARY, SURPLUS BUILDING MATERIAL STORE AND EDUCATIONAL CLASSES)</p> <p>(Grants and allocations \$ 240,388)</p>	240,388
<p>c VOLUNTEER COORDINATION, FUNDRAISING AND OTHER.</p> <p>(Grants and allocations \$ 58,597)</p>	58,597
<p>d DONATED GOODS AND SERVICES</p> <p>(Grants and allocations \$ 359,974)</p>	359,974
<p>e Other program services (attach schedule) SEE STMT 4 (Grants and allocations \$ -1,590,641)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	1,590,641

Part IV Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
45	Cash - non-interest-bearing	56,289	45	68,287	
46	Savings and temporary cash investments	1,119,827	46	1,236,057	
47a	Accounts receivable	72,660			
b	Less allowance for doubtful accounts		47c	72,660	
48a	Pledges receivable	126,600			
b	Less allowance for doubtful accounts	1,515	48c	125,085	
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	94,580	52	68,225	
53	Prepaid expenses and deferred charges	8,760	53	150	
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	2,648,433			
b	Less accumulated depreciation (attach schedule) SEE STMT 5	534,592	57c	2,113,841	
58	Other assets (describe SEE STMT 6)	3,502	58	4,177	
59	Total assets (add lines 45 through 58) (must equal line 74)	3,748,439	59	3,688,482	
60	Accounts payable and accrued expenses	141,031	60	64,077	
61	Grants payable		61		
62	Deferred revenue SEE STMT 7	38,499	62	67,967	
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)	574,530	66	527,044	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	3,169,092	67	3,093,842	
68	Temporarily restricted	4,817	68	67,596	
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)	3,173,909	73	3,161,438	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,748,439	74	3,688,482	

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 VI Other Information (See page 27 of the instructions.)		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		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		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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		
b	Did the organization file Form 1120-POL for this year?		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?		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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	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	N/A	
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	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?	N/A	
86	501(c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		X
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 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		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="checkbox"/> MI		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	The books are in care of <input type="checkbox"/> DAVID JACOBS Telephone no <input type="checkbox"/> 616-241-2601 Located at <input type="checkbox"/> 1100 S DIVISION AVE, GRAND RAPIDS, MI ZIP + 4 <input type="checkbox"/> 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="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a CONTRACTS					377,627
b USER FEES					243,365
c RETURN PROGRAM INCOME					-99,690
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	24,550	
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					25
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					4,183
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		24,550	525,510
105 Total (add line 104, columns (B), (D), and (E))					550,060

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 page 32 of the instructions.)

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)
●	SEE STATEMENT 9

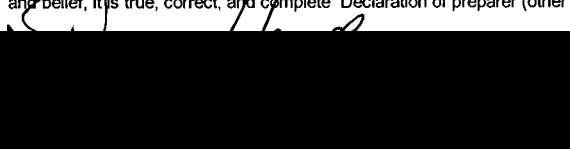
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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.

Please  Date **4/12/04**

ative Director

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
<p>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</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 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)
- 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 fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,600,754	1,204,456	1,516,796	1,377,813	5,699,819
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	27,966	23,925	4,557	24,865	81,313
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	1,628,720	1,228,381	1,521,353	1,402,678	5,781,132
24 Line 23 minus line 17	1,628,720	1,228,381	1,521,353	1,402,678	5,781,132
25 Enter 1% of line 23	16,287	12,284	15,214	14,027	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
					26a 115,623
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 1998 through 2001 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 5,781,132
d Add Amounts from column (e) for lines 18 <u>81,313</u> 19 _____ 22 _____ 26b _____					26d 81,313
e Public support (line 26c minus line 26d total)					26e 5,699,819
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.5935%
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
(2001)	(2000)	(1999)	(1998)		
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
(2001)	(2000)	(1999)	(1998)		
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 1998 through 2001, 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?			
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?			
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)			
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)

	(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-		
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	41	
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		
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	

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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.)

Yes	No	Amount

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'.

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 1065, 1066, 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 4/15/05, 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 9/01/03, and ending 8/31/04

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  Title ▶ **CPA**

Date ▶ **1/05/04**

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

Mortgages and Other Notes Payable

Form
990/990-PF

2002

For calendar year 2002, or tax year beginning

7/01/02, and ending

8/31/03

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

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2002

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No **67**

Name(s) shown on return **HOME REPAIR SERVICES
OF KENT COUNTY, INC.**

Identifying number
38-2263817

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179

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

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	24,000
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 pg. 2 of the instr	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property Enter the amount from line 29	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 line 13 of your 2001 Form 4562	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 2003 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg. 3 of the instr)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	108,502

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(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
19a 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 property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see page 6 of the instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	108,502
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2002)

HOME REPAIR SERVICES

38-2263817

Form 4562 (2002)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note. For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)								
							25	
26 Property used more than 50% in a qualified business use (see page 7 of the instructions)								
27 Property used 50% or less in a qualified business use (see page 7 of the instructions)								
							S/L-	
							S/L-	
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions)					
43 Amortization of costs that began before your 2002 tax year					43
44 Total. Add amounts in column (f) See page 9 of the instructions for where to report					44

Federal Statements

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
COMPUTER	PURCHASE		4/04/97	2/28/03	\$	\$ 1,495	\$ 1,495	\$
COMPUTER	PURCHASE		7/07/97	2/28/03		1,275	1,275	
CALCULATOR	PURCHASE		8/01/83	3/31/03		100	100	
3/4 TON CHEVY	PURCHASE		4/27/95	6/30/03		3,800	3,700	-100
AIR COMPRESSOR	PURCHASE		10/27/86	9/30/02		279	279	
ROOFING GUN	PURCHASE		6/12/87	9/30/02		495	495	
GAIN/LOSS ON SALES OF ASSETS					125			125
TOTAL					\$ 125	\$ 7,444	\$ 7,344	\$ 25

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MATERIALS - CAPITAL FUND	8,283	8,283		
MATERIALS - CITY MHR	50,718	50,718		
MATERIALS - XM	20,142	20,142		
MATERIALS - CITY ACCESS	9,385	9,385		
MATERIALS - KC MHR	5,127	5,127		
MATERIALS - KC ACCESS	8,552	8,552		
MATERIALS - BA	228,051	228,051		
MATERIALS - VOL	20,769	20,769		
MATERIALS - CR	17,405	17,405		
MATERIALS - WYOMING MHR	3,518	3,518		
MATERIALS - WYOMING ACCESS	1,990	1,990		
SUBCONTRACTOR - CITY MHR	14,818	14,818		
SUBCONTRACTOR - XM	26,223	26,223		
SUBCONTRACTOR - CITY ACCESS				
SUBCONTRACTOR - KC MHR	10,508	10,508		
SUBCONTRACTOR - KC ACCESS				
SUBCONTRACTOR - VOL	112,635	112,635		
SUBCONTRACTOR - EDUCATION	2,860	2,860		
SUBCONTRACTOR - CR	172,920	172,920		
SUBCONTRACTOR - WYOMING MHR	955	955		
VEHICLE-GAS	9,265	9,265		
VEHICLE - LICENSE	1,147	1,147		
VEHICLES - MAINTENANCE	10,130	10,130		
VEHICLE - BA	3,627	3,627		
VEHICLE - AGENCY	620	620		
MILEAGE EXPENSE	6,707	6,707		
MILEAGE EXPENSE REDUCTION	-617	-617		
INSURANCE - VEHICLE	6,290	6,290		
OFFICE- ALL	4,779		4,779	
OFFICE - MARKETING				
OFFICE - CAPITAL FUND				
OFFICE - CLEAR CORP	16		16	
OFFICE - CITY TOOL				
OFFICE - CITY MHR	85		85	
OFFICE - BA	771		771	
OFFICE - VOL	20		20	
OFFICE - ED				
OFFICE - HOMEOWNER COUNSELOR	343		343	
OFFICE - FR	101			101
BUILDERS LICENSE - ALL	70		70	
SMALL OFFICE EQUIPMENT - ALL	4,827		4,827	
SMALL OFFICE EQUIPMENT - CAPI				
SMALL OFFICE EQUIPMENT - BA				
SMALL OFFICE EQUIPMENT - FR				
COMPUTER PROGRAMMING - ALL	8,038		8,038	
COMPUTER PROGRAMMING - AGENCY				
CUSTODIAL	10,878		10,878	
TRASH REMOVAL	3,384		3,384	
TRASH REMOVAL - BA	2,675		2,675	
SNOW REMOVAL/LAWN MAINTENANCE	7,488		7,488	
SECURITY MONITORING	240		240	

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
ADVERTISING - ALL	\$ 1,781	\$	\$ 1,781	\$
ADVERTISING - MKTG				
ADVERTISING - CLEAR CORP				
ADVERTISING - CITY MHR	328		328	
ADVERTISING - BA	23		23	
ADVERTISING - VOL	39		39	
ADVERTISING - EDUCATION				
ADVERTISING - HOMEOWNER COUNS				
ADVERTISING - FR	551			551
ADVERTISING - AGENCY	276		276	
UNIFORMS - ALL	957		957	
EDUCATION - ALL	535		535	
EDUCATION - CITY MHR	70		70	
EDUCATION - HOMEOWNER COUNSEL				
EDUCATION - FR	860			860
INSURANCE - GENERAL LIABILITY	14,681		14,681	
INSURANCE - VOL LIABILITY	416		416	
INSURANCE - DB/DIR LIABILITY				
BAD DEBTS - ALL	3,833		3,833	
CONSULTING - ALL PROGRAMS				
CONSULTING - BA				
CONSULTING - VOL				
CONSULTING - FR				
CONSULTING - AGENCY				
OTHER MISCELLANEOUS EXPENSES	2,687		2,687	
ACKNOWLEDGMENT - VOL	1,352		1,352	
ACKNOWLEDGMENT - DONOR	15,326		15,326	
PROJECT EVALUATION EXPENSE ALLOCATED FROM ADMIN EXPS. ALLOCATED TO PROGRAM SVCS.				
MATERIAL - CLEAR CORP.	3,886	3,886		
SUBCONTRACTOR - WYOMING ACCES				
COMMUNITY MORTGAGE ASSISTANCE	103,893	103,893		
MAF EXPENSES	20,629	20,629		
FOLLOW UP SURVEY	1,478		1,478	
SMALL OFFICE EQUIPMENT - GM				
COMPUTER PROGRAMMING - HOC				
ADVERTISING - KC MHR				
UNIFORMS - CLEAR CORP				
EDUCATION - CLEAR CORP	606		606	
INSURANCE - DISABILITY	2,418		2,418	
CONSULTING - CLEAR CORP				
RAISE THE ROOF - VOL	3,522		3,522	
SUBCONTRACTOR - CLEAR CORP	7,296	7,296		
LICENSE & FEES - CLEAR CORP	240	240		
MISC. EXP - CAP CAMPAIGN	13,478	13,478		
ALLOCATED FROM MGT & GEN	-13,168		-13,168	
ALLOOCATED TO FR	13,167			13,167
ROUNDING	2		2	
ROUNDING	1	1		
TOTAL	\$ 996,906	\$ 901,451	\$ 80,776	\$ 14,679

Federal Statements

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 III, Line e - Other Program Services

REALLOCATE AMOUNTS TO EXEMPT PURPOSE ACHIEVEMENTS IN SCHEDULE III 1 - 4.

Federal Statements

Statement 5 - 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	1,978,510		1,978,510	
COMPUTER & OFFICE EQUIPMENT	74,070		71,200	
VEHICLES	155,535		156,835	
OPERATING EQUIPMENT-AGENCY &	17,999		17,449	
A/D-DIVISION BUILDING		53,128		65,525
A/D-DIVISION IMPROVEMENTS		190,189		253,686
A/D-COMPUTER & OFFICE EQUIPME		44,152		49,750
A/D-VEHICLES		129,336		148,182
A/D-OPERATING EQUIPMENT-AGENC		17,999		17,449
VEHICLES - CLEAR CORP	16,026		16,026	
TOTAL	<u>\$ 2,650,553</u>	<u>\$ 434,804</u>	<u>\$ 2,648,433</u>	<u>\$ 534,592</u>

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
WORKERS' COMP. INS. REC	\$	\$
MISC ADJ		
L/T WORKERS' COMP DEPOSIT REC	3,499	4,177
ROUNDING	3	
TOTAL	<u>\$ 3,502</u>	<u>\$ 4,177</u>

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED INCOME - H/O COUNSEL	\$ 31,988	\$ 28,832
DEFERRED INCOME - AGENCY	2,205	1,563
DEFERRED INCOME - XM	785	1,340
DEFERRED INCOME - FIA/PDS AAA	3,521	1,237
DEFERRED INCOME - CLEAR CORP		17,695
DEFERRED INCOME - MAF		17,300
TOTAL	<u>\$ 38,499</u>	<u>\$ 67,967</u>

Federal Statements

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

Name	Comp	Benefits	Expenses	Title	Address	Average Hours	City, State, Zip
DAVID JACOBS	61,506	914	0	EXEC. DIR.	2080		GRAND RAPIDS, MI
HENRY KROONDYK	52,358	725	0	DEV. DIR	2080		GRAND RAPIDS, MI
BOB HENGEVELD	49,054	699	0	CONSTR MGR	2080		GRAND RAPIDS, MI
MERI WATKINS	46,375	639	0	CARPTY SUPVR	2080		GRAND RAPIDS, MI
BRUCE JORDAN	45,344	642	0	SELF-HELP MG	2080		GRAND RAPIDS, MI
BOB DEPPE	0	0	0	DIRECTOR			GRAND RAPIDS, MI
DON NEDERHOOD	0	0	0	DIRECTOR			WYOMING, MI
JOHN ROMERO	0	0	0	DIRECTOR			GRAND RAPIDS, MI
RUTH VIS	0	0	0	SECRETARY			GRAND RAPIDS, MI
JASON PAULATEER	0	0	0	PRESIDENT			GRAND RAPIDS, MI
NANCY TRUEL	0	0	0	V. PRESIDENT			GRAND RAPIDS, MI
BETTY-SMITH BANKS	0	0	0	TREASURER			GRAND RAPIDS, MI
RON WEATHERSBY	0	0	0	DIRECTOR			GRAND RAPIDS, MI
MAUREEN GEARY	0	0	0	DIRECTOR			GAND RAPIDS, MI
KURT SLINGLAND	0	0	0	DIRECTOR			ADA, MI
JAMES JACKSON	0	0	0	DIRECTOR			GRAND RAPIDS, MI 49503
JEANINE BRYANT	0	0	0	DIRECTOR			GRAND RAPIDS, MI 4953
PETE LANSER	0	0	0	DIRECTOR			ZEEELAND, MI 49464

Federal Statements

Statement 9 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

93A

PROVIDES SERVICES TO LOW-INCOME FAMILIES WHICH ARE PAID FOR BY OTHER NON-PROFIT ORGANIZATIONS.
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.

38-2263817

Federal Statements

FYE: 8/31/2003

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
	CASH-CHECKING AGENCY	\$ 62,426	\$
	CASH-CO-PAY AGENCY	395	
	CASH-CAPITAL MARKETING	1,497	
	CASH-CHECKING-CDBG	3,770	
	CASH-DRAWER-BA	200	
	ROUNDING	-1	
TOTAL		<u>\$ 68,287</u>	<u>\$ 0</u>