

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

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 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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. Address: 1100 S DIVISION AVE, GRAND RAPIDS, MI 49507

D Employer identification number: 38-2263817. E Telephone number: (616) 241-2601. F Accounting method: Accrual

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: WWW.HOMEREPAIRSERVICES.ORG

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 2,408,862

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

Part III 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 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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	72,099	18,746	45,927	7,426
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b and c	797,394	639,896	99,040	58,458
27	Pension plan contributions not included on lines 25a, b and c	14,766	14,766		
28	Employee benefits not included on lines 25a - 27	97,481	74,876	14,483	8,122
29	Payroll taxes	72,016	54,897	9,806	7,313
30	Professional fundraising fees				
31	Accounting fees	6,800	6,800		
32	Legal fees	1,838		1,838	
33	Supplies	10,945	10,945		
34	Telephone	9,559		9,559	
35	Postage and shipping	11,523	1,435	2,277	7,811
36	Occupancy	87,359	595	86,764	
37	Equipment rental and maintenance	5,931	827	5,104	
38	Printing and publications	16,719	2,090	7,875	6,754
39	Travel	9,536		9,309	227
40	Conferences, conventions, and meetings	3,960	2,380	750	830
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	90,413	9,041	81,372	
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,354,166	1,816,667	432,168	105,331

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ REPAIRS, CLASSES, SUPPLIES, AND COUNSELING FOR HOMEOWNERS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a CRITICAL REPAIRS FOR LOWER-INCOME HOMEOWNERS IN FY 2008, COMPLETED 1,539 CRITICAL REPAIRS TO ENSURE THE HEALTH AND SAFETY OF LOWER-INCOME HOMEOWNERS. REPLACED 41 FURNACES AND REPAIRED OR REPLACED ROOFS ON 31 HOMES. INSTALLED 41 HOME ACCESS RAMPS AND COMPLETED 25 BATHROOM MODIFICATIONS FOR PHYSICALLY DISABLED HOMEOWNERS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,046,869
b DO-IT-YOURSELF ASSISTANCE TO LOWER-INCOME HOMEOWNERS IN FY 2008, EDUCATED 1,111 HOMEOWNERS IN 155 HOME MAINTENANCE AND HOUSEHOLD FINANCIAL MANAGEMENT CLASSES, CONDUCTED IN BOTH ENGLISH AND SPANISH. LOANED 2,224 TOOLS AND DISTRIBUTED 652,000 IN DONATED SURPLUS BUILDING MATERIALS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	427,985
c FINANCIAL COUNSELING FOR HOMEOWNERS IN FY 2008, OPENED 938 FINANCIAL COUNSELING CASES FOR HOMEOWNERS FACING FORECLOSURE. AVERTED 282 FORECLOSURES OF THE 282 FORECLOSURES AVERTED, EIGHT FAMILIES WERE COUNSELED TO SELL THEIR HOMES IN LIEU OF FORECLOSURE. 274 FAMILIES WERE ABLE TO MAINTAIN OWNERSHIP OF THEIR EXISTING HOMES. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	341,813
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	1,816,667

Part IV Balance Sheets (See 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		
Assets	45 Cash—non-interest-bearing		54,007	45	60,410	
	46 Savings and temporary cash investments		945,775	46	1,149,121	
	47a Accounts receivable	47a	90,366			
	b Less allowance for doubtful accounts	47b		75,138	47c	90,366
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		223,256	49	152,949	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use		118,091	52	136,796	
	53 Prepaid expenses and deferred charges		6,072	53	280	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	2,670,071				
b Less accumulated depreciation (attach schedule)	57b	909,512	1,836,547	57c	1,760,559	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			4,279	58	79,255	
59 Total assets (must equal line 74) Add lines 45 through 58		3,263,165	59	3,429,736		
Liabilities	60 Accounts payable and accrued expenses		150,438	60	247,780	
	61 Grants payable			61		
	62 Deferred revenue		36,137	62	63,544	
	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)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)			65		
66 Total liabilities Add lines 60 through 65		186,575	66	311,324		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		3,076,590	67	3,010,936	
	68 Temporarily restricted			68	32,500	
	69 Permanently restricted			69	74,976	
	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 and column (B) must equal line 21)		3,076,590	73	3,118,412	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		3,263,165	74	3,429,736	

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) containing questions 82a through 91b regarding organizational activities, dues, lobbying, and financial accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, interest on savings, dividends, net rental income, and other revenue.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	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.		
	*****	2009-02-11	
	Signature of officer	Date	
	DAVID E JACOBS EXECUTIVE DIRECTOR Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	MICHELLE L DERIDDER	Date	2009-02-16	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ANDREWS HOOPER & PAVLIK PLC 3333 DEPOSIT DR NE STE 310 GRAND RAPIDS, MI 49546			EIN		Phone no
							(616) 942-6440

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

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

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

Department of the
Treasury
Internal Revenue
Service

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 benefit plans & deferred compensation	(e) Expense account and other allowances
BOB HENGEVELD 1100 S DIVISION GRAND RAPIDS, MI 49507	MANAGER 40 00	55,395	10,106	0
DAVID P SCHEIDEL 1100 S DIVISION GRAND RAPIDS, MI 49507	SUPERVISOR 40 00	52,390	11,897	7
MAUREEN MARTIN 1100 S DIVISION GRAND RAPIDS, MI 49507	MANAGER 40 00	54,100	5,542	150
MERI WATKINS 1100 S DIVISION GRAND RAPIDS, MI 49507	MANAGER 40 00	52,492	5,301	85
BRUCE JORDAN 1100 S DIVISION GRAND RAPIDS, MI 49507	MANAGER 40 00	52,409	4,664	199
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JOHN'S HOME IMPROVEMENT 6681 ECHO DRIVE ROCKFORD, MI 49341	ROOFING	168,755
PRO-TECH HEATING & COOLING 5700 GARFIELD STREET COOPERSVILLE, MI 49404	HEATING&COOLING	93,091
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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		No
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.)		
a	Sale, exchange, or leasing property?		No
b	Lending of money or other extension of credit?		No
c	Furnishing of goods, services, or facilities?		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Yes	
e	Transfer of any part of its income or assets?		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		No
b	Did the organization have a section 403(b) annuity plan for its employees?	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	Yes	
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		No
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>1</u>		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>74,976</u>		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,408,200	1,432,680	1,421,943	1,544,568	5,807,391
16 Membership fees received					0
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	728,721	875,557	941,854	581,866	3,127,998
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	30,656	30,931	21,898	18,610	102,095
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	9,514	19,211	6,452	4,149	39,326
23 Total of lines 15 through 22	2,177,091	2,358,379	2,392,147	2,149,193	9,076,810
24 Line 23 minus line 17	1,448,370	1,482,822	1,450,293	1,567,327	5,948,812
25 Enter 1% of line 23	21,771	23,584	23,921	21,492	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 118,976
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 2002 through 2005 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 5,948,812
d Add Amounts from column (e) for lines 18 102,095 19 0					26d 141,421
22 26b					26e 5,807,391
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.62 %
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 (2006) (2005) (2004) (2003)					
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 11b, 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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16					27c
17 20 21					27d
d Add Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from 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 2002 through 2005, 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)

		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?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

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)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 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	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 instructions.)

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

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) (See instructions)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 If you are electing to group any assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above.

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 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

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.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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 instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for employer-provided vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data

Software ID:
Software Version:
EIN: 38-2263817
Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	43a				
b MATERIALS	43b	348,750	348,750		
c SUBCONTRACTORS	43c	414,011	393,517	20,494	
d INSURANCE	43d	39,558	37,442	1,867	249
e VEHICLES	43e	30,382	30,373	9	
f MORTGAGE ASSISTANCE	43f	153,754	153,754		
g OFFICE EXPENSE	43g	57,372	15,422	33,809	8,141
h LICENSING	43h	2,000	115	1,885	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ELIZABETH WELCH LYKINS PO BOX 6262 GRAND RAPIDS, MI 49516	CHAIR 1 00	0		
ARLEN-DEAN GADDY 5537 GLENWOOD HILLS PKWY 100 GRAND RAPIDS, MI 49512	VICE CHAIR 1 00	0		
TIMOTHY MORRIS 2356 TURNER NW STE A GRAND RAPIDS, MI 49544	TREASURER 1 00	0		
JUDITH LARSEN 143 BOSTWICK NE GRAND RAPIDS, MI 49503	SECRETARY 1 00	0		
PETE LANSER 441 E ROOSEVELT ZEELAND, MI 49464	DIRECTOR 1 00	0		
ROBERT W ROTH 861 47TH STREET SW GRAND RAPIDS, MI 49509	DIRECTOR 1 00	0		
RICHARD ORTEGA 1200 JEFFERSON SE GRAND RAPIDS, MI 49507	DIRECTOR 1 00	0		
JESSICA ANN TYSON 6670 KALAMAZOO AVE STE E-201 KENTWOOD, MI 49508	DIRECTOR 1 00	0		
WANDA MERRIWEATHER 25 SHELDON SE GRAND RAPIDS, MI 49503	DIRECTOR 1 00	0		
AARON KITSON 2300 3 MILE RD NE GRAND RAPIDS, MI 49505	DIRECTOR 1 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PATRICK GILL 2445 84TH ST SW BYRON CENTER, MI 49315	DIRECTOR 1 00	0		
MAUREEN R GEARY 2025 E FULTON GRAND RAPIDS, MI 49503	DIRECTOR 1 00	0		
DAVID JACOBS 1100 S DIVISION GRAND RAPIDS, MI 49507	EXECDIRECTOR 40 00	72,099	12,857	552

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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	FEES PAID BY HOMEOWNERS FOR CRITICAL REPAIR AND ACCESSIBILITY SERVICES
93B	FEES PAID BY HOMEOWNERS FOR BUILDING MATERIALS
93C	CONTRACTS WITH LOCAL NON-PROFIT AGENCY TO PROVIDE SERVICES TO LOWER-INCOME SENIORS
93G	CONTRACTS WITH GOVERNMENT AGENCIES TO PROVIDE SERVICES TO LOWER-INCOME HOMEOWNERS
100	GAIN ON SALE OF ASSET USED IN OPERATIONS
103B	RECEIPTS FROM AGENCIES, ORGANIZATIONS AND INDIVIDUALS TO ASSIST WITH MORTGAGE PAYMENTS IN FORECLOSURE INTERVENTION PROGRAM
103C	MISCELLANEOUS EXEMPT REVENUE (RECYCLING OF UNUSABLE BUILDING MATERIALS, ROOM RENTAL FOR HOMEOWNER EDUCATION, FEES FOR DAMAGED TOOLS)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
1991 CHEVY VAN	1991-02	PURCHASE	2007-08	PEPINOS	650	14,479			550	14,379

TY 2007 Land etc. Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDING - DIVISION	320,248	98,312	221,936
BUILDING FURNISHINGS - DIVISION	1,978,510	560,590	1,417,920
COMPUTER & OFFICE EQUIPMENT	93,723	75,442	18,281
VEHICLES	179,097	164,840	14,257
OPERATING EQUIPMENT - AGENCY & CDBG	10,328	10,328	
1100 SOUTH DIVISION LAND	88,165		88,165

TY 2007 Other Assets Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Description	Beginning of Year Amount	End of Year Amount
LONG TERM DEPOSITS	4,279	4,279
BEN INT IN ASSETS HELD BY COMM. FOUN		74,976

TY 2007 Other Changes in Net Assets Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Description	Amount
PRIOR PERIOD ADJUSTMENT	25,442
CHANGE IN BENEFICIAL INTEREST IN ENDOWMENT	3,626

TY 2007 Other Expenses Included Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Description	Amount
SPECIAL EVENT EXPENSES	41,842

TY 2007 Other Revenues Included Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Description	Amount
CHANGE IN BENEFICIAL INTEREST IN ENDOWMENT	3,626
SPECIAL EVENT EXPENSES	41,842

TY 2007 Special Events Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
MAKING IT HOME AUCTION	88,112	84,562	3,550	16,009	-12,459
RESOURCEFUL HOMEOWNER CEL	47,300	45,050	2,250	25,833	-23,583
TOTAL	135,412	129,612	5,800	41,842	-36,042

TY 2007 Other Income Schedule

Name: HOME REPAIR SERVICES OF KENT
COUNTY INC

EIN: 38-2263817

Description	2006	2005	2004	2003	Total
OTHER REVENUE	9,514	19,211	6,452	4,149	39,326