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# Form 990-EZ

Department of the Treasury Internal Revenue Service

# **Short Form**

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The granization may have to use a copy of this return to salisfy state reporting requirements

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

OMB No 1545-1150

2010

Open to Public Inspection

Α	For the 2010 calendar year, or tax year beginning , 2010, and et	nding ,
	Check if applicable C	D Employer identification number
	Address change   Volunteer Service Bank	46-0423350
=	Name change 826 32nd Avenue #102	E Telephone number
	Initial return Brookings, SD 57006	605-692-6102
$\equiv$	Amended return	F Group Exemption
=	Application pending	Number
G	Accounting Method X Cash	H Check ► X if the organization is not
	Website: ► N/A	required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<u>J</u>	Tax-exempt status (ck only one) $ \boxed{X}$ 501(c)(3) $\boxed{501(c)}$ ( ) $\blacktriangleleft$ (insert no.) $\boxed{4947(a)(1)}$ or	327
	\$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca organization chooses to file a return, be sure to file a complete return.	rd) may be required (see instructions). But if the
		000 or more, or if total
L	Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200, assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of	Form 990-EZ \(\bigs\)\$ 35,439.
Pa	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balance	· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedule O to respond to any question in this Part	
	1 Contributions, gifts, grants, and similar amounts received	1 35,407.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 32.
	5a Gross amount from sale of assets other than inventory 5a	<u> </u>
	b Less cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c
	6 Gaming and fundraising events	
R E V	a Gross income from gaming (attach Schedule G if greater than \$15,000)	
E	b Gross ricome from fundraising events (not including \$ or c	ontributions
N U	i i from fundraising events reported on line 1) (attach schedule G if the sum i i	
E		
	c Less direct expenses from gaming and fundraising events 6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
	7a Gross sales of inventory, less returns and allowances 7a	
	<b>b</b> Less cost of goods sold . 7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 1 1
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members.	79 11
E	12 Salaries, other compensation, and employee benefits . APR .1	$\frac{1}{201}$ $\frac{9}{9}$ $\frac{12}{12}$ $\frac{11,725}{11}$
P	13 Professional fees and other payments to independent contractors	$\frac{0}{2}$ 13 764.
Ñ	14 Occupancy, rent, utilities, and maintenance	14
Ē	15 Printing, publications, postage, and shipping	15
3		chedule 0 16 19,467.
	17 Total expenses. Add lines 10 through 16	<b>►</b> 17 31,956.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18 3,483.
. A	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must a	agree with end-of-year
ΝS	figure reported on prior year's return).	19 32,644.
N S	ri	
ESTE	7 20 Other changes in net assets or fund balances (explain in Schedule O)	20

Par	t II Balance Sheets. (see the ins Check if the organization used Sche	tructions for Part II.)	and the Dark I			
	Check if the organization used Scho	edule O to respond to any qu	lestion in this Part I	(A) Beginning of ye	ar T	(B) End of year
22	Cash, savings, and investments			32,644		36,127.
	Land and buildings				23	
24	Other assets (describe in Schedule O)		)		24	
25	Total assets	· · · · · ·		32,644	. 25	36,127.
26	Total liabilities (describe in Schedule O)		).	0		0.
	Net assets or fund balances (line 27 of c			32,644	. 27	36,127.
Par	t III Statement of Program Service Check if the organization used Sc				(Dog	Expenses uired for section
What	s the organization's primary exempt purpose? See	Schodule O	question in this Par	[A]	501(	c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses In a clear an	d concise manner,		nizations and section (a)(1) trusts, optional
desc proq	ribe the services provided, the number of ram title	persons benefited, and other	r relevant information	on for each	for of	thers)
	See_Schedule_O					
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here	<u> </u>	28 a	<del></del>
29						
	(Grants \$ ) If th	is amount includes foreign of	rants check here		29 a	
30	Yaramo Y	is amount includes foreign gi	ants, check here			<del></del>
		is amount includes foreign gi	rants, check here	<u>►                                    </u>	30 a	
31	Other program services (describe in Sch			- □		
32	(Grants \$ ) If th  Total program service expenses (add lin	is amount includes foreign gi	rants, check here		31 a	
	t.IV List of Officers, Directors,		Novees List each o	ne even if not compensated		he instructions for Part IV )
. и.	Check if the organization used So				(300 (	X
		(b) Title and average hours	(c) Compensation	(If (d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	employee benefit plai deferred compensa	ns and   ition	and other allowances
See	Schedule 0					
			10,44	0.	0.	0.
		· = · · · · ·				
		<del> </del>				
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Form 990-EZ (2010) Volunteer Service Bank

Form	990-EZ (2010) Volunteer Service Bank 46-042335			age <b>3</b>
Par	tV Other Information (Note the statement requirements in the instructions for Part V.) See Sc Check if the organization used Schedule O to respond to any question in this Part V	hedu]		X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			Ī
ā	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), o 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0  Did the organization file Form 1120-POL for this year?	.  37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/i	4		,
39	Section 501(c)(7) organizations Enter	Ī		!
á	a Initiation fees and capital contributions included on line 9			í
	Gross receipts, included on line 9, for public use of club facilities	<u>A</u>		}
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 4911 ► 0.; section 4912 ► 0., section 4955 ► 0.	,	-	- <del>-                                  </del>
		#*, , v	e1 ≤	Ì
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	_		;
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	-	X
41	List the states with which a copy of this return is filed None			
42 a	a The organization's			
	books are in care of ► Don Boone Telephone no. ► 605-6  Located at ► 826 32nd Avenue Brookings SD ZIP + 4 ► 57006		<u>102</u>	
	Located at 826 3211d Avenue Brookings SD 2114 4 57000			
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40		ē
•	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ []	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		ل <u>ــ</u> ـا	N/A
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	Yes	No X
ŀ	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
•	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
(	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
BAA		orm <b>99</b> 0	)-EZ	(2010)

Signary related organization a controlled entity of the organization within the meaning of section \$12(0)(13)?   a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(0)(3)? If Yes, Form 990 and Sobdied R may need to be completed instead of Form 990-E2 (see mish)   45	Form <b>990-l</b>	EX (2010) Volunteer Service E	ank		46-04233	50	Ρ	age <b>4</b>
a Dot the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$120(13)? If Yes, Form 990 and Schedule F may need to be completed instead of Form 990-E2 (see mit 1) and 1.5 (see	`						Yes	
of section 512(b)(3) *! 1 ** yes, 'Form 990 and Schedule R may need to be completed instead of Form 990-E2 (see inst) 48			-	_		<del></del>		X
Part VI   Section 501(c/3) organizations and section 4947(a/1) nonexempt charitable trusts must answer questions 501(c/3) organizations and section 4947(a/1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.    Check of the organization used Schedule O to respond to any question in this Part VI   Ves   No.	of se	ction 512(b)(13)? If 'Yes,' Form 990 and	Schedule R may need t	to be completed inst	ead of Form 990-EZ (see inst)	45 a		X
Part VI   Section 501(c/3) organizations and section 4947(a/1) nonexempt charitable trusts must answer questions 501(c/3) organizations and section 4947(a/1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.    Check of the organization used Schedule O to respond to any question in this Part VI   Ves   No.	46 Did ti cand	he organization engage, directly or indired idates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities on beha	alf of or in opposition to	46		X
Yes   No   No.		Section 501(c)(3) organizations 501(c)(3) organizations and sec	and section 4947 tion 4947(a)(1) nor	(a)(1) nonexemp	t charitable trusts only.	All seduestion	ction	
47 bit the organization engage in lobbying activities? If Yes,' complete Schedule C, Part II  48 is the organization as school as described in section 170(b)(1)(A)(i)? If Yes,' complete Schedule E  49 a Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization as acction 527 organization?  50 Complete this table for the organization as acction 527 organization?  (a) Name and address of such preference than \$100,000 of compensation from the organization (if there is none, enter None:  (b) This and average of the organization of the organization of the organization organiza		Check if the organization used Schedul	e O to respond to any	question in this Part	VI			
b If Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 organization. If there is none, enter None (O Employee pail more than \$100,000 organization) and selections of the organization in the organization of the org	<b>48</b> Is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete So		48	Yes	X
Sign Completes this table for the organization of five highest compensated employees (other than officers, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None 'other and address of each employee paid house for every expensation of the property of the pr		_	•	related organization	17			X
employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None (9) Expense more than \$100,000		- · · · · · · · · · · · · · · · · · · ·	-	, malayoos (athar tha	on afficare directors trustoes			
(a) Name and address of each employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other employees paid over \$100,000    f Total number of other independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000    d Total number of other independent contractor paid more than \$100,000    d Total number of other independent contractor paid more than \$100,000    (b) Type of service    (c) Componsation    (c) Type of service    (c) Componsation    (d) Name and address of each independent contractor paid more than \$100,000    (e) Type of service    (e) Type of service    (f) Total number of other independent contractor paid more than \$100,000    (g) Type of service    (g) Componsation    (g) Type of service    (g) Typ	empl	oyees) who each received more than \$10	0,000 of compensation	from the organization	on If there is none, enter 'Non	e '		
f Total number of other employees paid over \$100,000  51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and addiuss of each independent contractor paid more than \$100,000  None   d Total number of other independent contractors each receiving over \$100,000  \$2 Did the organization complete Schedule A? Note: All section \$51(c)(3) organizations and \$4947(a)(1) indexempt Airritable trusts must attach a completed Schedule A? Note: All section \$51(c)(3) organizations and \$4947(a)(1) indexempt the part of the personal property, indicate and in the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge and belief, it is significant of officer.  Significant of officer.  Point Boone  Coordinator  Type or print annee and state  Preparer: Agriculture of the preparer of	(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	benefit plans and	accou	nt and	s
Total number of other implyees part of the received more than \$100,000 of compensation from the organization. If there is none, enter 'None.  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (f) Compensation  (g) Compensation  (h) Type of service  (g) Compensation  (g) Compensation  (g) Compensation  (h) Type of service  (g) Compensation  (g) Compen	None			-			•	
Total number of other implyees part of the received more than \$100,000 of compensation from the organization. If there is none, enter 'None.  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000  (e) Type of service  (f) Compensation  (g) Compensation  (h) Type of service  (g) Compensation  (g) Compensation  (g) Compensation  (h) Type of service  (g) Compensation  (g) Compen								
Total number of other implyees part of the program of the part of						-		
Total number of other implyees part of the program of the part of								
Total number of other implyees part of the program of the part of								
Total number of other implyees part of the program of the part of								
compensation from the organization if there is none, enter None.  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a completed Schedule A? Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a completed Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete Oschedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a complete of Schedule A: Note: All section 501 (c) (3) organizations and 4947(a) (1) nonexempt charitable trusts must attach a c	f Total	number of other employees paid over \$1	00,000		_			
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Under penalties of perjuy, 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  Figure 1 Don Boone  Type or print name and title  Printy type preparer's name    Preparer's signature   Prepar	51 Comp	plete this table for the organization's five	highest compensated is none, enter 'None,'	ndependent contract	ors who each received more the	nan \$10	0,000	of
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Under penalties of penjary, 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 peparer (other than officer) is based on all information of which preparer has any knowledge  Signal Pon Boone  Type or print name and title  Print's perpearer's name  Vert Linner  Vert Linner  Kinner & Company Ltd  Brookings, SD 57006  Phone no 605-692-2515  May the IRS discuss this return with the preparer shown above? See instructions  Pint's liner & Vert No	001111				(b) Type of service	(c) Comp	ensatio	n
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print	None							
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print								<del></del>
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print								
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Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type or print name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name								
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print						_		
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Preparer's ignature   Print/Type or print name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name								
Sign   Print/Type preparer's name   Preparer's ignature   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print/Type preparer's name   Preparer's ignature   Print/Type preparer's name   Print			<del> </del>					
Charitable trusts must attach a completed Schedule A  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  Sign Here  Date  Don Boone  Type or print name and title  Print/Type preparer's name  Preparer's signature  Firm's name  Kinner & Company Ltd  Prim's address  Kinner & Company Ltd  Brookings, SD 57006  May the IRS discuss this return with the preparer shown above? See instructions  No  No  No  No  No  No  No  No  No  N		'	•	·	4047(-)(1)			
Sign Here    Don Boone   Coordinator	chari	table trusts must attach a completed Sch	edule A	organizations and .	4947(a)(1) nonexempt	X Yes	Г	No
Sign Here    Don Boone   Coordinator	Under penalti	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sche	dules and statements, and to	to the best of my knowledge and belief, i	ıs		
Here  Don Boone Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  N/A  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  N/A  Print/Type preparer's name  Preparer's signature  N/A  Print/Type preparer's name  Print/Type preparer's name  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		X Bau Board						
Type or print name and title  Print/Type preparer's name  Preparer's signature								
Paid Preparer Use Only Firm's address Firm's address Prookings, SD 57006  May the IRS discuss this return with the preparer shown above? See instructions Self-employed N/A		<b>—</b>			COOTATINGCOT			
Preparer Use Only Firm's address ► Kinner & Company Ltd Firm's address ► 404 3rd Ave, P.O. Box 690 Firm's EIN ► N/A  Brookings, SD 57006 Phone no 605-692-2515  May the IRS discuss this return with the preparer shown above? See instructions . ► X Yes No		Print/Type preparer's name	Preparer's signature	Date Date	Check if PTIN			
Use Only Firm's address $\blacktriangleright$ 404 3rd Ave, P.O. Box 690 Firm's EIN $\blacktriangleright$ N/A Brookings, SD 57006 Phone no 605-692-2515 May the IRS discuss this return with the preparer shown above? See instructions $\blacktriangleright$ X Yes No	Paid	7 11110	1 att m	14 38	self-employed N/A		_	
Brookings, SD 57006  May the IRS discuss this return with the preparer shown above? See instructions.  Phone no 605-692-2515  X Yes No			` <del></del>					
May the IRS discuss this return with the preparer shown above? See instructions . ► X Yes No	use uniy							
	Maria di In	<del></del>			<del></del>		_	
		s discuss this return with the preparer sh	iown above? See instru	ICTIONS .	<del></del>			

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

Total

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number Volunteer Service Bank 46-0423350 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt 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).** (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II Type III - Other b Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported organization (ii) EIN (iv) Is the (vi) Is the (vii) Amount of support organization in column (i) organized in the organization in column (i) listed in your governing document? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) **(E)** 

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) -   Calendar year (or fiscal yea	Sec	tion A. Public Support						
2 Tax revenues leved for the organization's benefit and either paid to it or expended on its benefit and either paid to it or expended on its benefit and either paid to it or expended on its benefit and either paid to it or expended on its benefit and either paid to it or expended on its benefit and its of the programmental contributions by each person (other than a governmental contributions by each person (other than a governmental contributions by each person (other than a governmental organization) included on line it that exceeds 2% of the amount shown on fine 11, column (i)	begi	nning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
organization's benefit and either paid to if or expended on its behalf of the repaid of the repaid of the repaid of the repaid of the repair o	1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ') .	36,010.	31,216.	49,902.	34,584.	35,407.	187,119.
facilities furnished by a governmental unit to the governmental contributions by each person (other than a governmental congrundation) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	2	organization's benefit and either paid to it or expended						0.
5 The portion of total confributions by each person (other than a governmental unit or publicly supported organization) included on line in that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported organization) included on line in the property of the amount show on line 11, column (f)    6 Public support Subtract line 5	4	Total. Add lines 1 through 3	36,010.	31,216.	49,902.	34,584.	35,407.	187,119.
Section B. Total Support  Calendar year (or fiscal year beginning in) >  (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total beginning in) >  7 Amounts from line 4.  36, 010. 31, 216. 49, 902. 34, 584. 35, 407. 187, 119.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  108. 159. 77. 35. 32. 411.  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part II, line 14  16a 33-13% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization part or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization or more, and if the organiza	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	, ,	_	١	-		0.
Calendar year (or fiscal year beginning in)	6		1			*	1	187,119.
7 Amounts from line 4.  36,010. 31,216. 49,902. 34,584. 35,407. 187,119.  8 Gross income from interest, dividends, payments received on securities of loans, rents, received on securities of loans, rents, respectively.  9 Net income from unrelated business activities, whether or not the business is regularly carried on not the business is regularly carried on not the business is regularly carried on part IV)  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10 sore received this box and stop here. The organization of Public Support Percentage  14 Public support percentage from 2010 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2009 Schedule A, Part III, line 14  16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	Sec	tion B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  108. 159. 77. 35. 32. 411.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 0.  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0.  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions) 12 0.  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2009 Schedule A, Part II, line 14  15 99.8%  16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test The organization part IV how the organization meets the 'facts-and-circumstances' test The organization weets the 'facts-and-circumstances' test The organization part IV how or more, and if the organization meets the 'facts-and-circumstances' test The organization weets the 'facts-and-circumstances' test The organization weets the 'facts-and-circumstances' test The organization part IV how the organization meets the 'facts-and-circumstances' test The organization weets the 'facts-and-circumstances' test The organization weets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization how the organization meets the 'facts-and-circumstances' test The organization			<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
dividends, payments received on securities loans, rents, royalties and income from similar sources  108. 159. 77. 35. 32. 411.  Net income from unrelated business activities, whether or not the business activities, whether or not the business as regularly carried on 0.  To Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))  14 99.8%  15 Public support percentage from 2009 Schedule A, Part II, line 14  16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV h	7	Amounts from line 4.	36,010.	31,216.	49,902.	34,584.	35,407.	187,119.
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and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization d qualifies as a put	lid not check the olicly supported o	box on line 13, ar organization .	nd the line 14 is 3	3-1/3% or more, ch	neck this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <b>b 10%-facts-and-circumstances test — 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	Ŀ	33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pub	lid not check a bo blicly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more, (	check this box
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	17 a	or more, and if the organization	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
		or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization	IV how the ►
			zation did not che	eck a box on line	13, 16a, 16b, 17a			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	isted below, pieds				<del></del>	<del></del>
	idar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Gifts, grants, contributions	.,,		χ-,	\ <del>-</del> /	(0) = 0.1	
	and membership fees received (Do not include						
2	any 'unusual grants ') Gross receipts from admis-		<del> </del>			<del></del>	<del></del>
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities						
	that are not an unrelated trade						
4	or business under section 513  Tax revenues levied for the				<b></b>		
-	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or			· · · · · · · · · · · · · · · · · · ·			
	facilities furnished by a governmental unit to the		ŀ				
	organization without charge						
	Total. Add lines 1 through 5		<u> </u>				
78	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	<b></b>					
ı	Amounts included on lines 2 and 3 received from other than				-		
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year			-			
	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		1		1		<u> </u>
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
	Amounts from line 6		1			3.7	1,
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from similar sources						
ŀ	Unrelated business taxable			<del></del>			
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975.						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
19	regularly carried on Other income. Do not include						
12	gain or loss from the sale of		]				
	capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13 column (f)	· · · · · · · · · · · · · · · · · · ·	15	%
	Public support percentage from 2			.c 10, coluini (1),	,.	16	%
	tion D. Computation of Inv			•		1 10	
	Investment income percentage for				ımn (f))	17	%
	Investment income percentage fi			-	(//	18	%
	<b>33-1/3% support tests</b> — <b>2010.</b> If is not more than 33-1/3%, check	the organization	did not check the	box on line 14	and line 15 is mor as a publicly supp	e than 33-1/3% a	and line 17
t	<b>33-1/3% support tests</b> – <b>2009.</b> If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than 3	3-1/3% and
20	Private foundation. If the organiz						▶

Schedule A	(Form 990 or 9	990-EZ) 2010	volunt	eer Serv	ice Bank		46-04	23350 F	'age 4
Part IV	Supplemen Part II, line (See instruc	tal Inform 17a or 17 tions).	<b>ation.</b> Com b; and Par	plete this p t III, line 12.	art to provide . Also comple	e the explanati ete this part foi	ons required by r any additional	Part II, line 10; information.	
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

c questions on primation.

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number			
Volunteer Service Bank 46-0423350				
Form 990-EZ, Part III - Organization's Primary Exempt Purpose				
Exchange of volunteer services				
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments				
The Volunteer Service Bank serves persons, particularly the eld	derly, disabled and			
disadvantaged, in the Brookings county area. The volunteer ser	vice bank matches			
volunteers with the people and projects that need assistance us	ing "time" as the			
currency when exchanging services between community members.				
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts			
(a) Did the organization, during the year, receive any funds,	directly or			
indirectly, to pay premiums on a personal benefit contract? .	NoNo			
(b) Did the organization, during the year, pay premiums, direc	etly or			
indirectly, on a personal benefit contract?	No			

2010 Schedule O - Supplemental Information						
Client 8464	Volunteer Service Bank			46-0423350		
3/08/11				09 04AM		
Form 990-EZ, Part I, Line 1 Other Expenses	6					
Insurance Marketing Mileage Office Expenses SALT	· · · · · · · · · · · · · · · · · · ·	·	\$	2,983. 3,080. 11,215. 216. 875.		
Telephone			Total \$	1,098. 19,467.		
	Title and					
	Trustees, and Key Employees					
Name and Addi	Average Hours ress Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/ Other		
Barbara Fishback 501 8th Street	Average Hours	<u>sation</u>	bution to EBP & DC	Account/ Other		
Barbara Fishback	Average Hours Per Week Devoted Past President	<u>sation</u>	bution to EBP & DC	Account/ Other		
Barbara Fishback 501 8th Street	Average Hours Per Week Devoted  Past President 0  President	<u>sation</u>	bution to EBP & DC	Account/ Other		
Barbara Fishback 501 8th Street Brookings, SD 57006 Dawn Twedt 3727 Western Avenue S	Average Hours Per Week Devoted  Past President 0  President	<u>sation</u> \$ 0.	bution to EBP & DC \$ 0.	Account/ Other \$ 0.		
Barbara Fishback 501 8th Street Brookings, SD 57006 Dawn Twedt 3727 Western Avenue S Brookings, SD 57006 Laurie Tangen 826 32nd Avenue	Average Hours Per Week Devoted  Past President 0  President 0	<u>sation</u> \$ 0.	bution to EBP & DC \$ 0.	Account/ Other \$ 0.		
Barbara Fishback 501 8th Street Brookings, SD 57006  Dawn Twedt 3727 Western Avenue S Brookings, SD 57006  Laurie Tangen 826 32nd Avenue Brookings, SD 57006  Paula Wagner PO Box 5057	Average Hours Per Week Devoted  Past President 0  President 0  Secretary 0  Treasurer	<u>sation</u> \$ 0.	bution to EBP & DC  \$ 0.	Account/Other  \$ 0.		

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Director

Director

Director 0

Joyce Hodges 2116 Laurel Lane Brookings, SD 57006

Faye Bullis 1047 Main Avenue Brookings, SD 57006

Ken Ahartz 2013 Morningside Drive Brookings, SD 57006

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# **Schedule O - Supplemental Information**

Page 3

Client 8464

**Volunteer Service Bank** 

46-0423350

3/08/11

09 04AM

Form 990-EZ, P	art IV (cont	inued)		
<b>List of Officers</b>	, Directors,	Trustees,	and Key	/ Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Hazel Hauff 707 Elm Avenue Brookings, SD 57006	Vice President 0	\$ 0.	\$ 0.	\$ 0.
Joe Fishbaugher 826 32nd Avenue Brookings, SD 57006	Director 0	0.	0.	0.
Rose Stee 47153 219th Street Brookings, SD 57006	Director 0	0.	0.	0.
Jo Woodard 4018 Western Avenue South Brookings, SD 57006	Director 20.00	0.	0.	0.
	Total	\$ 10,440.	\$ 0.	\$ 0.