

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**KENT SCHOOL SERVICES NETWORK**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1633 E. BELTLINE NE

Room/suite

205

City or town, state or province, country, and ZIP or foreign postal code

GRAND RAPIDS, MI 49525**F** Name and address of principal officer: **DR. KEENAN KING****SAME AS C ABOVE****D** Employer identification number**46-3946663****E** Telephone number**616-447-2480****G** Gross receipts \$**3,103,724.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.KENTSSN.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2013****M** State of legal domicile: **MI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENSURE THAT ALL CHILDREN IN THE KENT COUNTY AREA ARE HEALTHY AND LEARNING.
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 61
	6	Total number of volunteers (estimate if necessary) 6 7499
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 254,327. 697,938.
	9	Program service revenue (Part VIII, line 2g) 2,467,095. 2,405,439.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 69,715. 347.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,791,137. 3,103,724.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,039,454. 2,892,103.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 157,000.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 275,821. 219,652.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,315,275. 3,111,755.
19		Revenue less expenses. Subtract line 18 from line 12 -524,138. -8,031.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,418,752. 1,381,535.
	21	Total liabilities (Part X, line 26) 207,330. 178,144.
	22	Net assets or fund balances. Subtract line 21 from line 20 1,211,422. 1,203,391.

Part II Signature Block

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	Signature of officer		Date		
	DR. KEENAN KING, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	BRANDY L. MIKULA, CPA	BRANDY L. MIKULA, CP	02/26/25		P00645694
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MANER COSTERISAN PC	38-2157642		517-323-7500	
	Firm's address				
	2425 E. GRAND RIVER, SUITE 1				
	LANSING, MI 48912-3291				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)