Department of the Treasury

### EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN C Name of organization D Employer identification number Check if applicable Address change KENT SCHOOL SERVICES NETWORK Name 46-3946663 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1633 E. BELTLINE NE 205 616-447-2480  $\overline{79}1,137.$ City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GRAND RAPIDS, MI 49525 H(a) Is this a group return return
Application
pending F Name and address of principal officer: DR . KEENAN KING Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.KENTSSN.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation L Year of formation: 2013 M State of legal domicile: MI Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO ENSURE THAT ALL CHILDREN Activities & Governance THE KENT COUNTY AREA ARE HEALTHY AND LEARNING. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 61 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 3500 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11, 0. 7h **Prior Year Current Year** 657,371. 254,327. Contributions and grants (Part VIII, line 1h) 8 2,496,966. 2,467,095. Program service revenue (Part VIII, line 2g) 318. 69.715. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 2,791,137 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,154,655 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 2,757,774. 3,039,454. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 501,976. 275,821. 3,259,750. 3,315,275. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -105,095. -524,138. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,958,051. 418,752. Total assets (Part X, line 16) 222,491. 207,330 21 Total liabilities (Part X, line 26) 三年 735,560. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DR. KEENAN KING, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRANDY L. MIKULA, CP 02/14/24 P00645694 BRANDY L. MIKULA, CPA self-employed Paid MANER COSTERISAN PC Firm's EIN 38-2157642 Preparer Firm's name SUITE 1 Firm's address 2425 E. GRAND RIVER, Use Only Phone no. 517 - 323 - 7500 LANSING, MI 48912-3291 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF KENT SCHOOL SERVICES NETWORK (KSSN) IS TO PROVIDE
	RESPONSIVE AND EFFECTIVE (SEAMLESS, INTEGRATED) DELIVERY OF SERVICES
	TO STUDENTS AND FAMILIES THROUGH KENT COUNTY PUBLIC SCHOOLS BY ALL
	SERVICE PROVIDERS (NON-PROFIT, STATE AND COUNTY) TO ENSURE THAT ALL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	0.001.000
<del>4</del> a	(Code:) (Expenses \$2,931,583. including grants of \$) (Revenue \$2,467,U95. )  KSSN PLACES HEALTH AND HUMAN SERVICES IN SCHOOLS TO HELP STUDENTS BREAK
	DOWN BARRIERS TO LEARNING. OVER THE PAST YEAR, KSSN SUPPORTED ALMOST
	21,050 STUDENTS IN AN AVERAGE OF 45 SCHOOLS IN 9 SCHOOL DISTRICTS.
	21,000 STODENTS IN AN AVERAGE OF 40 SCHOOLS IN 9 SCHOOL DISTRICTS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,931,583.
	Form <b>990</b> (2022)

# Form 990 (2022) KENT SCHOOL SERVICES NETWORK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>V</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ <sub>3,7</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

KENT SCHOOL SERVICES NETWORK 46-3946663 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part 1 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If* "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schodule O contains a reaponee or note to any line in this Bort V

	Office in Schedule O contains a response of note to any line in this rait v			<u> </u>			<u>」</u>
					Yes	No	
la	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			1c	Х		

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Form **990** (2022)

KENT SCHOOL SERVICES NETWORK 46-3946663 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year II τes, indicate the number of Forms 8282 filed during the year

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII. line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

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X

Х

X

14a

15

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JIM PIKE C/O FUSION FINANCIAL GROUP - 616-242-9700			
	50 LOUIS ST NW STE 400, GRAND RAPIDS, MI 49503			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box	not c	Posi heck r	itior		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC) 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DR. KEENAN KING EXECUTIVE DIRECTOR	55.00			х				112,125.	0.	4,485.
(2) JAMES GIESEN TRUSTEE	0.50	Х				C		0.	0.	0.
(3) KEVIN BATTLE TRUSTEE	0.50	х		/		)		0.	0.	0.
(4) ANA ALEMAN-PUTMAN TRUSTEE	0.50	X	3					0.	0.	0.
(5) JENNIFER JAMES TRUSTEE	0.50	Х						0.	0.	0.
(6) DIANA SIEGER TRUSTEE	0.50	Х						0.	0.	0.
(7) KEN FAWCETT TRUSTEE	0.50	Х						0.	0.	0.
(8) MEL ATKINS JR TRUSTEE	0.50	Х						0.	0.	0.
(9) MATTHEW VANZETTEN TRUSTEE	0.50	Х						0.	0.	0.
(10) ADNORIS TORRES TRUSTEE	0.50	Х						0.	0.	0.
(11) AARIE WADE TRUSTEE	0.50	Х						0.	0.	0.
(12) WILLIAM LAWRENCE TRUSTEE	0.50	Х						0.	0.	0.
(13) KEVIN POLSTON TRUSTEE	0.50	Х						0.	0.	0.
(14) VENEESE CHANDLER SECRETARY	0.50	х		х				0.	0.	0.
(15) RON KOEHLER TREASURER	0.50	х		х				0.	0.	0.
(16) BILL FETTERHOFF CHAIR	0.50	х		х				0.	0.	0.

Form 990 (2022)

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an		(D) (E)  Reportable Reportable compensation			(F) Estima					
	week (list any hours for related organizations below line)				irecto	Highest compensated solutions of employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC, 1099-NEC)	/	amoun othe compens from t organiza and rela organiza	r sation he ation ated
									7			
								60,	•			
								0				
		•				6		,		$\perp$		
1b Subtotal	I, Section A					)		112,125.	C	).		0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n			liste	d ab	ove	 e) wh	o re	112,125. ceived more than \$100		).	4,4	185.
compensation from the organization		<del>)</del>	•							_	Yes	No I
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for \$	uch individual										3	х
4 For any individual listed on line 1a, is the standard related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4	Х
5 Did any person listed on line 1a receive on a rendered to the organization? If "Yes," com											5	Х
Section B. Independent Contractors     Complete this table for your five highest co	•	•							•	 nsatio	n from	
the organization. Report compensation for (A)					ith c	or wi	thin 	(B)			(C)	
Name and business	address	NC	ONE	<u>.</u>				Description of s	ervices	Con	npensati	on
Total number of independent contractors (in \$100,000 of compensation from the organic	•	ot lin	nited	to t	_	se lis	ted	above) who received m	ore than			
w 100,000 or compensation from the organi.	-41011									Fc	rm <b>990</b>	(2022)

art VIII	Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	<b>(C)</b> Unrelated	<b>(D)</b> Revenue excluded
				Total revenue	Related or exempt function revenue	business revenue	from tax under
							sections 512 - 514
ts s	1 a	Federated campaigns1a					
ìrar oun	b	Membership dues 1b					
s, G	С	Fundraising events1c					
Sift. ar /	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
tion S	f	All other contributions, gifts, grants, and					
ibul		similar amounts not included above <b>1f</b>	254,327. 70,000.				
do	g	Noncash contributions included in lines 1a-1f 1g \$	70,000.				
<u>3 g</u>	h	Total. Add lines 1a-1f		254,327.			
			Business Code				
e	2 a	SCHOOL DISTRICTS SERVI	611710	2,467,095.	2,467,095 <b>.</b>		
Program Service Revenue	b				A		
Se	С						
ran ev	d						
δ. B.	е				~~	,	
٩	f	All other program service revenue			~ () \		
	g			2,467,095.			
	3	Investment income (including dividends, intere		60 845-			60 845
		other similar amounts)		69,715.			69,715.
	4	Income from investment of tax-exempt bond p	roceeds	.(0			
	5	Royalties					
		(i) Real	(ii) Personal	C			
	6 a	Gross rents 6a		~			
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
ther Revenue	С	Gain or (loss) 7c					
æ		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold 10b					
$\dashv$	С	Net income or (loss) from sales of inventory	Business Code				
sn	44 -		Business Code				
e a	11 a	<del></del>					
llar	b						
Miscellaneous Revenue	q C	All other revenue					
Ξ	u	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,791,137.	2.467.095.	0.	69,715.
		TOTAL TOTORINO. COO MONIGUINIO		_,,±5,•	<u> </u>		5 000 (2222)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 53,768. 114,400. 18,304. 42,328. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,426,111. 2,200,415. 136,364. 89,332. Other salaries and wages 7 Pension plan accruals and contributions (include 66,599. 60,981 3,606. 2,012. section 401(k) and 403(b) employer contributions) 242,971. 215,763. 12,458. 14,750. Other employee benefits 9 189,373. 168,166. 11,497. 9,710. 10 Payroll taxes Fees for services (nonemployees): Management Legal 34,401 34,401. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 42,799. column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 8,696 16,826. 935. 935. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 11,198. 10,079. 559 560. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 8,311. 7,480. 415. 416. Depreciation, depletion, and amortization 22 23,905. 21,515. 1,195. 195. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 91,269. 91,269. PROGRAM EXPENSE PROFESSIONAL DEVELOPMEN 36,096. 34,290. 903. 903. 9,146. 8,232. <u>457.</u> 457. MISCELLANEOUS EXPENSE С d All other expenses 3,315,275. 2,931,583. 223,386. 160,306. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			188,291.	1	720,088.
	2	Savings and temporary cash investments		698,669.	2	497,098.	
	3	Pledges and grants receivable, net		95,000.	3	60,000	
	4	Accounts receivable, net		922,654.	4	49,219	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ontributor, or 35%				
		controlled entity or family member of any of these	ns		5		
	6	Loans and other receivables from other disqualifie	sons (as defined				
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
δī	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state of the second			28,140.	9	2,427
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	79,630.	. 1		
	b	Less: accumulated depreciation		62,644.	25,297.	10c	16,986
	11	Investments - publicly traded securities	(0)	11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.	15	72,934
	16	Total assets. Add lines 1 through 15 (must equal			1,958,051.	16	1,418,752
	17	Accounts payable and accrued expenses			222,491.	17	134,297
	18	Grants payable  Deferred revenue				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
ģ	22	Loans and other payables to any current or former	r offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
abi		controlled entity or family member of any of these	perso	ns		22	
ן כ	23	Secured mortgages and notes payable to unrelate	d thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird p	arties		24	
	25	Other liabilities (including federal income tax, paya	bles t	o related third			
		parties, and other liabilities not included on lines 1	7-24)	Complete Part X			
		of Schedule D			0.	25	73,033
	26	Total liabilities. Add lines 17 through 25			222,491.	26	207,330
		Organizations that follow FASB ASC 958, check	c here	X			
Ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,640,560.	27	1,151,422
Ba	28	Net assets with donor restrictions			95,000.	28	60,000
ᄪ		Organizations that do not follow FASB ASC 958	3, che	ck here			
딘		and complete lines 29 through 33.					
0 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi	ipmer	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco				31	
Š	32	Total net assets or fund balances			1,735,560.	32	1,211,422.
	33	Total liabilities and net assets/fund balances			1,958,051.	33	1,418,752

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2			, 2'				
3	Revenue less expenses. Subtract line 2 from line 1	3				38. 60.			
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,	<u> 211</u>	.,4:	<u> 22.</u>			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_		Yes	No			
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a		2a		_X_					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
	• C • *		F	orm	<b>990</b> (	(2022)			

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

**2022** 

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

KENT SCHOOL SERVICES NETWORK 46-3946663 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	248,788.	1094403.	1023380.	657,371.	254,327.	3278269.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	248,788.	1094403.	1023380.	657,371.	254,327.	3278269.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				_ \		
	supported organization) included						
	on line 1 that exceeds 2% of the				~~		
	amount shown on line 11,				~() /		
	column (f)				1		249,030.
	Public support. Subtract line 5 from line 4.						3029239.
Sec	ction B. Total Support			-0			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	248,788.	1094403.	1023380.	657,371.	254,327.	3278269.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			)			
	and income from similar sources	468.	344.	377.	318.	69,715.	71,222.
9	Net income from unrelated business		. (2)				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	• C1	Ť				
	assets (Explain in Part VI.)	110					2212121
	<b>Total support.</b> Add lines 7 through 10	<b>1</b>					3349491.
	Gross receipts from related activities,						,001,381.
13	First 5 years. If the Form 990 is for the		rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
800	organization, check this box and stor						
	ction C. Computation of Publi			. (5)		44	90.44 %
	Public support percentage for 2022 (li					14	00 10
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the containing and life is						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the conditions have The available and	•		•		•	
47-	and <b>stop here.</b> The organization qual						
ı/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	•	_	
L	meets the facts-and-circumstances te	-	•		-	70 and line 15 is 1	
a	10% -facts-and-circumstances test	-					1U70 UI
	more, and if the organization meets the				· ·		
12	organization meets the facts-and-circu <b>Private foundation.</b> If the organizatio				•		H
10	Trivate roundation. If the organization	TO THE CHECK A	DOX OIT III IE 10, 10a	a, 100, 17a, 01 170	, cricck triis box at		(Form 990) 2022

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

(Complete only if you checked the box on line 10 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	etion A. Public Support	clow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,			,	,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				-08		
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			0.			
b	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			cure			
c	Add lines 7a and 7b			5			
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=,/ == : =	1,65	(-,	<b>V=7</b> = = -	(-,	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		),				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10/10					
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	<u>.                                    </u>					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		*	•	. , . ,	. —
	check this box and stop here						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021	·	•			16	%
	ction D. Computation of Inves					I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar	=	-	•	• •		
b	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

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### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

  "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
  - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
_		
За		
3b		
3c		
4a		
70		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		

232024 12-09-22

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provid	e		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an	, ,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	$oxed{oxed}$	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C1	the supported organization(s).	1		
Seci	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2 above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sect	supported organizations played in this regard strong E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
· a		mod dottonoj.		
b	The state of the s			
c		l antity (see instruction	20)	
2	Activities Test. Answer lines 2a and 2b below.	critity (See Instruction	Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section line 8, column A) Enter 0.85 of line 1. 2

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

3

4

5

6

Section B, line 8, column A)

Schedule A (Form 990) 2022

3

5

Minimum asset amount for prior year (from

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

t V Type III	Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
on D - Distributi	ons				Current Year
Amounts paid to	supported organizations to accomplish exer	mpt purposes		1	
Amounts paid to					
organizations, in	excess of income from activity		2		
Administrative ex	xpenses paid to accomplish exempt purpose	}	3		
Amounts paid to	acquire exempt-use assets			4	
Qualified set-asic	de amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	·			6	
				7	
Distributions to a	attentive supported organizations to which the	ne organization is responsive			
				8	
Distributable am	ount for 2022 from Section C, line 6			9	
Line 8 amount di	ivided by line 9 amount			10	
on E - Distributio	on Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
Distributable am	ount for 2022 from Section C, line 6				
Underdistribution	ns, if any, for years prior to 2022 (reason-				
able cause requi	red - explain in Part VI). See instructions.		70,		
Excess distributi	ons carryover, if any, to 2022				
From 2017					
From 2018					
From 2019		0			
From 2020		14			
From 2021					
Total of lines 3a	through 3e				
Applied to under	distributions of prior years				
Applied to 2022	distributable amount				
Carryover from 2	2017 not applied (see instructions)				
Remainder. Subt	tract lines 3g, 3h, and 3i from line 3f.				
Distributions for	2022 from Section D,	2			
line 7:	\$				
Applied to under	distributions of prior years				
Applied to 2022	distributable amount				
Remainder. Subt	tract lines 4a and 4b from line 4.				
Remaining under	rdistributions for years prior to 2022, if				
any. Subtract line	es 3g and 4a from line 2. For result greater				
than zero, explai	n in <b>Part VI.</b> See instructions.				
Remaining under	rdistributions for 2022. Subtract lines 3h				
and 4b from line	1. For result greater than zero, explain in				
Part VI. See inst	ructions.				
Excess distribut	tions carryover to 2023. Add lines 3j				
and 4c.					
Breakdown of lin	ne 7:				
Excess from 201	9				
Excess from 202	0				
Excess from 202	11				
Excess from 202	22				
	on D - Distribution Amounts paid to Amounts paid to organizations, in Administrative examples of the Amounts paid to Qualified set-asid Other distribution Total annual distribution Total annual distribution of the Amount of Distributions to a Amount of the Amount of t	on D - Distributions  Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - prior Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6  Line 8 amount divided by line 9 amount  on E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6  Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022  From 2017  From 2018  From 2019  From 2020  From 2021  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to 2022 distributable amount  Carryover from 2017 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2022 from Section D, line 7:  \$ Applied to underdistributions of prior years  Applied to 2022 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.  Remaining underdistributions of prior years  Applied to 2022 distributable amount  Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess distributions carryover to 2023. Add lines 3j	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (prior IRS approval required - provide details in Part VI) Other distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: S Applied to underdistributions of prior years Applied to 2022 distributable amount Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. Egoresult greater than zero, explain in Part VI. See instructions.  Excess from 2018 Excess from 2018 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2020 Excess from 2021	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distribution and add distributions. Add lines 1 through 6.  Distribution and add see instructions.  Excess Distribution  Faces Distribution  Inderdistributions  Excess Distributions  (i) Excess Distributions  (ii) Underdistributions  Faces Distributions  Pre-2022  Distributable amount for 2022 from Section C, line 6  Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022  From 2018  From 2018  From 2019  From 2020  From 2021  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to underdistributions for years prior to 2022 (reasonable to 2022 distributions for years prior to 2022 (reasonable to 2022 distributions for years prior to 2022 (reasonable to 2022 distributions for years prior	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt use assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt use assets 4 Qualified set-aside amounts (prior IRS approval required ** provide details in Part VI)** 5 Cither distributions (pascribe in Part VI)** See instructions.  6 Cither distributions (pascribe in Part VI)** See instructions.  7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI)** See instructions (i)** (ii)** (iii)** (iiii)** (iii)** (iii)** (iiii)** (iiii)** (iii)** (iiii)** (iiii)** (iiii)** (iiii)**

Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Name of the organization

Employer identification number

KENT SCHOOL SERVICES NETWORK

46-3946663

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# KENT SCHOOL SERVICES NETWORK

46-3946663

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>156,520.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	.;60691	\$ 70,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	010110	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# KENT SCHOOL SERVICES NETWORK

46-3946663

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	KIDS BOWL FREE BOWLING CARDS		
		\$	_06/21/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		* 06/2	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15		\$	Schadula R (Form 990) (2022)

Name of organization **Employer identification number** KENT SCHOOL SERVICES NETWORK 46-3946663 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization KENT SCHOOL SERVICES NETWORK **Employer identification number** 46-3946663

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Fund	s or Accou	nts. Complete if the	
		(a) Donor advi	sed funds	<b>(b)</b> Fu	nds and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets	held in donor adv	ised funds		
	are the organization's property, subject to the organization's e	exclusive legal control	?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose	e conferring		
	impermissible private benefit?					No
Pai	T II Conservation Easements. Complete if the organization	anization answered "\	es" on Form 990	, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply	·).	2		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation	of a historicall	/ important land area	
	Protection of natural habitat		Preservation	of a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	ibution in the forn	n of a conserv	ation easement on the la	ast
	day of the tax year.		0.		Held at the End of the T	ax Year
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic structure		•	2c		
	Number of conservation easements included in (c) acquired af					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele		r terminated by th	ne organization	during the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located		_		
5	Does the organization have a written policy regarding the period	. —	ection, handling of	f		
	violations, and enforcement of the conservation easements it l	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cor	nservation eas	ements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conserv	ation easemer	nts during the year	
8	Does each conservation easement reported on line 2(d) above	satisfy the requireme	ents of section 170	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expens	e statement a	nd	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizatior	n's financial stater	nents that des	cribes the	
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of	Art, Historical Ti	easures, or C	other Simila	ır Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	evenue statement	and balance s	heet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	on, or research in	furtherance of	public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that d	escribes these ite	ms.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its rever	ue statement and	l balance shee	t works of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in fur	therance of pu	ıblic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
	(m)				\$	
2	If the organization received or held works of art, historical trea				e	
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-			\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 99	0) 2022

Par	t III Organizations Maintaining Co	llections of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (conti	nued)	ige –
3	Using the organization's acquisition, accession				•	1404)	
	collection items (check all that apply):	,	· any or and renorming and	· mane eigimieant des ei			
а	Public exhibition	д 🗆	Loan or exchange progra	am			
b	Scholarly research		Other				
c	Preservation for future generations	•					
4	Provide a description of the organization's col	lections and explain how th	nev further the organization	on's exempt purpose in F	Part XIII		
5	During the year, did the organization solicit or	•	,		art Am.		
·	to be sold to raise funds rather than to be mai	*			Yes		No
Par	t IV Escrow and Custodial Arrang						110
	reported an amount on Form 990, Part		organization anowored	100 off offi	14, 11110 0, 01		
	Is the organization an agent, trustee, custodia		contributions or other as	sets not included			
Iu	on Form 990, Part X?	•			Yes		No
h	If "Yes," explain the arrangement in Part XIII a				163		1110
b	ii res, explain the analigement iii art Alli a	nd complete the following t	able.		Amoun	t	
•	Reginning helance			1c	7 11 11 5 61 1		
	Beginning balance						
u	Additions during the year						
•	Distributions during the year						
f On	Ending balance				Yes		l NI a
	_				res		│ No │
Par	If "Yes," explain the arrangement in Part XIII. On the complete if						
ı uı	Endownient Funds: Complete II		Prior year (c) Two year	/	ack (e) Fou	veare l	hack
4.	Panimaina of was halansa	(a) Current year (b) i	Tior year (c) Two year	13 back (a) Thice years be	ack (e) i ou	yoursi	Dack
	Beginning of year balance		<del>(7)</del>				
b	Contributions		- 1				
С	Net investment earnings, gains, and losses						
d	Grants or scholarships		6				
е	Other expenditures for facilities	. (					
	and programs		<del>)                                    </del>				
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	nt year end balance (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment	%					
С	Term endowment						
	The percentages on lines 2a, 2b, and 2c shou						
3a	Are there endowment funds not in the posses	sion of the organization tha	t are held and administe	red for the	ı	1	
	organization by:					Yes	No
	(i) Unrelated organizations				3a(i)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required on S	chedule R?		3b		
4	Describe in Part XIII the intended uses of the		unds.				
Pai	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	"Yes" on Form 990, Part I\	/, line 11a. See Form 990	), Part X, line 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Boo	k value	)
1a	Land						
b	Buildings	•					
C	Leasehold improvements						
d	Equipment	1	79,630.	62,644.	1	6,98	36.
	Other	•	,	,			
	. Add lines 1a through 1e. (Column (d) must eq		nn (B) line 10c )		1	6,98	36.
	S TOGATHI I GI THUSE CO					_	

Schedule D (Form 990) 2022

Sch	edule D	(Form	990	2022	K	ENT.	SCHOOL	SERVICES	NEI
		_			- A	_			

Part VII Investments - Other Securities.	SERVICES NET	WORK 46	-3940003 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives	(-,	(5)	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1)			
(2)		-0,	
(3)		-07	
(4)			
(5)			
(6)		0.	
(7)		10	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	1()		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1) RIGHT OF USE ASSET	100		72,934.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		72,934.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			73,033.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		73,033.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	KENT.	SCHOOL	SERVICES	METWORK	40-3940003
Part XI	Reconciliation	of Revenu	ie per Aud	ited Financial	Statements '	With Revenue per Return.

. u	recondition of flevenue per Addited I mandal etat	Cilicinto With I	evenue per mei	.u	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,736,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	19,082.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,082.
3	Subtract line 2e from line 1			3	2,716,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	74,198.		
С	Add lines 4a and 4b			4c	74,198.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,791,137.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,260,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	19,082.		
b	Prior year adjustments	2b			
С	Other losses	2c	1		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	0.		2e	19,082.
3	Subtract line 2e from line 1	(0)		3	3,241,077.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	74,198.		
_	Add lines 42 and 4b			46	74 198.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

IN THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE TAKEN BASED ON INTERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TAX LAWS. MANAGEMENT PERIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNCERTAIN TAX POSITIONS AND MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST AND PENALTIES, ULTIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS. FEDERAL, STATE AND LOCAL TAX RETURNS GENERALLY REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD OF THREE TO FOUR YEARS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DISALLOWED EMPLOYEE RETENTION CREDITS

74,198.

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	KENT SCHOOL	SERVIC	ES NETWORI	Χ	46-3	39466	663	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	determini	_	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock				,			
11	Securities - Partnership, LLC, or			~ () /				
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			C <sub>4</sub>				
	Historic structures			10				
14	Qualified conservation contribution - Other $\dots$							
15	Real estate - Residential			V				
16	Real estate - Commercial			7				
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	•	9					
21	Taxidermy							
22	Historical artifacts		/					
23	Scientific specimens	C						
24	Archeological artifacts							
25	Other ( KIDS BOWL FREE	Х	350	70,000.	FAIR MARKET	r vai	LUE	
26	Other (							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	•		,	•			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used f	or			
	exempt purposes for the entire holding period	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				ı
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule	M (Form	n 990)	2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
KENT SCHOOL SERVICES NETWORK RECEIVED 350 AMOUNT OF BOWLING CARDS TO
DISTRIBUTE TO KIDS TO BOWL FOR FREE.
SCHEDULE M, LINE 32B:
THE ORGANIZATION CURRENTLY DOES NOT HAVE AN OFFICIAL GIFT ACCEPTANCE
POLICY.
\Q\cdot\
103
<u> CO</u>

# SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

KENT SCHOOL SERVICES NETWORK

Employer identification number 46-3946663

TELLIT BOLLOGE BELLITORIS TO 3710000
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN ARE HEALTHY AND LEARNING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD EXECUTIVE COMMITTEE REVIEWS THE 990 TAX RETURN BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
AT ANY MEETING OF THE BOARD OF TRUSTEES, ANY TRUSTEE WHO HAS A FINANCIAL
INTEREST IN THE ACTION BEING DISCUSSED OR TAKEN BY THE BOARD OF TRUSTEES
(INCLUDING WITHOUT LIMITATION MATTERS OF COMPENSATION) SHALL BE EXCUSED
FROM THAT PORTION OF THE MEETING, SHALL NOT PARTICIPATE IN THE DISCUSSION
OF THAT MATTER, AND SHALL NOT BE ENTITLED TO VOTE ON THE PROPOSED ACTION.
IN SITUATIONS WHERE A TRUSTEE IS SO EXCUSED, THE EXCUSED TRUSTEE SHALL BE
COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT, BUT SHALL
NOT BE COUNTED FOR PURPOSES OF DETERMINING THE MAJORITY NECESSARY TO
APPROVE THE ACTION.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR DETERMINES SALARIES BY CONSULTING WITH AN OUTSIDE
HUMAN RESOUCE CONSULTANT AND ALSO REVIEWS NATIONAL COMPENSATION
COMMENSURATE WITH THE SPECIFIC JOB POSITION. A COMPENSATION ANALYSIS WAS
COMPLETED IN EARLY 2021 WITH OUR HR CONTRACT PARTNER-HR COLLABORATIVE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THE 990 IS ALSO

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

Schedule O (Form 990) 2022

232211 10-28-22

232212 10-28-22 Schedule O (Form 990) 2022