

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**


B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EPISCOPAL CHILDREN'S SERVICES, INC		D Employer identification number 59-1146765	
	Doing business as		E Telephone number (904) 726-1500	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 90,000,627.	
	8649 BAYPINE ROAD, BLDG 7	300	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32256		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: THABATA FORD SAME AS C ABOVE		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.ECS4KIDS.ORG		L Year of formation: 1966 M State of legal domicile: FL		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE OPPORTUNITIES SO CHILDREN WE SERVE CAN ACHIEVE FULL POTENTIAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	900
	6 Total number of volunteers (estimate if necessary)	6	2658
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	81,709,673.	88,954,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	823,696.	823,391.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	359,549.	-148,799.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,359.	310,763.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,933,277.	89,939,736.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,499,345.	46,576,870.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,860,646.	34,897,627.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,504,387.	8,648,106.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	82,864,378.	90,122,603.	
19 Revenue less expenses. Subtract line 18 from line 12	68,899.	-182,867.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,977,705.	15,249,517.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,827,186.	5,281,865.
		10,150,519.	9,967,652.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		4/06/2023			
	Signature of officer	Date			
	CONNIE STOPHEL, CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY	Date 03/24/23	Check if self-employed <input type="checkbox"/>	PTIN P00445891
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260	Phone no. (828) 254-2254		
	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CREATE OPPORTUNITY SO THAT THE CHILDREN WE SERVE CAN ACHIEVE THEIR FULL POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 30,881,918. including grants of \$ 28,364,276.) (Revenue \$ 31,200,370.) THE SCHOOL READINESS (SR) PROGRAM PROVIDES CHILD CARE SUBSIDY FOR FAMILIES THAT QUALIFY AND PROVIDES EDUCATIONAL AND TECHNICAL SUPPORT TO CHILD CARE PROVIDERS SERVING THESE FAMILIES. ECS SERVES APPROX 3,327 CHILDREN PER MONTH AND APPROX 189 CHILD CARE PROVIDERS, ANSWERING OVER 14,199 CHILD CARE RESOURCE AND REFERRAL CALLS FROM THE COMMUNITY. CHILDREN ENROLLED IN THE SR PROGRAM RECEIVE FREE OR REDUCED CHILD CARE, DEVELOPMENTAL SCREENINGS, AND ASSESSMENTS. ECS EDUCATION STAFF PROVIDED APPROX 4,085 TECHNICAL ASSISTANCE VISITS EITHER IN PERSON OR VIRTUALLY AND 26 TRAININGS TO 421 PARTICIPANTS DURING THE YEAR TO HELP PROVIDERS LEARN AND IMPLEMENT BEST PRACTICES. ECS PROVIDES SR SERVICES IN BAKER, CLAY, NASSAU, BRADFORD, PUTNAM AND ST. JOHNS COUNTIES THROUGH A CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA.

4b (Code:) (Expenses \$ 13,743,238. including grants of \$ 13,306,838.) (Revenue \$ 13,880,101.) ECS ADMINISTERS THE VOLUNTARY PRE-KINDERGARTEN (VPK) PROGRAM IN BAKER, CLAY, NASSAU, BRADFORD, PUTNAM, AND ST. JOHNS COUNTIES THROUGH A CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA. VPK IS A 540 HOUR SCHOOL YEAR OR 300 HOUR SUMMER PROGRAM AVAILABLE FREE OF CHARGE TO ALL FLORIDA'S 4 YEAR OLD CHILDREN. VPK PROVIDES HIGH QUALITY EDUCATIONAL SERVICES TO HELP ENSURE THAT CHILDREN ARE READY FOR KINDERGARTEN AND SCHOOL SUCCESS. ECS SERVED APPROXIMATELY 5,541 VPK CHILDREN IN APPROXIMATELY 213 PROGRAMS ACROSS THE SIX COUNTY SERVICE AREA.

4c (Code:) (Expenses \$ 35,037,712. including grants of \$) (Revenue \$ 46,660,446.) HEAD START/EARLY HEAD START PROVIDES COMPREHENSIVE EDUCATION, HEALTH, AND NUTRITION SERVICES TO THE COMMUNITY'S MOST VULNERABLE INFANTS, TODDLERS, PRESCHOOLERS, PREGNANT WOMEN, AND THEIR FAMILIES. OUR YOUNG STUDENTS AND PREGNANT WOMEN RECEIVE INTENSIVE CHILD DEVELOPMENT SERVICES. PARENTS RECEIVE EDUCATION AND SUPPORT FOR FAMILY WELL-BEING AS WELL AS TOOLS TO SUPPORT THEIR CHILDREN'S SUCCESS IN SCHOOL. OUR PROGRAM HAS A TOTAL FUNDED ENROLLMENT OF 2,953, SERVING 1,840 IN HEAD START AND 1,113 IN EARLY HEAD START IN 12 COUNTIES IN THE NORTHERN AND CENTRAL FLORIDA COUNTIES OF ALACHUA, BAKER, BRADFORD, CITRUS, CLAY, DIXIE, DUVAL, GILCHRIST, LAKE, LEVY, MARION, AND NASSAU.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,795,564. including grants of \$ 4,905,756.) (Revenue \$ 6,254,675.)

4e Total program service expenses 85,458,432.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 137	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] 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 financial 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
WENDY HUGHES, CHIEF FINANCIAL OFFICER - (904) 726-1500
8649 BAYPINE ROAD, BLDG 7, STE 300, JACKSONVILLE, FL 32256

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONNIE STOPHEL CHIEF EXECUTIVE OFFICER	40.00			X			196,001.	0.	47,522.	
(2) JEANNE DILLARD CHIEF CENTER OPERATIONS	40.00				X		155,548.	0.	20,778.	
(3) BRIAN ZALETEL CHIEF FINANCIAL OFFICER	40.00			X			158,236.	0.	8,350.	
(4) TERESA MATHENY CHIEF OF PROGRAMS	40.00					X	144,370.	0.	19,694.	
(5) HEATHER HODGES VP OF HUMAN RESOURECES	40.00					X	141,401.	0.	19,401.	
(6) AUTUMN TOMAS VP OF HEAD START/EARLY HEAD START	40.00					X	138,462.	0.	19,079.	
(7) TEMPLE DEPLATO CHIEF ADMINISTRATIVE OFFICER	40.00					X	142,759.	0.	14,698.	
(8) LAUREN HOPKINS CHIEF DEVELOPMENT OFFICER	40.00					X	131,984.	0.	8,161.	
(9) THABATA FORD PRESIDENT	2.00	X		X			0.	0.	0.	
(10) VICKI ADAMS IMMEDIATE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(11) FR. WILEY AMMONS VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(12) DESTINEE SWANSON TREASURER	1.00	X		X			0.	0.	0.	
(13) CHRISTINE SMITH SECRETARY	1.00	X		X			0.	0.	0.	
(14) SARA POMPOSO BOARD MEMBER	1.00	X					0.	0.	0.	
(15) YARED ALULA BOARD MEMBER	1.00	X					0.	0.	0.	
(16) KAREN ESTELLA SMITH BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SUSAN WILDES BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTIAN WINTERBOTTOM BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOHN THOMAS BOARD MEMBER	1.00	X						0.	0.	0.
(20) MALACHI BEYAH BOARD MEMBER	1.00	X						0.	0.	0.
(21) BISHOP SAMUEL J HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,208,761.	0.	157,683.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,208,761.	0.	157,683.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ROUND LAKE ACADEMY 3800 CRILL AVE, PALATKA, FL 32177	SCHOOL READINESS CHILDCARE CONTRACT	395,340.
TAKILA ANDERSON 775 PEARL STREET, ST. AUGUSTINE, FL 32084	SCHOOL READINESS CHILDCARE CONTRACT	308,917.
LEAPS & BOUNDS PRESCHOOL LLC 4717 CR 218, MIDDLEBURG, FL 32068	SCHOOL READINESS CHILDCARE CONTRACT	292,415.
SUNSHINE EARLY LEARNING AND SCHOOL READINES PO BOX 1445, MACCLENNY, FL 32063	SCHOOL READINESS & VPK CHILDCARE CONTRA	261,037.
SUNSHINE STATE EARLY ED, LLC, 2031 TOWN CENTER BLVD, FLEMING ISLAND, FL 32003	SCHOOL READINESS & VPK CHILDCARE CONTRA	227,277.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	27,806.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	88,477,308.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	449,267.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			88,954,381.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code	900099	823,391.	823,391.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			823,391.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			-148,799.		-148,799.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 27,806. of contributions reported on line 1c). See Part IV, line 18	8a		123,966.				
				60,891.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			63,075.		63,075.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	247,688.	247,688.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			247,688.			
12	Total revenue. See instructions			89,939,736.	1,071,079.	0.	-85,724.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,335,236.	7,335,236.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,241,634.	39,241,634.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	547,953.		547,953.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,446,300.	25,642,144.	2,804,156.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,811,710.	3,361,130.	450,580.	
10 Payroll taxes	2,091,664.	1,849,141.	242,523.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	413,222.	130,789.	282,433.	
12 Advertising and promotion	100.	100.		
13 Office expenses	597,930.	540,826.	57,104.	
14 Information technology				
15 Royalties				
16 Occupancy	1,297,382.	1,297,382.		
17 Travel	439,371.	431,870.	7,501.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	135,022.	122,948.	12,074.	
20 Interest	32,980.	32,980.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	890,712.	889,580.	1,132.	
23 Insurance	375,750.	300,651.	75,099.	
24 Other expenses. Itemize expenses not covered 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.)				
a PROGRAM EXPENSES	1,809,176.	1,690,952.	118,224.	
b FOOD & KITCHEN SUPPLIES	1,048,164.	1,048,164.		
c REPAIRS & MAINTENANCE	835,686.	833,459.	2,227.	
d TELEPHONE & UTILITIES	543,576.	489,016.	54,560.	
e All other expenses	229,035.	220,430.	8,605.	
25 Total functional expenses. Add lines 1 through 24e	90,122,603.	85,458,432.	4,664,171.	0.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,677,001.	1	1,165,812.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,689,426.	4	4,349,611.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	389,230.	9	762,773.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,760,671.		
	b Less: accumulated depreciation	10b 6,821,388.	10c	7,939,283.
	11 Investments - publicly traded securities	1,167,912.	11	1,016,763.
	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	16,275.	15	15,275.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,977,705.	16	15,249,517.	
Liabilities	17 Accounts payable and accrued expenses	4,101,278.	17	4,506,130.
	18 Grants payable		18	
	19 Deferred revenue	307,708.	19	383,115.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	418,200.	24	392,620.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,827,186.	26	5,281,865.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,150,519.	27	9,967,652.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,150,519.	32	9,967,652.
	33 Total liabilities and net assets/fund balances	14,977,705.	33	15,249,517.

Part 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	89,939,736.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,122,603.
3	Revenue less expenses. Subtract line 2 from line 1	3	-182,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,150,519.
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	9,967,652.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
b	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63023941.	66651179.	69608724.	90421639.	89078347.	378783830
2 Tax revenues levied for the organization'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	63023941.	66651179.	69608724.	90421639.	89078347.	378783830
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)						
6 Public support. Subtract line 5 from line 4.						378783830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	63023941.	66651179.	69608724.	90421639.	89078347.	378783830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	129,939.	67,586.	29,563.	359,549.	-148,799.	437,838.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	269,726.	15,404.	32,982.	92,318.	247,688.	658,118.
11 Total support. Add lines 7 through 10						379879786
12 Gross receipts from related activities, etc. (see instructions)					12	1,647,087.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.71 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.55 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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 tax 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?		
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

EPISCOPAL CHILDREN'S SERVICES, INC

Employer identification number

59-1146765

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

Name of organization EPISCOPAL CHILDREN'S SERVICES, INC	Employer identification number 59-1146765
-----------------------------------------------------------------------	---------------------------------------------------------

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	<hr/> <hr/> <hr/>	\$ <u>44,793,447.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>40,290,984.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EPISCOPAL CHILDREN'S SERVICES, INC	Employer identification number 59-1146765
-----------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization EPISCOPAL CHILDREN'S SERVICES, INC	Employer identification number 59-1146765
-----------------------------------------------------------------------	---------------------------------------------------------

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2021

Open to Public Inspection

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, 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	(d) Book value
1a Land		584,508.		584,508.
b Buildings		6,728,070.	2,535,663.	4,192,407.
c Leasehold improvements		1,464,435.	586,678.	877,757.
d Equipment		5,106,352.	3,178,426.	1,927,926.
e Other		877,306.	520,621.	356,685.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,939,283.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-of-year market value
(1) Financial derivatives		
(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" 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	97,992,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7,992,288.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	60,891.	
e	Add lines 2a through 2d	2e		8,053,179.
3	Subtract line 2e from line 1	3		89,939,736.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		89,939,736.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	98,175,782.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,992,288.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	60,891.	
e	Add lines 2a through 2d	2e		8,053,179.
3	Subtract line 2e from line 1	3		90,122,603.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		90,122,603.

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:

ECS IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. ECS HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 60,891.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 60,891.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WINE WOMEN & SHOES		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	151,772.		151,772.
	2	Less: Contributions	27,806.		27,806.
	3	Gross income (line 1 minus line 2)	123,966.		123,966.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,320.		2,320.
	6	Rent/facility costs			
	7	Food and beverages	9,893.		9,893.
	8	Entertainment	9,525.		9,525.
	9	Other direct expenses	39,153.		39,153.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				63,075.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: STUDIO 4FORTY

(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS RD, SAINT HELENA, CA 94574

(II) ACTIVITY: PROMOTING, MANAGING, & OVERSEEING WINE, WOMEN, & SHOES BRAND

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUZETTE WALLACE 2366 OLD PINE TRL FLEMING ISLAND, FL 32003	27-4788850		12,756.	0.			COVID RELIEF
LOVING LAMBS CHILDCARE CENTER OF HASTINGS, INC - PO BOX 471 - HASTINGS, FL 32145	14-1873035		16,239.	0.			COVID RELIEF
LORETTA STOKES 27521 W 1ST AVE HILLIARD, FL 32046	20-3260365		10,500.	0.			COVID RELIEF
STAY-N-PLAY DAY CARE CENTER, INC. 627 S US HIGHWAY 17 SAN MATEO, FL 32187	20-3401061		42,020.	0.			COVID RELIEF
ORANGE PARK PRESCHOOL/LEARNING CENTER, INC. - 99 COLLEGE DR - ORANGE PARK, FL 32065	20-4166923		101,046.	0.			COVID RELIEF
OAKLEAF PRESCHOOL & CHILDCARE INC. 415 MELDRUM LN ORANGE PARK, FL 32065	20-4976658		109,108.	0.			COVID RELIEF

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 171.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAHAM BEARS CHILDCARE, INC 504 TANNERSTONE CT ORANGE PARK, FL 32065	20-8683012		12,615.	0.			COVID RELIEF
BRIGHTON DAY ACADEMY, INC. 1705 STATE ROAD 16 ST AUGUSTINE, FL 32084	26-0129320		114,289.	0.			COVID RELIEF
STEP BY STEP AMELIA STATION INC. 95742 AMELIA CONCOURSE FERNANDINA BEACH, FL 32034	26-0375407		58,448.	0.			COVID RELIEF
MOULTRIE MONTESSORI SCHOOL, LLC 37 S DIXIE HWY SAINT AUGUSTINE, FL 32084	26-0773669		10,500.	0.			COVID RELIEF
DEBRA SHAW 2131 BETA CT ORANGE PARK, FL 32073	26-1715691		5,156.	0.			COVID RELIEF
ELLEN HALLIDAY 6490 SANDHILL RD GREEN COVE SPRINGS, FL 32043	26-3808900		8,156.	0.			COVID RELIEF
SHIRLEY CROOMS 2905 MEADOWS LN PALATKA, FL 32177-5711	26-5236033		5,200.	0.			COVID RELIEF
CHERYL THOMAS 505 TANNERSTONE CT ORANGE PARK, FL 32065	26-5510870		5,156.	0.			COVID RELIEF
SABRINA STRAWTER 600 N ST JOHNS STREET ST AUGUSTINE, FL 32084	26-5533829		5,200.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS FAMILY DAY CARE HOME 360 EDSON DR ORANGE PARK, FL 32073	26-5578548		5,156.	0.			COVID RELIEF
SUZETTE WALLACE 2366 OLD PINE TRL FLEMING ISLAND, FL 32003	27-4788850		12,756.	0.			COVID RELIEF
BRENDA VANLANDINGHAM 96366 CHESTER ROAD YULEE, FL 32097	30-0000864		7,400.	0.			COVID RELIEF
TURTLE TOTS ACADEMY LLC 1681 US1 SOUTH ST AUGUSTINE, FL 32084-4236	30-0806381		10,316.	0.			COVID RELIEF
LA PETITE ACADEMY, INC. PO BOX 8647 CAROL STREAM, IL 60197	43-1243221		76,152.	0.			COVID RELIEF
PROVEN INVESTMENTS, INC. 219 E MICHIGAN AVE MACLENNY, FL 32063-2432	45-0567149		20,100.	0.			COVID RELIEF
ISLAND PREP LLC 150 BLACKFORD WAY ST AUGUSTINE, FL 32086-1876	45-0820882		42,569.	0.			COVID RELIEF
PROMISETOWN PRESCHOOL AT PVPC INC 4510 PALM VALLEY ROAD PONTE VEDRA, FL 32082	45-2348946		23,862.	0.			COVID RELIEF
THE FUTURE LITTLE LEARNERS CENTER LLC - 725 N SUMMIT ST - CRESCENT CITY, FL 32112	45-2428612		20,276.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROUND LAKE ACADEMY LLC 3800 CRILL AVE PALATKA, FL 32177	45-2761177		48,401.	0.			COVID RELIEF
LITTLE HANDS AT WORK 1015 MARTIN LUTHER KING JR BLVD GREEN COVE SPRINGS, FL 32043-2317	45-2982868		5,400.	0.			COVID RELIEF
ELLIS FAMILY DAY CARE HOME 3456 CRANE HILL COURT ORANGE PARK, FL 32065	46-1707439		7,993.	0.			COVID RELIEF
LOVE CARE DAY CARE LEARNING CENTER 2 LLC - 400 N STATE ROAD 19, STE 45 - PALATKA, FL 32177	46-3489266		22,524.	0.			COVID RELIEF
SHANNON THOMAS 920 CARR ST PALATKA, FL 32177-5120	46-4274002		5,400.	0.			COVID RELIEF
HAPPY HANDS FAMILY HOME CHILD CARE LLC - 86145 LOFTON CT - YULEE, FL 32097-5671	47-2238440		5,600.	0.			COVID RELIEF
KIDS WORLD ACADEMY OF FLORIDA LLC 2121 CONSTITUTION DR ORANGE PARK, FL 32073	47-2403196		38,076.	0.			COVID RELIEF
SUNSHINE GROUP CAPITAL LLC 45 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082	47-3319870		53,826.	0.			COVID RELIEF
RIVER CHRISTIAN CHURCH, INC 5900 US HIGHWAY 17 FLEMING ISLAND, FL 32003	47-3540104		85,402.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE EARLY LEARNING AND SCHOOL READINESS - 163 SOUTH BLVD W - MACCLENNY, FL 32063	47-4317959		37,837.	0.			COVID RELIEF
A BRIGHT BEGINNING CHILDCARE, INC. 1650 WELLS RD ORANGE PARK, FL 32073	57-1210208		48,594.	0.			COVID RELIEF
JENAI WILLIAMS 401 HUSSON AVE PALATKA, FL 32177-4328	59-0015742		5,400.	0.			COVID RELIEF
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF FLORIDA'S FIRST COAST, INC. - 3322 MOODY AVE - ORANGE PARK, FL 32065	59-0638514		1,263,156.	0.			COVID RELIEF
THE EPISCOPAL FOUNDATION 215 SAINT GEORGE ST ST AUGUSTINE, FL 32084	59-0657335		19,048.	0.			COVID RELIEF
GRACE EPISCOPAL PRESCHOOL 156 KINGSLEY AVE ORANGE PARK, FL 32073	59-1152229		51,594.	0.			COVID RELIEF
ISLAND VIEW CHILD CARE, INC 900 PARK AVE ORANGE PARK, FL 32073	59-1310919		59,365.	0.			COVID RELIEF
PENIEL BAPTIST ACADEMY 110 PENIEL CHURCH RD PALATKA, FL 32177	59-1428815		16,117.	0.			COVID RELIEF
ISLAND EDUCATION, INC 1423 JULIA ST FERNANDINA BEACH, FL 32034	59-1653881		36,580.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. GILES PREBYSTERIAN CHURCH INCORPORATED - 116 FOXRIDGE RD - ORANGE PARK, FL 32065	59-1773670		24,400.	0.			COVID RELIEF
ORANGE PARK PRESBYTERIAN CHURCH, INC. - 1905 PARK AVE - ORANGE PARK, FL 32073	59-1864360		49,628.	0.			COVID RELIEF
O.P.K. INC. 3050 MOODY AVE ORANGE PARK, FL 32065	59-2148272		76,020.	0.			COVID RELIEF
YULEE BAPTIST CHURCH 85967 HARTS ROAD YULEE, FL 32097	59-2243837		15,753.	0.			COVID RELIEF
ST. LUKE CHILD CARE CENTER 1608 BLANDING BLVD MIDDLEBURG, FL 32068	59-2398919		48,594.	0.			COVID RELIEF
S.L.A.W. INC. 3211 MOODY AVE ORANGE PARK, FL 32065	59-2436440		64,347.	0.			COVID RELIEF
ST. GERARD CAMPUS 1405 US 1 SOUTH ST AUGUSTINE, FL 32084	59-2483955		10,500.	0.			COVID RELIEF
THE CHILDREN'S CORNER INC. 1720 SMITH ST ORANGE PARK, FL 32073	59-2910999		48,594.	0.			COVID RELIEF
GRANDMA'S DAY CARE, INC. 35 GRANT ST ST AUGUSTINE, FL 32084-2743	59-3148621		14,109.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDRA COMBASS 7536 SE 11TH AVE STARKE, FL 32091	59-3306252		62,703.	0.			COVID RELIEF
EBONY ALLEN 114 OAKDALE DRIVE PALATKA, FL 32177	59-3440531		5,400.	0.			COVID RELIEF
ST. FRANCIS IN-THE-FIELD EPISCOPAL CHURCH - 895 PALM VALLEY ROAD - PONTE VEDRA, FL 32081	59-3685378		9,009.	0.			COVID RELIEF
A CHILD'S GARDEN, INC 7442 STATE ROAD 21 KEYSTONE HEIGHTS, FL 32656	59-3694763		48,594.	0.			COVID RELIEF
HOPE CHRISTIAN ACADEMY 3900 SE STATE ROAD 100 STARKE, FL 32091	59-3700853		15,000.	0.			COVID RELIEF
KARI'S CHILD CARE INC. 592 WILLIAM HOOPER ST ORANGE PARK, FL 32073	59-3832362		5,156.	0.			COVID RELIEF
BAKER COUNTY SCHOOL BOARD 362 SOUTH BLVD E MACCLENNY, FL 32063-2540	59-6000509		111,654.	0.			COVID RELIEF
BRADFORD COUNTY SCHOOL BOARD 501 W WASHINGTON STREET STARKE, FL 32091	59-6000518		68,382.	0.			COVID RELIEF
CLAY COUNTY SCHOOL BOARD 23 S. GREEN STREET GREEN COVE SPRINGS, FL 32043	59-6000552		200,962.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUTNAM COUNTY SCHOOL BOARD 200 REID STREET PALATKA, FL 32177	59-6000821		49,868.	0.			COVID RELIEF
ST. JOHNS COUNTY SCHOOL BOARD 102 MARTIN LUTEHR KING AVENUE ST. AUGUSTINE, FL 32084	59-6000824		199,342.	0.			COVID RELIEF
RAINBOW LEARNING CENTER 553 FALLEN TIMBERS DR ORANGE PARK, FL 32073	77-2100219		9,478.	0.			COVID RELIEF
SEA SIDE HEIGHTS LLC 70 GREENLEAF DR PONTE VEDRA, FL 32081	81-1988686		46,130.	0.			COVID RELIEF
TRUTH HOLDING COMPANY INC. 120 PARKWOOD DR ORANGE PARK, FL 32073	81-2223795		68,442.	0.			COVID RELIEF
PAULINE'S PRESCHOOL INC 3425 HABITAT DR MIDDLEBURG, FL 32068	81-2406024		27,074.	0.			COVID RELIEF
HEAVEN'S HIDDEN PROPERTIES, LLC 210 COMMERCE LAKE DR ST AUGUSTINE, FL 32095	81-2715930		18,501.	0.			COVID RELIEF
KSM SCHOOL CROSSWATER 785 CROSSWATER PARKWAY PONTE VEDRA, FL 32081	81-2946998		80,294.	0.			COVID RELIEF
LEAPS & BOUNDS PRESCHOOL LLC 4717 COUNTY ROAD 218 MIDDLEBURG, FL 32068	81-4630545		38,076.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT FAMILY DAYCARE 1697 BARTLETT AVE ORANGE PARK, FL 32073	82-0577464		118,370.	0.			COVID RELIEF
ADVANCED SOLUTIONS FOR KIDS LLC 1727 CHATHAM VILLAGE DR FLEMING ISLAND, FL 32003	82-2536153		41,076.	0.			COVID RELIEF
LITTLE CHILD STEPS LEARNING ACADEMY LLC - 461 OLD HIGHWAY 17 - CRESCENT CITY, FL 32112-4443	82-2584285		22,707.	0.			COVID RELIEF
MRS VANESSA LEARNING LODGE INC 9730 S GLEN AVE GLEN SAINT MARY, FL 32040	83-1167531		14,847.	0.			COVID RELIEF
O2B EARLY EDUCATION HOLDING, INC 1449 SW 74TH DR. SUITE 100 GAINESVILLE, FL 32607	83-2498276		264,461.	0.			COVID RELIEF
NORTHSIDE CHRISTIAN ACADEMY PRESCHOOL - 7415 NW COUNTY ROAD 225 - STARKE, FL 32091-5043	84-1665814		27,041.	0.			COVID RELIEF
SUNSHINE STATE EARLY ED, LLC 2031 TOWN CENTER BLVD ORANGE PARK, FL 32003	84-2196249		111,491.	0.			COVID RELIEF
LITTLE LAMB'S CHILD CARE CENTER 96382 MOUNT ZION LOOP YULEE, FL 32097	84-2641691		5,600.	0.			COVID RELIEF
RAIN RIVER LEARNING CENTER LLC 880 SANTA MARIA BOULEVARD ST. AUGUSTINE, FL 32086	84-2660224		25,190.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUGAR BEARS LEARNING CENTER INC 305 TAMMY STREET EAST PALATKA, FL 32131-6029	84-4126172		16,166.	0.			COVID RELIEF
THE BIRD'S NEST CHILD CARE LLC 550 OUTLET MALL BLVD, STE 300 SAINT AUGUSTINE, FL 32084	84-4126172		12,793.	0.			COVID RELIEF
PREEMINENT PRESCHOOLS LLC DBA THE GODDARD SCHOOL - SAINT JOHNS - 100 JULINGTON PLAZA DR - SAINT JOHNS, FL 32259	85-1242711		51,453.	0.			COVID RELIEF
MIDWAY LEARNING CENTER GROUP LLC 8682 STATE ROAD 21 MELROSE, FL 32666	85-2707205		19,640.	0.			COVID RELIEF
CSJ LEGACY II, INC. 406 OLD HARD RD STE 108 FLEMING ISLAND, FL 32003	85-2762817		20,000.	0.			COVID RELIEF
PUMPKIN PATCH CHILD CARE INC 1139 STATE ROAD 20 INTERLACHEN, FL 32148	85-3614520		20,932.	0.			COVID RELIEF
3420 ST. JOHNS AVE INC. DBA KID CITY USA PALATKA - 3420 SAINT JOHNS AVE - PALATKA, FL 32177	86-1976698		20,254.	0.			COVID RELIEF
1461 FRUIT COVE INC 1461 FRUIT COVE RD S SAINT JOHNS, FL 32259	87-1010552		9,390.	0.			COVID RELIEF
29 CINNAMON STREET 29 CINNAMON STREET MIDDLEBURG, FL 32068	87-1450052		12,022.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF RISING STARS INC 314 N HIGHWAY 17 PALATKA, FL 32177-8613	90-0070989		24,469.	0.			COVID RELIEF
IMAGINATION ISLAND OF FLEMING ISLAND INC. - 2280 VILLAGE SQUARE PKWY - FLEMING ISLAND, FL 32003	90-0884620		48,594.	0.			COVID RELIEF
A FUN PLACE TO BE INC 10440 US 1 N UNIT 111, 112, 113 ST AUGUSTINE, FL 32095-8459	27-2633193		14,454.	0.			COVID RELIEF
CHILDREN'S WORLD INC. 1206 MOSELEY AVE PALATKA, FL 32177	56-2367663		36,620.	0.			COVID RELIEF
A BRIGHT BEGINNING CHILDCARE, INC 1650 WELLS RD ORANGE PARK, FL 32073-2318	57-1210208		27,528.	0.			COVID RELIEF
PAULINE'S PRESCHOOL INC 3425 HABITAT DR MIDDLEBURG, FL 32068	81-2406024		38,076.	0.			COVID RELIEF
JULIA KEENON 1822 HUSSON AVENUE PALATKA, FL 32177	11-3728253		5,400.	0.			COVID RELIEF
LORETTA STOKES 27521 W 1ST AVE HILLIARD, FL 32046	20-3260365		12,870.	0.			COVID RELIEF
CECILIA LAGRULE 2891 PLUM ORCHARD DR ORANGE PARK, FL 32073	20-8200331		8,156.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHILD'S CASTLE CHRISTIAN LEARNING CENTER, INC. - 4115 CRILL AVE - PALATKA, FL 32177-8559	20-8282132		24,460.	0.			COVID RELIEF
GRANDMA'S LEARNING CENTER, LLC 525 PALMETTO AVE CRESCENT CITY, FL 32112	20-8296629		17,057.	0.			COVID RELIEF
GRAHAM BEARS CHILDCARE, INC 504 TANNERSTONE CT ORANGE PARK, FL 32065	20-8683012		5,156.	0.			COVID RELIEF
ML FLORIDA GROUP INC. 30 KNIGHT BOXX RD ORANGE PARK, FL 32065	26-1505023		71,071.	0.			COVID RELIEF
ISLAND ACADEMY 1336 S 14TH ST FERNANDINA BEACH, FL 32034-3045	26-3004911		17,661.	0.			COVID RELIEF
CHERYL THOMAS 505 TANNERSTONE CT ORANGE PARK, FL 32065	26-5510870		13,429.	0.			COVID RELIEF
MARTHA KEARSE 111 E PALMETTO ST PALATKA, FL 32177-4748	26-6670161		5,176.	0.			COVID RELIEF
THE ACADEMY AT JULINGTON CREEK, LLC - 990 FLORA BRANCH BLVD - SAINT JOHNS, FL 32259-5104	27-1374625		74,434.	0.			COVID RELIEF
CARAHK LLC 2569 C.R. 220 UNIT #207 MIDDLEBURG, FL 32068	27-2922392		50,685.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIDDY UP PRESCHOOL & DAYCARE INC 551411 US HIGHWAY 1 HILLIARD, FL 32046	27-5083344		14,394.	0.			COVID RELIEF
CHILDTIME CHILDCARE, INC 1510 BUSINESS CENTER DR ORANGE PARK, FL 32003	36-2616190		87,717.	0.			COVID RELIEF
TUTOR TIME LEARNING CENTERS, LLC 125 HAMPTON POINT DR ST AUGUSTINE, FL 32092	36-4500741		69,925.	0.			COVID RELIEF
KINDER KOLLEGE INC. 7121 E MOUNT VERNON ST GLEN ST MARY, FL 32040-5085	38-3939598		13,255.	0.			COVID RELIEF
LA PETITE ACADEMY, INC. PO BOX 8647 CAROL STREAM, IL 60197	43-1243221		96,272.	0.			COVID RELIEF
LITTLE HANDS AT WORK 1015 MARTIN LUTHER KING JR BLVD GREEN COVE SPRINGS, FL 32043	45-2982868		5,156.	0.			COVID RELIEF
BARTRAM ACADEMY, INC 164 EVEREST LN STE 1 ST JOHNS, FL 32259-4101	45-4247570		59,909.	0.			COVID RELIEF
ELLIS FAMILY DAY CARE HOME 3456 CRANE HILL CT ORANGE PARK, FL 32065	46-1707439		5,156.	0.			COVID RELIEF
EARLY IMPRESSIONS@ MIDTOWN, INC. 463159 STATE ROAD 200, UNIT 4 YULEE, FL 32097	46-2612522		59,425.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS WORLD ACADEMY OF FLORIDA LLC 2121 CONSTITUTION DR ORANGE PARK, FL 32073-5008	47-2403196		17,903.	0.			COVID RELIEF
A SAFE HAVEN ACADEMY, LLC 1209 CARR STREET PALATKA, FL 32177	47-2734668		13,017.	0.			COVID RELIEF
DISCOVERY PRESCHOOL & CHILDCARE, INC - 2890 MOODY AVE - ORANGE PARK, FL 32073	47-4134828		38,076.	0.			COVID RELIEF
KUEHG CORP. 5005 MEADOWS RD., SUITE 200 LAKE OSWEGO, OR 32097	47-4478313		256,416.	0.			COVID RELIEF
MISS VANESSAS LEARNING BLOCKS INC. 522 S 7TH ST MACCLENNY, FL 32063	47-4821789		12,363.	0.			COVID RELIEF
CHAPPELL SCHOOLS, LLC 1520 LONGLEAF PINE PARKWAY ST. JOHNS, FL 32259	47-5013528		40,377.	0.			COVID RELIEF
CASTLE BROOK ACADEMY, INC. 2755 OLD MOULTRIE RD ST AUGUSTINE, FL 32086	51-0569262		47,158.	0.			COVID RELIEF
ELKTON ACADEMY, INC. 4490 COUNTY ROAD 13 S ELKTON, FL 32033	54-2102523		20,477.	0.			COVID RELIEF
MWANZA LEWIS 201 CEDAR AVE PALATKA, FL 32177	59-0128714		6,836.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAKILA ANDERSON 31 PALMER ST ST AUGUSTINE, FL 32084-3445	59-0281476		15,419.	0.			COVID RELIEF
HICKORY GROVE FIRST SOUTHERN BAPTIST CHURCH INC - 310 S OAKRIDGE AVE - GREEN COVE SPRINGS, FL 32043	59-1274185		77,713.	0.			COVID RELIEF
ADVENT LUTHERAN CHURCH INC. 2156 LOCH RANE BLVD ORANGE PARK, FL 32073	59-1559144		20,000.	0.			COVID RELIEF
SHILOH BAPTIST CHURCH OF ORANGE PARK INC - 939 BLANDING BLVD - ORANGE PARK, FL 32065	59-1739691		59,225.	0.			COVID RELIEF
DESTINY CHURCH OF ST. AUGUSTINE, INC. - 1485 US HIGHWAY 1 S - ST AUGUSTINE, FL 32084-4232	59-1769026		11,100.	0.			COVID RELIEF
ANDROMEDA SCHOOLS OF CLAY COUNTY, INC. - 131 SUZANNE AVE - ORANGE PARK, FL 32073	59-1825833		51,908.	0.			COVID RELIEF
FIRST BAPTIST CHURCH OF MIDDLEBURG INC. - 2645 BLANDING BLVD - MIDDLEBURG, FL 32068	59-1973091		73,710.	0.			COVID RELIEF
TAMEIKA BYRD FAMILY DAYCARE HOME 970 N VOLUSIA ST ST AUGUSTINE, FL 32084	59-2161449		12,037.	0.			COVID RELIEF
FIRST ASSEMBLY OF GOD, INC, OF PALATKA, FLORIDA - 3111 SAINT JOHNS AVE - PALATKA, FL 32177	59-2240885		34,562.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YULEE BAPTIST CHURCH 85971 HARTS RD YULEE, FL 32097-3894	59-2243837		17,598.	0.			COVID RELIEF
MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC. - 3375 US HIGHWAY 1 S - ST AUGUSTINE, FL 32086-6490	59-2311622		13,127.	0.			COVID RELIEF
BRANDTS 142 MASTERS DR ST AUGUSTINE, FL 32084	59-2722997		20,937.	0.			COVID RELIEF
GENEVA PRESBYTERIAN CHURCH, INC. 1755 STATE ROAD 13 FRUIT COVE, FL 32259-9253	59-2865080		9,750.	0.			COVID RELIEF
ABBATE'S DAYCARE, INC 349 BLANDING BLVD ORANGE PARK, FL 32073	59-3083425		48,594.	0.			COVID RELIEF
GRANDMA'S DAY CARE, INC. 35 GRANT ST ST AUGUSTINE, FL 32084	59-3148621		15,000.	0.			COVID RELIEF
ANNUNCIATION CATHOLIC SCHOOL 1610 BLANDING BLVD MIDDLEBURG, FL 32068	59-3194361		48,594.	0.			COVID RELIEF
BRIGHT START SCHOOL AND DAY CARE, INC. - 217 WELLS RD - ORANGE PARK, FL 32073	59-3378909		38,076.	0.			COVID RELIEF
IN LOVING HANDS INC. 165 SE NIGHTINGALE ST. KEYSTONE HEIGHTS, FL 32656	59-3559756		71,853.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KID'S WORLD CHILD CENTER, INC. 5390 COUNTY ROAD 218 MIDDLEBURG, FL 32068-3558	59-3559891		109,929.	0.			COVID RELIEF
FOX MEADOWS LEARNING CENTER INC. 3227 OLD JENNINGS RD MIDDLEBURG, FL 32068	59-3616139		36,599.	0.			COVID RELIEF
ANASTASIA CHRISTIAN TEACHING SERVICES INC. - 1650 A1A SOUTH - ST AUGUSTINE, FL 32080-5464	59-3650633		27,117.	0.			COVID RELIEF
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA - 101 E COLONIAL DR - ORLANDO, FL 32801	59-3672345		22,500.	0.			COVID RELIEF
A CHILD'S GARDEN, INC 7442 STATE ROAD 21 KEYSTONE HGTS, FL 32656-7840	59-3694763		71,073.	0.			COVID RELIEF
GOFF FAMILY DAY CARE HOME 3078 WANDERING OAKS DR ORANGE PARK, FL 32065	59-3729015		5,156.	0.			COVID RELIEF
KARI'S CHILD CARE INC. 592 WILLIAM HOOPER ST ORANGE PARK, FL 32073	59-3832362		5,200.	0.			COVID RELIEF
FERNANDINA BEACH RECREATION CENTER 2500 ATLANTICE AVE FERNANDINA, FL 32034	59-6000317		18,537.	0.			COVID RELIEF
MACADANGDANG FAMILY DAY CARE HOME 2453 GOLDEN BELL LN FLEMING ISLAND, FL 32003	60-8487970		8,156.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARORA'S CLUBHOUSE, INC. 330 ARORA BLVD ORANGE PARK, FL 32073	74-3218880		30,464.	0.			COVID RELIEF
ABC CHILDCARE & LEARNING CENTER, LLC - 627 S 5TH ST - MACCLENNY, FL 32063	76-0796384		34,396.	0.			COVID RELIEF
EDMA SCHOOL LLC DBA PRIMROSE SCHOOL OF JULINGTON CREEK - 480 STATE ROAD 13 - JACKSONVILLE, FL 32259	81-3131515		57,610.	0.			COVID RELIEF
GUESA SCHOOL LLC 180 GATEWAY CIR JACKSONVILLE, FL 32259	81-3131819		58,103.	0.			COVID RELIEF
ENCHANTED FOREST ACADEMY INC. 3475 OLD MOULTRIE RD ST AUGUSTINE, FL 32086	81-3458994		16,933.	0.			COVID RELIEF

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMERICAN RESCUE PLAN ACT	203	4,472,324.	0.		
CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS	176	3,782,090.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES WERE ELIGIBLE BASED ON CRITERIA DEVELOPED BY FLORIDA'S DEPARTMENT OF EDUCATION, DIVISION OF EARLY LEARNING WHICH REQUIRED THAT THE GRANTEE WAS A LEGALLY OPERATING CHILD CARE PROGRAM WITHIN EITHER BAKER, BRADFORD, CLAY, NASSAU, PUTNAM OR ST. JOHNS COUNTY, FLORIDA. THE AMOUNTS OF THE AWARDS WERE BASED ON WHETHER THE CHILD CARE WAS CONTRACTED TO PROVIDE SUBSIDIZED CHILD CARE OR VOLUNTARY PRE-KINDERGARTEN, HOW MANY CHILDREN THEY SERVED, WHETHER OR NOT THEY AGREED TO USE A CERTAIN PERCENTAGE OF THE GRANT FOR INCREASING STAFF COMPENSATION OR BENEFITS AND IF THEY WERE LOCATED

Part IV Supplemental Information

WITHIN A CHILD CARE DESERT. THESE GRANTS WERE FUNDED WITH ARPA AND CRRSA FUNDS RECEIVED BY THE STATE OF FLORIDA. GRANTEES COMPLETED AN APPLICATION TO QUALIFY AND THE APPLICATIONS WERE VERIFIED AND APPROVED BY EPISCOPAL CHILDREN'S SERVICES UNDER OUR CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

EPISCOPAL CHILDREN'S SERVICES, INC

Employer identification number

59-1146765

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CONNIE STOPHEL CHIEF EXECUTIVE OFFICER	(i)	196,001.	0.	0.	29,559.	17,963.	243,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEANNE DILLARD CHIEF CENTER OPERATIONS	(i)	147,280.	7,228.	1,040.	15,507.	5,271.	176,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN ZALETEL CHIEF FINANCIAL OFFICER	(i)	149,842.	7,354.	1,040.	7,864.	486.	166,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERESA MATHENY CHIEF OF PROGRAMS	(i)	136,433.	6,897.	1,040.	14,376.	5,318.	164,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HEATHER HODGES VP OF HUMAN RESOURECES	(i)	133,794.	6,567.	1,040.	14,092.	5,309.	160,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AUTUMN TOMAS VP OF HEAD START/EARLY HEAD START	(i)	130,993.	6,429.	1,040.	13,800.	5,279.	157,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TEMPLE DEPLATO CHIEF ADMINISTRATIVE OFFICER	(i)	135,089.	6,630.	1,040.	14,228.	470.	157,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HEATHER HODGES	DAUGHTER IN-LAW OF	138,206.	COMPENSATIO		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HEATHER HODGES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER IN-LAW OF CONNIE STOPHEL

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization **EPISCOPAL CHILDREN'S SERVICES, INC** Employer identification number **59-1146765**

Part 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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		5,056.	COST
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 - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>DONATED EQUIP</u>)	X	3	72,250.	COST
26	Other ▶ (<u>SERVICES, PRO</u>)	X	2	44,027.	COST
27	Other ▶ (<u>ADVERTISEMENT</u>)	X	3	22,100.	COST
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

EPISCOPAL CHILDREN'S SERVICES, INC

Employer identification number

59-1146765

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH OUR PARTNERSHIP WITH THE ELC OF DUVAL AND KIDS HOPE ALLIANCE,
WE SEND TEAMS OF TRAINED COACHES, TECHNICAL STAFF, AND VOLUNTEERS TO
NON-ECS RUN CHILD CARE FACILITIES IN DUVAL COUNTY. OUR STAFF WORKS WITH
DIRECTORS AND TEACHERS TO IMPROVE THE QUALITY OF THEIR ENVIRONMENT,
TEACHING METHODS, AND CURRICULUM. THIS PARTNERSHIP SERVED ABOUT 3,280
CHILDREN, 102 CENTERS, AND 178 CLASSROOMS. ECS COACHES WORK WITH EACH
DIRECTOR AND TEACHER TO CREATE ACTION PLANS TO PROMOTE GROWTH AND
DEVELOPMENT FOR ALL INVOLVED.

EXPENSES \$ 5,795,564. INCL GRANTS OF \$ 4,905,756. REVENUE \$ 6,254,675.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY OUR EXTERNAL ACCOUNTANT BASED ON INFORMATION THAT
WE HAVE PROVIDED THEM FOR OUR ANNUAL AUDIT. AFTER IT IS REVIEWED BY THE CEO
AND KEY MANAGEMENT PERSONNEL, IT IS PROVIDED TO THE BOARD FOR THEIR REVIEW
AND COMMENTS. THE BOARD IS AFFORDED AN OPPORTUNITY TO ASK QUESTIONS ABOUT
THE RETURN AT ONE OF ITS FORMAL MEETINGS. THE RETURN IS APPROVED BY THE
BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE BOARD OF TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO READ AND
ACKNOWLEDGE BY SIGNING A CONFLICT OF INTEREST STATEMENT. THE CONFLICT OF
INTEREST POLICY PROVIDES INSTRUCTION FOR IMMEDIATE NOTIFICATION TO THE
BOARD OF TRUSTEES SHOULD A CONFLICT ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990) 2021

Name of the organization EPISCOPAL CHILDREN'S SERVICES, INC	Employer identification number 59-1146765
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THE PRESIDENT OF THE BOARD OF TRUSTEES REQUESTS (ABOUT THREE TIMES A YEAR) FROM HUMAN RESOURCES INFORMATION REGARDING CURRENT AND PREVIOUS YEAR'S COMPARABLE SALARY AND BENEFITS FOR THE CEO. ADDITIONALLY, PERIODIC AND INDEPENDENT ASSESSMENT OF PEER COMPENSATION IS OBTAINED BY THE PRESIDENT. THE PRESIDENT WILL EVALUATE PERFORMANCE, COMPARABLE COMPENSATION OF RELATIVE PEERS AND THE CURRENT COMPENSATION OF THE CEO. HE/SHE WILL DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION FOR THE CEO, IN LINE WITH THE LIMITATION SET BY HEAD START AND THE AVAILABLE FUNDING FROM AWARDS AND GRANTS. THE CEO WILL REVIEW COMPARABLE INFORMATION FOR THE STAFF AND DETERMINE APPROPRIATE ADJUSTMENTS IN COMPENSATION, GIVEN THE LIMITATIONS SET BY HEAD START AND THE AVAILABLE FUNDING FROM AWARDS AND GRANTS.

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

ECS HAS FILED ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION) WITH THE FLORIDA SECRETARY OF STATE, WHICH IS THEN MADE AVAILABLE ONLINE BY THE STATE OF FLORIDA. FORM 990 IS MADE AVAILABLE ONLINE VIA THE FEDERAL FINANCIAL CLEARING HOUSE WEBSITE AS WELL AS GUIDESTAR'S WEBSITE. AUDITED FINANCIAL STATEMENTS ARE SUBMITTED TO A VARIETY OF PUBLIC FUNDING AUTHORITIES. THOSE FUNDING AUTHORITIES MONITOR AND ENSURE THAT ECS IS MEETING ITS OBLIGATIONS, SUCH AS COMPLIANCE WITH CORPORATE GOVERNANCE POLICIES (E.G., CONFLICTS OF INTEREST STATEMENTS, ETC.). OUR ANNUAL REPORT WHICH INCLUDES FINANCIAL AND OPERATING INFORMATION IS AVAILABLE ONLINE AT OUR WEBSITE. ALL SUCH INFORMATION IS AVAILABLE UPON WRITTEN REQUEST.

FORM 990 PART XII LN 2C

THE PROCESS HAS NOT CHANGED.