

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input 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 \$ 129,420,243.
	8649 BAYPINE ROAD, BLDG 7	300	H(a) Is this a group return for subordinates? <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ECS4KIDS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1966
			M State of legal domicile: FL

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 2022 (Part V, line 2a)	5	903
	6 Total number of volunteers (estimate if necessary)	6	2853
	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)	88,954,381.	128,401,987.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	823,391.	622,399.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-148,799.	128,559.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,763.	212,261.
		89,939,736.	129,365,206.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,576,870.	82,279,183.
	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)	34,897,627.	36,166,887.
	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)	8,648,106.	10,304,023.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,122,603.	128,750,093.	
19 Revenue less expenses. Subtract line 18 from line 12	-182,867.	615,113.	
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)	15,249,517.	20,065,643.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,281,865.	9,482,878.
	9,967,652.	10,582,765.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WENDY HUGHES, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMY BIBBY	AMY BIBBY	05/07/24		P00445891
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	FORVIS, LLP	44-0160260		(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 \$ 63,438,307. including grants of \$ 60,177,978.) (Revenue \$ 63,438,307.) 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 3,504 CHILDREN PER MONTH AND APPROX 181 CHILD CARE PROVIDERS, ANSWERING OVER 13,163 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 1,250 TECHNICAL ASSISTANCE VISITS EITHER IN PERSON OR VIRTUALLY AND 29 TRAININGS TO 214 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 \$ 18,511,421. including grants of \$ 17,968,817.) (Revenue \$ 18,511,421.) 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 5,714 VPK CHILDREN IN APPROXIMATELY 218 PROGRAMS ACROSS THE 6 COUNTY SERVICE AREA.

4c (Code:) (Expenses \$ 41,207,181. including grants of \$ 4,132,388.) (Revenue \$ 49,923,807.) 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 1,904 IN HEAD START AND 1,432 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 \$ 285,315. including grants of \$) (Revenue \$ 6,143,634.)

4e Total program service expenses 123,442,224.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
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>	11a 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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d 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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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... 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. [X] 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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			202,775.	0.	43,252.	
(2) JEANNE DILLARD CHIEF CENTER OPERATIONS	40.00				X		153,502.	0.	21,087.	
(3) TERESA MATHENY CHIEF OF PROGRAMS	40.00					X	151,629.	0.	20,981.	
(4) HEATHER HODGES VP OF HUMAN RESOURECES	40.00					X	139,735.	0.	19,751.	
(5) TEMPLE DEPLATO CHIEF ADMINISTRATIVE OFFICER	40.00					X	141,153.	0.	15,229.	
(6) AUTUMN TOMAS VP OF HEAD START/EARLY HEAD START	40.00					X	136,870.	0.	18,857.	
(7) LAUREN HOPKINS CHIEF DEVELOPMENT OFFICER	40.00					X	133,149.	0.	13,653.	
(8) WENDY HUGHES CHIEF FINANCIAL OFFICER	40.00			X			35,515.	0.	2,229.	
(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) JOEL CHAMBERLAIN TREASURER	1.00	X		X			0.	0.	0.	
(13) CHRISTINE SMITH SECRETARY	1.00	X		X			0.	0.	0.	
(14) KARYN CARROLL 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) DESTINEE SWANSON 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) ADRIEN MALEK-LASATER BOARD MEMBER	1.00	X						0.	0.	0.
(22) JOY FARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(23) JEANNE LIGHTCAP BOARD MEMBER	1.00	X						0.	0.	0.
(24) BISHOP SAMUEL J HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,094,328.	0.	155,039.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,094,328.	0.	155,039.

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 12

	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
LADYBIRD ACADEMY OF OAKLEAF, LLC 3800 CRILL AVE, PALATKA, FL 32177	SCHOOL READINESS CHILDCARE CONTRACT	565,582.
SUNSHINE EARLY LEARNING AND SCHOOL READINES PO BOX 1445, MACCLENNY, FL 32063	SCHOOL READINESS & VPK CHILDCARE CONTRA	553,954.
ROUND LAKE ACADEMY 3800 CRILL AVE, PALATKA, FL 32177	SCHOOL READINESS CHILDCARE CONTRACT	549,024.
ST. JOHNS LB, LLC 380 ISLESBROOK PKWY, ST. JOHNS, FL 32259	SCHOOL READINESS & VPK CHILDCARE CONTRA	527,870.
SEA SIDE HEIGHTS LLC 70 GREENLEAF DR, PONTE VEDRA, FL 32081	SCHOOL READINESS & VPK CHILDCARE CONTRA	513,760.
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		29

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	70,389.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	126,906,945.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,424,653.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			128401987.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code	900099	622,399.	622,399.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			622,399.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			128,559.		128,559.	
	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 \$ 70,389. of contributions reported on line 1c). See Part IV, line 18	8a		41,611.				
b	Less: direct expenses	8b		55,037.				
c	Net income or (loss) from fundraising events				-13,426.	-13,426.		
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	225,687.	225,687.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			225,687.			
12	Total revenue. See instructions			129365206.	848,086.	0.	115,133.	

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	82,279,183.	82,279,183.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	475,634.		475,634.	
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	29,417,050.	26,358,190.	3,058,860.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,126,850.	3,636,133.	490,717.	
10 Payroll taxes	2,147,353.	1,897,032.	250,321.	
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.)	362,035.	190,145.	171,890.	
12 Advertising and promotion	4,261.	2,061.	2,200.	
13 Office expenses	178,608.	152,057.	26,551.	
14 Information technology				
15 Royalties				
16 Occupancy	1,451,436.	1,401,064.	50,372.	
17 Travel	544,296.	538,007.	6,289.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	182,398.	164,842.	17,556.	
20 Interest	30,160.	30,160.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	965,137.	964,194.	943.	
23 Insurance	386,080.	335,373.	50,707.	
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	2,527,688.	2,211,264.	316,424.	
b FOOD & KITCHEN SUPPLIES	1,355,659.	1,355,659.		
c REPAIRS & MAINTENANCE	1,035,372.	1,034,657.	715.	
d TELEPHONE & UTILITIES	747,186.	735,166.	12,020.	
e All other expenses	533,707.	157,037.	376,670.	
25 Total functional expenses. Add lines 1 through 24e	128,750,093.	123,442,224.	5,307,869.	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	1,165,812.	1	2,243,637.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,349,611.	4	4,562,406.
	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	762,773.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,546,722.		
	b Less: accumulated depreciation	10b 6,897,754.	7,939,283.	10c 7,648,968.
	11 Investments - publicly traded securities	1,016,763.	11	1,221,227.
	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	15,275.	15	4,389,405.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,249,517.	16	20,065,643.	
Liabilities	17 Accounts payable and accrued expenses	4,506,130.	17	4,406,318.
	18 Grants payable		18	
	19 Deferred revenue	383,115.	19	729,999.
	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	392,620.	24	364,797.
	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	0.	25	3,981,764.
	26 Total liabilities. Add lines 17 through 25	5,281,865.	26	9,482,878.
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	9,967,652.	27	10,582,765.
	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	9,967,652.	32	10,582,765.
	33 Total liabilities and net assets/fund balances	15,249,517.	33	20,065,643.

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	129,365,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,750,093.
3	Revenue less expenses. Subtract line 2 from line 1	3	615,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,967,652.
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	10,582,765.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
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	X	

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

2022

Open to Public Inspection

Name of the organization EPISCOPAL CHILDREN'S SERVICES, INC	Employer identification number 59-1146765
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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66651179.	69608724.	90421639.	89078347.	128443598	444203487
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	66651179.	69608724.	90421639.	89078347.	128443598	444203487
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.						444203487

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	66651179.	69608724.	90421639.	89078347.	128443598	444203487
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,586.	29,563.	359,549.	-148,799.	128,559.	436,458.
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.)	15,404.	32,982.	92,318.	247,688.	225,687.	614,079.
11 Total support. Add lines 7 through 10						445254024
12 Gross receipts from related activities, etc. (see instructions)					12	2,269,486.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	99.76	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.71	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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>		
1		
2		
3		

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>			
2a			
2b			
3a			
3b			

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 (<i>explain in detail in Part VI</i>):		
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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
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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>82,113,830.</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>41,452,390.</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
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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
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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	
(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	
(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	
(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	

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

2022

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 July 25, 2006, 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) 2022

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		482,939.		482,939.
b Buildings		6,991,064.	2,956,141.	4,034,923.
c Leasehold improvements		828,984.	391,564.	437,420.
d Equipment		5,223,641.	3,124,062.	2,099,579.
e Other		1,020,094.	425,987.	594,107.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,648,968.

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) OTHER NON-CURRENT ASSETS	15,275.
(2) RIGHT-OF-USE ASSET, OPERATING	3,856,389.
(3) RIGHT-OF-USE ASSET, FINANCE	517,741.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,389,405.

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) OPERATING LEASE LIABILITIES	3,981,764.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,981,764.

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	138,136,869.
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	8,716,626.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	55,037.	
e	Add lines 2a through 2d	2e		8,771,663.
3	Subtract line 2e from line 1	3		129,365,206.
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		129,365,206.

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	137,521,756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	8,716,626.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	55,037.	
e	Add lines 2a through 2d	2e		8,771,663.
3	Subtract line 2e from line 1	3		128,750,093.
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		128,750,093.

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, 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 55,037.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 55,037.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information, currently blank.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
STUDIO 4FORTY - 440 CRYSTAL SPRINGS RD, SAINT HELENA, CA	PROMOTING, MANAGING, & OVERSEEING WINE, WOMEN, &		X	112,000.	25,000.	87,000.
Total				112,000.	25,000.	87,000.

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	112,000.			112,000.
	2	Less: Contributions	70,389.			70,389.
	3	Gross income (line 1 minus line 2)	41,611.			41,611.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	11,949.			11,949.
	6	Rent/facility costs	1,950.			1,950.
	7	Food and beverages	14,092.			14,092.
	8	Entertainment	9,875.			9,875.
	9	Other direct expenses	17,171.			17,171.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-13,426.

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)

Area for supplemental information with multiple horizontal lines.

**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

2022

**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
DORSEY FAMILY DAY CARE HOME 3916 HEAVENSIDE CT. ORANGE PARK, FL 32073	49-6745522		9,200.	0.			OPERATIONAL SUPPORT
MARY EVELYN PASSMORE 106 SPRUCE LANE PALATKA, FL 32177	26-6787584		15,169.	0.			OPERATIONAL SUPPORT
SHANNON THOMAS 920 CARR STREET PALATKA, FL 32177	46-4274002		15,805.	0.			OPERATIONAL SUPPORT
GUTIERREZ FAMILY DAY CARE HOME PO BOX 432 SEVILLE, FL 32190	59-1183835		23,219.	0.			OPERATIONAL SUPPORT
DEBRA SHAW FAMILY DAYCARE HOME 2131 BETA CT ORANGE PARK, FL 32073	26-1715691		23,640.	0.			OPERATIONAL SUPPORT
HANIS FAMILY DAYCARE HOME 525 STATE ROAD 13 ST. JOHNS, FL 32259	55-5234321		27,600.	0.			OPERATIONAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **36.**
- 3** Enter total number of other organizations listed in the line 1 table **10.**

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

Schedule I (Form 990) 2022

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
WENZEL FAMILY DAY CARE HOME 853 BUCKEYE LANE W ST. JOHNS, FL 32259	11-0649032		31,640.	0.			OPERATIONAL SUPPORT
PEARCE FAMILY DAYCARE 95099 LAVENDER LANE FERNANDINA BEACH, FL 32034	22-9555983		32,440.	0.			OPERATIONAL SUPPORT
RAINBOW LEARNING CENTER, LLC 553 FALLEN TIMBERS DRIVE ORANGE PARK, FL 32073	77-2100219		33,115.	0.			OPERATIONAL SUPPORT
SUZETTE WALLACE FAMILY DAY CARE HOME - 2366 OLD PINE TRL - FLEMING ISLAND, FL 32003	27-4788850		33,915.	0.			OPERATIONAL SUPPORT
DORENE ROACH 2050 RYAN ROAD ST. AUGUSTINE, FL 32086	22-4965434		33,932.	0.			OPERATIONAL SUPPORT
LINDSAY DUNLAP 439 HEARTHSIDE CT. ORANGE PARK, FL 32065	32-3849363		35,590.	0.			OPERATIONAL SUPPORT
LINDA GAIL SCOTT 1697 BARTLETT AVENUE ORANGE PARK, FL 32073	22-1548175		45,446.	0.			OPERATIONAL SUPPORT
KARI ALLGOOD DBA: KARI'S CHILD CARE, INC - 592 WILLIAM HOOPER STREET - ORANGE PARK, FL 32073	57-4606085		45,662.	0.			OPERATIONAL SUPPORT
BEARING THE CROSS ACADEMY 9960 LIGHT AVE HASTINGS, FL 32145	14-4586810		48,136.	0.			OPERATIONAL SUPPORT

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
JUST KIDDIN AROUND CHILDCARE 6061 SAINT JOHNS AVE STE 3 PALATKA, FL 32177	58-9209510		49,132.	0.			OPERATIONAL SUPPORT
SHIRLEY CROOMS 105 THICKET LANE PALATKA, FL 32177	26-5236033		64,466.	0.			OPERATIONAL SUPPORT
FLORINE POPE 1116 EAGLE STREET PALATKA, FL 32177	26-5963044		68,334.	0.			OPERATIONAL SUPPORT
JULIA KEENON P.O. BOX 1991 PALATKA, FL 32178	26-5198648		71,964.	0.			OPERATIONAL SUPPORT
SABRINA STRAWTER 600 NORTH ST. JOHNS STREET ST. AUGUSTINE, FL 32084	26-5533829		75,210.	0.			OPERATIONAL SUPPORT
JENAI WILLIAMS 401 HUSSON AVENUE PALATKA, FL 32177	59-0015742		89,734.	0.			OPERATIONAL SUPPORT
EBONY ALLEN 114 OAKDALE DRIVE PALATKA, FL 32177	59-3440531		90,529.	0.			OPERATIONAL SUPPORT
MARTHA KEARSE 111 EAST PALMETTO ST PALATKA, FL 32177	26-6670161		99,761.	0.			OPERATIONAL SUPPORT
LITTLE LAMB'S CHILD CARE CENTER 96382 MOUNT ZION LOOP YULEE, FL 32097	59-3052604		108,696.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

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

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TAMEIKA BYRD 970 N VOLUSIA STREET ST. AUGUSTINE, FL 32084	59-2161449		133,862.	0.			OPERATIONAL SUPPORT
MWANZA LEWIS 201 CEDAR AVENUE PALATKA, FL 32177	59-0128714		138,838.	0.			OPERATIONAL SUPPORT
VERA BYRD 830 BROACH ST. ST. AUGUSTINE, FL 32084	26-3693651		159,593.	0.			OPERATIONAL SUPPORT
LORETTA STOKES/DBA I AM A PROMISE PRESCHOOL - P.O. BOX 237 - HILLIARD, FL 32046	04-1400620		211,807.	0.			OPERATIONAL SUPPORT
TAKILA ANDERSON 775 PEARL STREET ST. AUGUSTINE, FL 32084	59-0281476		404,199.	0.			OPERATIONAL SUPPORT
BRAXTON'S ACADEMY 3604 MORNING MEADOWS LANE JACKSONVILLE, FL 32073	80-0492564		5,967.	0.			OPERATIONAL SUPPORT
L&MS KIDDIE KORNER, LLC 101 SUZANNE AVE. ORANGE PARK, FL 32073	27-4212631		6,182.	0.			OPERATIONAL SUPPORT
LITTLE TEMPLES CHILDCARE CENTER 5285 SHAD ROAD STE 103 JACKSONVILLE, FL 32257	81-1706107		8,056.	0.			OPERATIONAL SUPPORT
LITTLE BRITCHES 10829 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257	59-3409199		8,076.	0.			OPERATIONAL SUPPORT

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
RAIN LILY MONTESSORI 2898 BAILEY ROAD FERNANDINA BEACH, FL 32034	87-1395886		8,129.	0.			OPERATIONAL SUPPORT
KID CITY USA SAN JOSE INC 12246 SAN JOSE BLVD JACKSONVILLE, FL 32223	81-1211249		8,511.	0.			OPERATIONAL SUPPORT
CHABAD LUBAVITCH OF SOUTHSIDE 11271 ALUMNI WAY JACKSONVILLE, FL 32246	20-4836916	501(C)(3)	9,066.	0.			OPERATIONAL SUPPORT
KID CITY SAN JOSE 12246 SAN JOSE BLVD JACKSONVILLE, FL 32223	88-4220453		9,192.	0.			OPERATIONAL SUPPORT
PROMISE LAND PRESCHOOL 3990 LORETTO ROAD JACKSONVILLE, FL 32223	59-3242655		9,671.	0.			OPERATIONAL SUPPORT
BRADFORD PRESCHOOL INC 407 W WASHINGTON ST STARKE, FL 32091	05-0590253	SCHOOL SYSTEM	10,562.	0.			OPERATIONAL SUPPORT
BRIGHT START DAY CARE 217 WELL ROAD ORANGE PARK, FL 32073	59-3378909		10,620.	0.			OPERATIONAL SUPPORT
LITTLE RAINBOW'S LEARING CENTE 255 SOUTH EAST 6TH AVENUE LAKE BUTLER, FL 32054	41-2039137		10,723.	0.			OPERATIONAL SUPPORT
ORTEGA HILLS PRESCHOOL 5029 GREENWAY DR N JACKSONVILLE, FL 32244	59-3417182		12,141.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

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

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JUST 4 KIDS LEARNING ACADEMY OF JAX, INC. - 4371 LOSCO ROAD - JACKSONVILLE, FL 32257	81-0834446		12,189.	0.			OPERATIONAL SUPPORT
FERNANDINA BEACH RECREATION CE 2500 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034	59-6000317	CITY GOVERNMENT	13,319.	0.			OPERATIONAL SUPPORT
KIA'S LITTLE ANGELS, INC 1839 LANE AVENUE SOUTH/SUITE 205 JACKSONVILLE, FL 32210	26-2577806		13,512.	0.			OPERATIONAL SUPPORT
EARLY BLOOMERS LEARNING CENTER 3749 CROWN POINT ROAD JACKSONVILLE, FL 32257	81-1706650		13,809.	0.			OPERATIONAL SUPPORT
OTIS MASON ELM AFTER SCHOOL PR 207 MASON MANATEE WAY ST. AUGUSTINE, FL 32086	59-3132357	SCHOOL SYSTEM	14,922.	0.			OPERATIONAL SUPPORT
YOKO ACQUISITION CORP. DBA PEAS IN A POD LEARNING CENTER - 16562 SW 64 TERRACE - MIAMI, FL 33193	87-0983215		16,114.	0.			OPERATIONAL SUPPORT
AUNT BEA'S TLC 376621 KINGS FERRY ROAD HILLIARD, FL 32046	22-3878789		16,423.	0.			OPERATIONAL SUPPORT
CALLAHAN HEAD START 8649 BAYPINE RD. BLDG. 7, STE. 300 - JACKSONVILLE, FL 32256	59-1146765	SCHOOL SYSTEM	17,523.	0.			OPERATIONAL SUPPORT
LAGRULE FAMILY DAY CARE HOME 2891 PLUM ORCHARD DRIVE ORANGE PARK, FL 32073	20-8200331		17,600.	0.			OPERATIONAL SUPPORT

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
SCHOOL BOARD OF NASSAU COUNTY 1201 ATLANTIC AVENUE FERNANDINA BEACH, FL 32034	59-6000756	SCHOOL SYSTEM	18,107.	0.			OPERATIONAL SUPPORT
LEGACY PREP SCHOOL 3227 OLD JENNINGS RD MIDDLEBURG, FL 32068	92-0573092		18,944.	0.			OPERATIONAL SUPPORT
CHILDREN'S FARM, INC. 7536 SE 11 TH AVENUE STARK, FL 32091-7542	59-3306252		19,263.	0.			OPERATIONAL SUPPORT
MERIAN JOHNSON FAMILY CHILD CARE 5151 COLONIAL AVENUE JACKSONVILLE, FL 32210	26-4376133		20,595.	0.			OPERATIONAL SUPPORT
AROUND THE CLOCK KIDCARE AND PRESCHOOL - 8102 BLANDING BLVD #4 - JACKSONVILLE, FL 32244	84-3496107		20,978.	0.			OPERATIONAL SUPPORT
PARKS' PLACE DAYCARE AND LEARNING CENTER, LLC - 5500 SHINDLER DRIVE - JACKSONVILLE, FL 32222	20-3816374		21,553.	0.			OPERATIONAL SUPPORT
JET'S DAYCARE INC D/B/A ITY BITY PO BOX 1255 BUNNELL, FL 32110	26-3399255		23,206.	0.			OPERATIONAL SUPPORT
MS. V'S LIL ANGELS PO BOX 15885 FERNANDINA BEACH, FL 32035	01-0806890		25,891.	0.			OPERATIONAL SUPPORT
LANE AVE. CHILD DEV. CENTER 1650 LANE AVE S JACKSONVILLE, FL 32210	59-3404416		27,043.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

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

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GRACE EPISCOPAL DAY SCHOOL 156 KINGSLEY AVE ORANGE PARK, FL 32073	59-1152229	501(C)(3)	27,360.	0.			OPERATIONAL SUPPORT
LITTLE FOUNTAINS OF LIGHT, INC. 7928 RAMPART ROAD JACKSONVILLE, FL 32244	46-0837563		28,062.	0.			OPERATIONAL SUPPORT
JONES FAMILY DAYCARE 1988 CLINCH DRIVE FERNANDINA BEACH, FL 32034	59-3608854		30,291.	0.			OPERATIONAL SUPPORT
SAINT GERARD CAMPUS 1405 US HWY 1 SOUTH ST AUGUSTINE, FL 32084	59-2483955	501(C)(3)	31,794.	0.			OPERATIONAL SUPPORT
A VERY SPECIAL JOURNEY ELC 540591 LEM TURNER RD. CALLAHAN, FL 32011	82-1477478		32,440.	0.			OPERATIONAL SUPPORT
CHEYENNE BATES FAMILY DAY CARE HOME - 3363 CLASSIC OAK CT - ORANGE PARK, FL 32065	85-2824379		32,440.	0.			OPERATIONAL SUPPORT
KID CITY USA FRUITCOVE 1461 FRUIT COVE RD S ST JOHNS, FL 32259	87-1010552		34,227.	0.			OPERATIONAL SUPPORT
HAPPY HANDS FAMILY HOME CHILD CARE, LLC - 86145 LOFTON COURT - YULEE, FL 32097	47-2238440		34,840.	0.			OPERATIONAL SUPPORT
DEBBIE'S CHILDCARE 3078 WAVERING OAKS DRIVE ORANGE PARK, FL 32065	59-3729015		36,840.	0.			OPERATIONAL SUPPORT

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 CITY FERNANDINA BEACH 1986 CITRONA DR FERNANDINA BEACH, FL 32034	92-0511042		39,515.	0.			OPERATIONAL SUPPORT
KINDER KOLLEGE 7121 EAST MT VERNON STREET GLEN ST MARY, FL 32040	38-3939598		43,197.	0.			OPERATIONAL SUPPORT
HEAVEN'S HIDDEN PROPERTIES, LLC 210 COMMERCE LAKE DRIVE ST. AUGUSTINE, FL 32095	81-2715930		45,235.	0.			OPERATIONAL SUPPORT
SJEDU OAK LEAF, LLC 7629 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222	47-4172036		48,537.	0.			OPERATIONAL SUPPORT
BELTON FAMILY HOME DAYCARE 107 PINK ORCHID WAY PALATKA, FL 32177	87-2919433		51,214.	0.			OPERATIONAL SUPPORT
LITTLE HANDS AT WORK 1015 MARTIN LUTHER KING GREEN COVE SPRINGS, FL 32043	45-2982868		54,931.	0.			OPERATIONAL SUPPORT
LEGACY3 CHILD DEVELOPMENT CARE CENTER - 110 SEVILLA STREET - EAST PALATKA, FL 32131	85-1792579		56,990.	0.			OPERATIONAL SUPPORT
ELLIS FAMILY DAYCARE 489 MILLSTONE DRIVE ORANGE PARK, FL 32065	46-1707439		59,934.	0.			OPERATIONAL SUPPORT
WINGS OF ANGELS CHRISTIAN ACADEMY 83 WASHINGTON ST. ST. AUGUSTINE, FL 32084	82-4598506		64,676.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

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

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MISS KATE'S PREK INC P.O. BOX 1115 FERNANDINA BEACH, FL 32035	02-0745591		66,483.	0.			OPERATIONAL SUPPORT
HAWTHORNE ACADEMY 20825 SE HAWTHORNE ROAD HAWTHORNE, FL 32640	46-4866414	SCHOOL SYSTEM	68,011.	0.			OPERATIONAL SUPPORT
CHARLES FAMILY DAY CARE LLC 206 MIMOSA DRIVE PALATKA, FL 32177	86-3946576		70,481.	0.			OPERATIONAL SUPPORT
GUIDEPOST MONTESSORI AT ST AUGUSTINE - 210 COMMERCE LAKE DRIVE - ST. AUGUSTINE, FL 32095	88-1111477		78,714.	0.			OPERATIONAL SUPPORT
MOULTRIE MONTESSORI SCHOOL 37 S. DIXIE HIGHWAY ST AUGUSTINE, FL 32084	26-0773669		81,251.	0.			OPERATIONAL SUPPORT
ST. GILES PRESBYTERIAN 116 FOXRIDGE ROAD ORANGE PARK, FL 32065	59-1773670	501(C)(3)	84,284.	0.			OPERATIONAL SUPPORT
GUARDIAN MONTESSORI ACADEMY, LLC 145 DOCTORS VILLAGE DRIVE ST. JOHNS, FL 32259	83-3331981		84,940.	0.			OPERATIONAL SUPPORT
THE BIRD'S NEST CHILD CARE LLC 550 OUTLET MALL BLVD SUITE 300 - SAINT AUGUSTINE, FL 32084	84-4126172		90,170.	0.			OPERATIONAL SUPPORT
THE LEARNING EXPERIENCE AT OAKLEAF 220 OAKLEAF VILLAGE PKWY JACKSONVILLE, FL 32222	83-1079606		90,982.	0.			OPERATIONAL SUPPORT

Schedule I (Form 990)

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

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LITTLE SPROUTS LEARNING CENTER LLC 200 S 7TH STREET PALATKA, FL 32177	88-3031771		100,301.	0.			OPERATIONAL SUPPORT
MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, INC - 3375 US HIGHWAY 1 SOUTH - ST. AUGUSTINE, FL 32086	59-2311622	501(C)(3)	100,837.	0.			OPERATIONAL SUPPORT
GENEVA PRESBYTERIAN CHURCH 1755 STATE RD 13 ST. JOHNS, FL 32259	59-2865080	501(C)(3)	101,193.	0.			OPERATIONAL SUPPORT
ST FRANCIS IN-THE-FIELD 895 PALM VALLEY ROAD PONTE VEDRA, FL 32081	59-3685378	501(C)(3)	101,521.	0.			OPERATIONAL SUPPORT
TURTLE TOTS ACADEMY, INC 1681 US 1 SOUTH ST AUGUSTINE, FL 32084	30-0806381		107,732.	0.			OPERATIONAL SUPPORT
KID CITY MIDDLEBURG 29 CINNAMON ST MIDDLEBURG, FL 32068	88-3927179		112,885.	0.			OPERATIONAL SUPPORT
KID CITY USA FRUITCOVE 2 6438 NW 99TH AVE PARKLAND, FL 33076	88-3865362		114,816.	0.			OPERATIONAL SUPPORT
GRAHAM BEARS CHILDCARE, INC. 504 TANNERSTONE CT. ORANGE PARK, FL 32065	20-8683012		117,696.	0.			OPERATIONAL SUPPORT
FOXMEADOW LEARNING CENTER 3227 OLD JENNINGS RD MIDDLEBURG, FL 32068	59-3616139		117,765.	0.			OPERATIONAL SUPPORT

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
FUN LITTLE YEARS 728 BLANDING BLVD JACKSONVILLE, FL 32065	83-1689110		118,509.	0.			OPERATIONAL SUPPORT
AMELIA ISLAND MONTESSORI SCHOOL 1423 JULIA STREET FLEMING ISLAND, FL 32034	59-1653881		135,409.	0.			OPERATIONAL SUPPORT
TRINITY CHAPEL OF ST. AUGUSTINE, INC. - DBA: KINGDOM KIDS ACADEMY 1485 U.S. 1 SOUTH - ST. AUGUSTINE, FL 32084	59-1769026		135,907.	0.			OPERATIONAL SUPPORT
LITTLE PANDA'S CHILD DEVELOPMENT 1591 US HWY 17N SEVILLE, FL 32193	82-2596335		139,348.	0.			OPERATIONAL SUPPORT
ADVANCED SOLUTIONS FOR KIDS, LLC 1727 CHATHAM VILLAGE DRIVE FLEMING ISLAND, FL 32003	82-2536153		139,782.	0.			OPERATIONAL SUPPORT
ARORA'S CLUBHOUSE, INC 330 ARORA BLVD ORANGE PARK, FL 32073	74-3218880		142,871.	0.			OPERATIONAL SUPPORT
ADVENT LUTHERAN CHURCH PRESCHO 2156 LOCH RANE BLVD ORANGE PARK, FL 32073	59-1559144	501(C)(3)	156,362.	0.			OPERATIONAL SUPPORT
ROOTS ACADEMY 2050 ST JOHNS PARKWAY #111 ST JOHNS, FL 32259	87-3566228		157,660.	0.			OPERATIONAL SUPPORT
CATHEDRAL PARISH EARLY ED CENT 10 SEBASTIAN AVENUE ST. AUGUSTINE, FL 32084	59-0641391		158,937.	0.			OPERATIONAL SUPPORT

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A FUN PLACE TO BE 10440 US 1 NORTH UNIT NO. 112 - ST. AUGUSTINE, FL 32095	27-2633193		159,957.	0.			OPERATIONAL SUPPORT
IVYBROOK ACADEMY JULINGTON CREEK 200 N RIDGECREST LN SAINT JOHNS, FL 32259	84-2643210		162,457.	0.			OPERATIONAL SUPPORT
FAITH CHRISTIAN ACADEMY 96282 BRADY POINT FERNANDINA BEACH, FL 32034	59-3679991		162,885.	0.			OPERATIONAL SUPPORT
SAN JUAN DEL RIO CATHOLIC CHURCH 1714 SR 13 ST. JOHNS, FL 32259	59-3328973	501(C)(3)	171,064.	0.			OPERATIONAL SUPPORT
FIRST IMPRESSIONS SCHOOL INC 617271 W. BRANDIES AVE CALLAHAN, FL 32011	26-2768648		173,362.	0.			OPERATIONAL SUPPORT
CROSSWATER CHRISTIAN ACADEMY 211 DAVIS PARK ROAD PONTE VEDRA, FL 32081	59-3435781	501(C)(3)	175,391.	0.			OPERATIONAL SUPPORT
ORANGE PARK PRESBYTERIAN CHURCH 1905 PARK AVENUE ORANGE PARK, FL 32073	59-1864360	501(C)(3)	175,429.	0.			OPERATIONAL SUPPORT
ENGAGING YOUNG MINDS ACADEMY INC 2170 PARK AVENUE ORANGE PARK, FL 32073	83-2999697		178,395.	0.			OPERATIONAL SUPPORT
THOMAS FAMILY DAYCARE 505 TANNERSTONE CT ORANGE PARK, FL 32065	88-0772940		179,440.	0.			OPERATIONAL SUPPORT

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GRANDMA'S DAYCARE INC 35 GRANT STREET ST. AUGUSTINE, FL 32084	59-3148621		180,235.	0.			OPERATIONAL SUPPORT
MRS. VANESSA'S LEARNING LODGE 9730 SOUTH GLEN AVE GLAN ST MARY, FL 32063	83-1167531		186,236.	0.			OPERATIONAL SUPPORT
AMAZING EXPLORERS ACADEMY 20 TAVERNIER DR PONTE VEDRA, FL 32081	83-3983840		187,276.	0.			OPERATIONAL SUPPORT
ISLAND VIEW BAPTIST CHILD CARE CENTER - 900 PARK AVENUE - ORANGE PARK, FL 32073	59-1310919	501(C)(3)	188,396.	0.			OPERATIONAL SUPPORT
PALMER CATHOLIC ACADEMY PRESCH 545 A1A NORTH PONTE VEDRA BEACH, FL 32082	59-3484393	501(C)(3)	189,446.	0.			OPERATIONAL SUPPORT
ST. CLARE EARLY LEARNING CENTER 307 FRANCISCAN WAY YULEE, FL 32097	85-0781368		191,727.	0.			OPERATIONAL SUPPORT
ANDROMEDA PRE-SCHOOL 131 SUZANNE AVENUE ORANGE PARK, FL 32073	59-1825833		198,524.	0.			OPERATIONAL SUPPORT
MRS. VANESSA'S LEARNING BLOCKS 522 S 7TH ST MACCLENNY, FL 32063	47-4821789		199,450.	0.			OPERATIONAL SUPPORT
WONDERWORKS 2036 REED ST ORANGE PARK, FL 32073	59-1992869		203,475.	0.			OPERATIONAL SUPPORT

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PENIEL ACADEMY 110 PENIEL CHURCH ROAD PALATKA, FL 32177	59-1428815		206,966.	0.			OPERATIONAL SUPPORT
ST. MICHAEL ACADEMY 510 CALHOUN STREET FERNANDINA BEACH, FL 32034	59-3529536	501(C)(3)	207,121.	0.			OPERATIONAL SUPPORT
KIDS PARK 406 OLD HARD ROAD SUITE 108 - FLEMING ISLAND, FL 32203	85-2762817		210,810.	0.			OPERATIONAL SUPPORT
MRS. VANESSA LEARNING RANCH 162 SOUTH BLVD WEST MACCLENNY, FL 32063	84-2183035		212,593.	0.			OPERATIONAL SUPPORT
ISLAND ACADEMY 1336 S 14TH STREET FERNANDINA BEACH, FL 32034	26-3004911		225,368.	0.			OPERATIONAL SUPPORT
TRINITY EPISCOPAL LEARNING CENTER 215 ST. GEORGE ST. ST. AUGUSTINE, FL 32084	59-0657335	501(C)(3)	234,089.	0.			OPERATIONAL SUPPORT
FIRST ASSEMBLY OF GOD 3111 ST JOHNS AVENUE PALATKA, FL 32177	59-2240885	501(C)(3)	235,011.	0.			OPERATIONAL SUPPORT
PAULINE'S PRESCHOOL INC. 3425 HABITAT DRIVE MIDDLEBURG, FL 32068	81-2406024		235,263.	0.			OPERATIONAL SUPPORT
OUR LADY STAR OF THE SEA CATHOLIC SCHOOL - 4889 PALM VALLEY ROAD - PONTE VEDRA BEACH, FL 32082	59-3484405	501(C)(3)	238,069.	0.			OPERATIONAL SUPPORT

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LIL' VOYAGERS ACADEMY II 175 FOUNTAINS WAY # 1 ST JOHNS, FL 32259	86-1967559		240,667.	0.			OPERATIONAL SUPPORT
KID CITY USA 101 MARKETSIDE AVENUE PONTE VEDRA, FL 32081	87-1450052		241,567.	0.			OPERATIONAL SUPPORT
JC ACADEMY 65 BENTON LN ST. AUGUSTINE, FL 32092	83-4095335		244,966.	0.			OPERATIONAL SUPPORT
CATHEDRAL PARISH SCHOOL 259 ST. GEORGE STREET ST. AUGUSTINE, FL 32084	59-0910345	501(C)(3)	246,897.	0.			OPERATIONAL SUPPORT
KIDSFIRST LEARNING CENTER 2645 BLANDING BOULEVARD MIDDLEBURG, FL 32068	59-1973091		252,058.	0.			OPERATIONAL SUPPORT
SHILO BAPTIST CHURCH OF ORANGE PARK INC. - 939 BLANDING BLVD - ORANGE PARK, FL 32065	59-1739691	501(C)(3)	253,236.	0.			OPERATIONAL SUPPORT
MIDWAY LEARNING CENTER GROUP, LLC 8682 STATE ROAD 21 MELROSE, FL 32666	85-2707205		256,695.	0.			OPERATIONAL SUPPORT
FIRST UNITED METHODIST CHURCH PRESCHOOL 93 NORTH5TH STREET - MACCLENNY, FL 32063	59-1368858	501(C)(3)	257,221.	0.			OPERATIONAL SUPPORT
KID CITY USA FERNANDINA 101 MARKETSIDE AVENUE PONTE VEDRA, FL 32081	86-3129916		260,083.	0.			OPERATIONAL SUPPORT

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ANNUNCIATION CATHOLIC SCHOOL 1610 BLANDING BOULEVARD MIDDLEBURG, FL 32068	59-3194361	501(C)(3)	260,340.	0.			OPERATIONAL SUPPORT
KID CITY USA 5418 CR 23 B MACCLENNY, FL 32063	87-1246962		260,649.	0.			OPERATIONAL SUPPORT
FRUIT COVE BAPTIST CHURCH 501 SR 13 JACKSONVILLE, FL 32259	59-2294252	501(C)(3)	264,973.	0.			OPERATIONAL SUPPORT
CHAPPELL SCHOOLS, INC. 8400 BAYCENTER RD JACKSONVILLE, FL 32256	47-5013528		266,873.	0.			OPERATIONAL SUPPORT
LIL' VOYAGERS 111 DOCTORS VILLAGE DRIVE #200 ST. JOHNS, FL 32259	51-0522199		271,459.	0.			OPERATIONAL SUPPORT
LAKE ASBURY LEARNING CENTER LLC 2781 HENLEY ROAD GREEN COVE SPRINGS, FL 32043	82-5273316		275,112.	0.			OPERATIONAL SUPPORT
A SAFE HAVEN ACADEMY LLC 1209 CARR STREET PALATKA, FL 32177	47-2734668		278,481.	0.			OPERATIONAL SUPPORT
MEMORIAL PRESBYTERIAN CHURCH 36 SEVILLA STREET ST. AUGUSTINE, FL 32084	59-0637875	501(C)(3)	281,738.	0.			OPERATIONAL SUPPORT
ACADEMY OF RISING STARS, INC. 314 NORTH HIGHWAY 17 PALATKA, FL 32177	90-0070989		286,253.	0.			OPERATIONAL SUPPORT

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RAIN RIVER LEARNING CENTER, LLC 880 SANTA MARIA BOULEVARD ST. AUGUSTINE, FL 32086	84-2660224		288,339.	0.			OPERATIONAL SUPPORT
THE CHILDREN'S CORNER 1720 SMITH STREET ORANGE PARK, FL 32073	59-2910999		292,342.	0.			OPERATIONAL SUPPORT
HOPE CHRISTIAN ACADEMY 3900 SE SR 100 STARKE, FL 32091	59-3700853		293,351.	0.			OPERATIONAL SUPPORT
IVY LEAGUE ACADEMY 2350 MARKET DRIVE FLEMING ISLAND, FL 32003	02-0687817		294,091.	0.			OPERATIONAL SUPPORT
ST LUKES CATHOLIC CHURCH 1606 BLANDING BOULEVARD MIDDLEBURG, FL 32068	59-2398919	501(C)(3)	297,436.	0.			OPERATIONAL SUPPORT
DISCOVERY PRESCHOOL & CHILDCARE INC. - 2890 MOODY AVE. - ORANGE PARK, FL 32073	47-4134828		300,123.	0.			OPERATIONAL SUPPORT
BACKPACK UNIVERSITY 2569 C.R. 220 UNIT 207 MIDDLEBURG, FL 32068	27-2922392		301,014.	0.			OPERATIONAL SUPPORT
SUGAR BEAR'S LEARNING CENTER, INC 305 TAMMY ST. EAST PALATKA, FL 32131	84-4090286		304,176.	0.			OPERATIONAL SUPPORT
D & G CHILDCARE AND LEARNING C 1210 ST. JOHNS AVENUE PALATKA, FL 32177	20-1087579		304,843.	0.			OPERATIONAL SUPPORT

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A CHILD'S CASTLE CHRISTIAN LEARNING CENTER INC 4115 CRILL AVENUE - PALATKA, FL 32177	20-8282132		307,626.	0.			OPERATIONAL SUPPORT
GRACE LEARNING ACADEMY, INC 2665 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086	47-4617892		320,893.	0.			OPERATIONAL SUPPORT
PROVEN INVESTMENTS INC/TINY TOTS DAYCARE CENTER - 219 E MICHIGAN AVE - MACCLENNY, FL 32063	45-0567149		324,405.	0.			OPERATIONAL SUPPORT
STAY-N-PLAY DAY CARE CENTER, I 627 HWY 17 SOUTH SAN MATEO, FL 32187	20-3401061		329,161.	0.			OPERATIONAL SUPPORT
LITTLE CHILD STEPS 461 OLD HIGHWAY 17 CRESCENT CITY, FL 32212	82-2584285		329,332.	0.			OPERATIONAL SUPPORT
FIRST ASSEMBLY OF GOD OF CALLAHAN INC./SONSHINE CHRISTIAN ACADEMY - 45082 FRANK BROOKINS DRIVE - CALLAHAN, FL 32011-5026	59-2065865	501(C)(3)	333,153.	0.			OPERATIONAL SUPPORT
FIRST BAPTIST CHURCH PRESCHOOL 501 OAK ST. PALATKA, FL 32177	59-0714834	501(C)(3)	333,915.	0.			OPERATIONAL SUPPORT
LOVING LAMBS CHILD CARE CENTER P.O. BOX 472 HASTINGS, FL 32145	14-1873035		337,665.	0.			OPERATIONAL SUPPORT
PROMISTOWN PRESCHOOL AT PVPC 4510 PALM VALLEY ROAD PONTE VEDRA BEACH, FL 32082	45-2348946		339,958.	0.			OPERATIONAL SUPPORT

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ELKTON ACADEMY 4490 COUNTY ROAD 13 SOUTH ELKTON, FL 32033	54-2102523		341,618.	0.			OPERATIONAL SUPPORT
KID CITY USA PALATKA 3420 SAINT JOHNS AVE PALATKA, FL 32177	86-1976698		345,223.	0.			OPERATIONAL SUPPORT
ALL KIDS LEARNING CENTER 7071 PROSPERITY PARK RD E JACKSONVILLE, FL 32244	84-3571143		346,550.	0.			OPERATIONAL SUPPORT
ST. THERESE EARLY LEARNING CENTER 2468 CR 210 W ST. JOHN, FL 32259	81-1183541	501(C)(3)	352,230.	0.			OPERATIONAL SUPPORT
EARLY IMPRESSIONS AT BLACKROCK, INC. - 464073 SR 200 UNIT 16 - YULEE, FL 32097-5591	46-3554440		357,000.	0.			OPERATIONAL SUPPORT
KIDS WORLD ACADEMY OF FLORIDA, LLC 2121 CONSTITUTION DRIVE ORANGE PARK, FL 32073	47-2403196		364,122.	0.			OPERATIONAL SUPPORT
PUMPKIN PATCH CHILDCARE 2 1139 STATE ROAD 20 INTERLACHEN, FL 32148-5406	85-3614520		376,770.	0.			OPERATIONAL SUPPORT
GOD'S LITTLE CREATIONS CHILDCARE LLC - 405 PINE STREET - PALATKA, FL 32177	83-0495611		378,265.	0.			OPERATIONAL SUPPORT
ENCHANTED FOREST ACADEMY INC. 3475 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32086	81-3458994		385,687.	0.			OPERATIONAL SUPPORT

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IN LOVING HANDS 165 SE NIGHTINGALE STREET KEYSTONE HEIGHT, FL 32656	59-3559756		387,977.	0.			OPERATIONAL SUPPORT
ANASTASIA BAPTIST CHILD CARE M 1650 A1A SOUTH ST. AUGUSTINE, FL 32080	59-3650633	501(C)(3)	392,256.	0.			OPERATIONAL SUPPORT
CREEKSIDE CHRISTIAN CHURCH, INC 92 LIFESPRING WAY ST. JOHNS, FL 32259	01-0697890	501(C)(3)	394,004.	0.			OPERATIONAL SUPPORT
TRUTH HOLDING COMPANY 120 PARKWOOD DR ORANGE PARK, FL 32073	81-2223795		398,098.	0.			OPERATIONAL SUPPORT
FUTURE LITTLE LEARNERS II 527 SOUTH SUMMIT ST. CRESCENT CITY, FL 32112	83-4205243		401,088.	0.			OPERATIONAL SUPPORT
YULEE BAPTIST LEARNING CENTER 85967 HARTS ROAD YULEE, FL 32097	59-2243837	501(C)(3)	404,301.	0.			OPERATIONAL SUPPORT
NORTHSIDE CHRISTIAN ACADEMY 7415 NW CR 225 STARKE, FL 32091	84-1665814	501(C)(3)	415,204.	0.			OPERATIONAL SUPPORT
LEAPS & BOUNDS PRESCHOOL LLC 4717 CR 218 MIDDLEBURG, FL 32068	81-4630545		423,100.	0.			OPERATIONAL SUPPORT
KIDS WORLD CHILD CARE 5390 COUNTRY RD 218 MIDDLEBURG, FL 32068	59-3559891		424,389.	0.			OPERATIONAL SUPPORT

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LOVECARE DAYCARE LEARNING CENTER 400 HWY 19 NORTH SUI PALATKA, FL 32177	46-3489266		429,723.	0.			OPERATIONAL SUPPORT
THE GODDARD SCHOOL OF ST. JOHNS 100 JULINGTON PLAZA DRIVE ST. JOHNS, FL 32259	85-1242711		432,607.	0.			OPERATIONAL SUPPORT
A BRIGHT BEGINNING CHILDCARE, INC. 1650 WELLS ROAD ORANGE PARK, FL 32073	57-1210208		435,271.	0.			OPERATIONAL SUPPORT
RIVER CHRISTIAN CHURCH, INC 5900 US HIGHWAY 17 FLEMING ISLAND, FL 32003	47-3540104	501(C)(3)	452,658.	0.			OPERATIONAL SUPPORT
THE FUTURE LITTLE LEARNERS CENTER, INC. - 725 NORTH SUMMIT STREET - CRESCENT CITY, FL 32112	45-2428612		454,112.	0.			OPERATIONAL SUPPORT
ORANGE PARK KINDERGARTEN 3050 MOODY ROAD ORANGE PARK, FL 32065	59-2148272		461,337.	0.			OPERATIONAL SUPPORT
ISLAND PREP WEST 150 BLACKFORD WAY ST. AUGUSTINE, FL 32086	87-1282435		463,939.	0.			OPERATIONAL SUPPORT
ABC CHILD CARE & LEARNING CENT 627 S 5TH ST. MACCLENNY, FL 32063	76-0796384		468,943.	0.			OPERATIONAL SUPPORT
ST. JOHNS LB, LLC 380 ISLESBROOK PKWY ST. JOHNS, FL 32259	81-3506532		492,042.	0.			OPERATIONAL SUPPORT

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PINWOOD CHRISTIAN ACADEMY 198 KNIGHT BOXX ROAD MIDDLEBURG, FL 32068	59-2507109		494,983.	0.			OPERATIONAL SUPPORT
BOYS & GIRLS CLUB OF NASSAU COUNTY FOUNDATION, INC - PO BOX 16003 - FERNANDINA BEACH, FL 32035	59-3672345	501(C)(3)	507,827.	0.			OPERATIONAL SUPPORT
SUNSHINE GROUP CAPITAL, LLC 8269 SEVEN MILE DR. PONTE VEDRA, FL 32082	47-3319870		509,886.	0.			OPERATIONAL SUPPORT
ML FLORIDA GROUP INC / GINGERBREAD LEARNING & CHILDCARE - 30 KNIGHT BOXX ROAD - ORNGE PARK, FL 32065	26-1505023		515,127.	0.			OPERATIONAL SUPPORT
LADYBIRD ACADEMY OF OAKLEAF, LLC 1001 OAKLEAF PLANTATION PARKWAY ORANGE PARK, FL 32065	83-0900551		524,350.	0.			OPERATIONAL SUPPORT
SUNSHINE EARLY LEARNING AND SCHOOL READINESS LLC - PO BOX 1445 - MACCLENNY, FL 32063	47-4317959		557,682.	0.			OPERATIONAL SUPPORT
EDMA SCHOOL LLC PRIMROSE SCHOOL OF JULINGTON CREEK 3016 TOWER OAKS DRIVE - ORANGE PARK, FL 3	81-3131515		558,507.	0.			OPERATIONAL SUPPORT
GUESA SCHOOL LLC 3016 TOWER OAKS DRIVE ORANGE PARK, FL 32065	81-3131819		563,351.	0.			OPERATIONAL SUPPORT
LIVING WATERS PRESCHOOL 2190 STATE ROAD 13 JACKSONVILLE, FL 32259	59-2353771		568,401.	0.			OPERATIONAL SUPPORT

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SUNSHINE STATE EARLY ED, LLC 2031 TOWN CENTER BLVD FLEMING ISLAND, FL 32003	84-2196249		569,446.	0.			OPERATIONAL SUPPORT
KIDZ KLUBHOUSE 349 BLANDING BLVD ORANGE PARK, FL 32073	59-3083425		582,204.	0.			OPERATIONAL SUPPORT
PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET ATTN: LUCY BROSKY - PALATKA, FL 32177	59-6000821	SCHOOL SYSTEM	582,260.	0.			OPERATIONAL SUPPORT
OAKLEAF PRESCHOOL & CHILDCARE DBA THE GODDARD SCHOOL 415 MELDRUM LANE - ORANGE PARK, FL 32065	20-4976658		586,571.	0.			OPERATIONAL SUPPORT
WOMB TO THE WORLD MINISTRIES, INC. 110 MASTERS DRIVE ST. AUGUSTINE, FL 32084	46-4979708		595,502.	0.			OPERATIONAL SUPPORT
HICKORY GROVE EARLY LEARNING CENTER - 310 S OAKRIDGE AVE - GREEN COVE SPRINGS, FL 32043	59-1274185		633,647.	0.			OPERATIONAL SUPPORT
THE GODDARD SCHOOL 4041 COUNTY ROAD 210 W ST. AUGUSTINE, FL 32092	84-2851060		642,418.	0.			OPERATIONAL SUPPORT
SEA SIDE HEIGHTS LLC 70 GREENLEAF DRIVE PONTE VEDRA, FL 32081	81-1988686		644,156.	0.			OPERATIONAL SUPPORT
ISLAND PREP, LLC 4171 AIA S ST. AUGUSTINE, FL 32080	45-0820882		648,877.	0.			OPERATIONAL SUPPORT

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STEP BY STEP LEARNING CENTER I 95734 AMELIA CONCOURSE FERNANDINA BEACH, FL 32034	26-0375407		675,568.	0.			OPERATIONAL SUPPORT
EARLY IMPRESSIONS @ MIDTOWN, INC. 463159 STATE ROAD 2000 UNIT 4 YULEE, FL 32097	46-2612522		682,143.	0.			OPERATIONAL SUPPORT
BRANDT'S CHILD CARE CENTER, IN 142 MASTERS DRIVE ST. AUGUSTINE, FL 32084	59-2722997		693,934.	0.			OPERATIONAL SUPPORT
CALVARY BAPTIST CHURCH TURNING POINT CHRISTIAN ACADEM 3500 STATE ROAD 16 - ST AUGUSTINE, FL 32092	59-2328471	501(C)(3)	708,050.	0.			OPERATIONAL SUPPORT
KSM SCHOOLS CROSSWATER LLC 785 CROSSWATER PARKWAY PONTE VEDRA, FL 32081	81-2946998		750,807.	0.			OPERATIONAL SUPPORT
CHILDTIME CHILDCARE, INC. 2133 HAGGERTY RD, STE 300 NOVI, MI 48375	36-2616190		753,559.	0.			OPERATIONAL SUPPORT
IMAGINATION ISLAND OF FLEMING ISLAND - 2280 VILLAGE SQUARE PARKWAY - FLEMING ISLAND, FL 32003	90-0884620		758,932.	0.			OPERATIONAL SUPPORT
SUGAR AND SPICE 3211 MOODY AVE ORANGE PARK, FL 32065	59-2436440		762,547.	0.			OPERATIONAL SUPPORT
TREASURE HARBOR PRESCHOOL 2121 US HGHWAY 1 SOUTH, SUITE 28 ST. AUGUSTINE, FL 32086	76-0726124		774,363.	0.			OPERATIONAL SUPPORT

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
CHILDREN'S WORLD, INC 1206 MOSELEY AVE PALATKA, FL 32177	56-2367663		782,038.	0.			OPERATIONAL SUPPORT
BARTRAM ACADEMY 164 EVERST LANE SUITE 1 ST JOHNS, FL 32259	45-4247570		786,285.	0.			OPERATIONAL SUPPORT
BUILDING BLOCKS ACADEMY LLC PO BOX 2221 CALLAHAN, FL 32011	20-4378203		794,821.	0.			OPERATIONAL SUPPORT
ORANGE PARK PRESCHOOL 99 COLLEGE DRIVE ORANGE PARK, FL 32065	20-4166923		796,902.	0.			OPERATIONAL SUPPORT
CLAY COUNTY SCHOOLS 23 S. GREEN STREET VPK DEPT. ATT: ELEM ED - GREEN COVE SPRINGS, FL 32043	59-6000552	SCHOOL SYSTEM	846,895.	0.			OPERATIONAL SUPPORT
BRADFORD COUNTY SCHOOLS 501 WEST WASHINGTON STREET STARKE, FL 32091	59-6000518	SCHOOL SYSTEM	826,355.	0.			OPERATIONAL SUPPORT
COLLAGE DAY SCHOOL LLC 171 CANAL BLVD PONTE VEDRA BEACH, FL 32082	82-1061981		872,642.	0.			OPERATIONAL SUPPORT
DYE CLAY FAMILY YMCA 3322 MOODY RD ORANGE PARK, FL 32065	59-0638514	501(C)(3)	925,707.	0.			OPERATIONAL SUPPORT
THE ACADEMY AT JULINGTON CREEK, INC. - 990 FLORA BRANCH BLVD. - ST. JOHNS, FL 32259	27-1374625		952,055.	0.			OPERATIONAL SUPPORT

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 GARDEN, INC. PO BOX 1219 KEYSTONE HEIGHT, FL 32656	59-3694763		991,939.	0.			OPERATIONAL SUPPORT
CASTLE BROOK ACADEMY, INC. 2755 OLD MOULTRIE ROAD ST. AUGUSTINE, FL 32086	51-0569262		1,030,838.	0.			OPERATIONAL SUPPORT
TUTOR TIME CHILDCARE LEARNING 2133 HAGGERTY RD, STE 300 NOVI, MI 48375	36-4500741		1,168,602.	0.			OPERATIONAL SUPPORT
O 2 B KIDS 7, LLC 106 NW 33RD CT STE A GAINESVILLE, FL 32607	20-3948096		1,172,680.	0.			OPERATIONAL SUPPORT
LOVE N & LEARNING PO BOX 65 BROOKER, FL 32622	01-0641197		1,355,733.	0.			OPERATIONAL SUPPORT
ROUND LAKE ACADEMY 61 PALMETTO AVE ST AUGUSTINE, FL 32080	45-2761177		1,357,252.	0.			OPERATIONAL SUPPORT
LA PETITE ACADEMY 2133 HAGGERTY RD, STE 300 NOVI, MI 48375	43-1243221		1,400,356.	0.			OPERATIONAL SUPPORT
BRIGHTON DAY ACADEMY 1705 SR 16 ST AUGUSTINE, FL 32084	26-0129320		1,545,214.	0.			OPERATIONAL SUPPORT
ST JOHNS CO.SCHOOLS 102 MARTIN LUTHER KING AVE ATT. DONNA FENECH - ST AUGUSTINE, FL 32084	59-6000824	SCHOOL SYSTEM	1,620,393.	0.			OPERATIONAL SUPPORT

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
BAKER COUNTY PRE-K 362 S BOULEVARD EAST MACCLENNY, FL 32063	59-6000509	SCHOOL SYSTEM	1,711,383.	0.			OPERATIONAL SUPPORT
KUEHG CORP / KINDERCARE 650 NE HOLLADAY ST SUITE 1400 PORTLAND, OR 97232	47-4478313		3,048,860.	0.			OPERATIONAL SUPPORT
O2B KIDS DURBIN CREEK 106 NW 33RD COURT GAINESVILLE, FL 32607	83-2498276		3,202,409.	0.			OPERATIONAL SUPPORT

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

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 PROVIDER WAS CONTRACTED TO PROVIDE SUBSIDIZED CHILD CARE OR VOLUNTARY PRE-KINDERGARTEN AND HOW MANY CHILDREN THEY SERVED. GRANTEES COMPLETED AN APPLICATION TO QUALIFY AND THE APPLICATIONS WERE VERIFIED AND APPROVED BY EPISCOPAL CHILDREN'S SERVICES

Part IV Supplemental Information

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

2022

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) 2022

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)	202,775.	0.	0.	23,961.	19,291.	246,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEANNE DILLARD CHIEF CENTER OPERATIONS	(i)	151,882.	660.	960.	15,260.	5,827.	174,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TERESA MATHENY CHIEF OF PROGRAMS	(i)	150,669.	0.	960.	15,100.	5,881.	172,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER HODGES VP OF HUMAN RESOURECES	(i)	138,115.	660.	960.	13,883.	5,868.	159,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TEMPLE DEPLATO CHIEF ADMINISTRATIVE OFFICER	(i)	139,533.	660.	960.	14,020.	1,209.	156,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AUTUMN TOMAS VP OF HEAD START/EARLY HEAD START	(i)	135,250.	660.	960.	13,596.	5,261.	155,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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.

OMB No. 1545-0047

2022

Open To Public
Inspection

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.

Table with 4 columns: (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.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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

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

Schedule L (Form 990) 2022

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	139,735.	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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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				
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 (TRAINING)	X	1	42,290.	COST
26 Other (ADVERTISEMENT FO)	X	5	22,100.	COST
27 Other (DONATED EQUIPME)	X	1	12,389.	COST
28 Other (SERVICES, PRODU)	X	1	12,288.	COST

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 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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

2022

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 2,970
CHILDREN, 154 CENTERS, AND 198 CLASSROOMS. ECS COACHES WORK WITH EACH
DIRECTOR AND TEACHER TO CREATE ACTION PLANS TO PROMOTE GROWTH AND
DEVELOPMENT FOR ALL INVOLVED.

EXPENSES \$ 285,315. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,143,634.

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) 2022

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

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, GUIDESTAR'S WEBSITE AS WELL AS THE AGENCY 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.