

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 20 24

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization EPISCOPAL CHILDREN'S SERVICES, INC
 Doing business as ECS4KIDS
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8649 BAYPINE ROAD BLDG 7 300
 City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32256

D Employer identification number 59-1146765

E Telephone number (904) 726-1500

F Name and address of principal officer: THABATA FORD
SAME AS C ABOVE

G Gross receipts \$ 99,858,617

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.ECS4KIDS.ORG

K Form of organization: Corporation Trust Association 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: <u>ECS4KIDS EMPOWERS COMMUNITIES TO RISE ABOVE GENERATIONAL POVERTY WITH COMPREHENSIVE EARLY CHILDHOOD EDUCATION AND HOLISTIC FAMILY SUPPORT.</u>		
	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	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	844
	6	Total number of volunteers (estimate if necessary)	6	2,983
	7a	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)	<u>128,401,987</u>	<u>98,876,204</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>622,399</u>	<u>377,242</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>128,559</u>	<u>195,576</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>129,365,206</u>	<u>99,768,341</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>82,279,183</u>	<u>44,731,589</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>36,166,887</u>	<u>39,552,441</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>25,000</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>37,964</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>10,304,023</u>	<u>15,418,549</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>128,750,093</u>	<u>99,727,579</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>615,113</u>	<u>40,762</u>	
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)	<u>20,065,643</u>	<u>21,755,614</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>9,482,878</u>	<u>11,132,087</u>
			<u>10,582,765</u>	<u>10,623,527</u>

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, CBO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
AMY BIBBY AMY BIBBY 03/27/2025 P00445891
 Firm's name FORVIS MAZARS, LLP Firm's EIN 44-0160260
 Firm's address 500 RIDGEFIELD COURT, ASHEVILLE, NC 28806 Phone no. (828) 254-2254

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 Yes No

1 Briefly describe the organization's mission:
ECS4KIDS EMPOWERS COMMUNITIES TO RISE ABOVE GENERATIONAL POVERTY WITH COMPREHENSIVE EARLY CHILDHOOD EDUCATION AND HOLISTIC FAMILY SUPPORT.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 40,527,862 including grants of \$) (Revenue \$ 40,527,862)
HEAD START AND 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 MOTHERS 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 2,234 SERVING 1,502 IN HEAD START AND 1,300 IN EARLY HEAD START THROUGHOUT 12 COUNTIES IN NORTH AND CENTRAL FLORIDA WHICH INCLUDE ALACHUA, BAKER, BRADFORD, CITRUS, CLAY, DIXIE, DUVAL, GILCHRIST, LAKE, LEVY, MARION, AND NASSAU.

4b (Code:) (Expenses \$ 32,907,257 including grants of \$ 29,381,091) (Revenue \$ 32,907,257)
THE SCHOOL READINESS (SR) PROGRAM PROVIDES CHILDCARE SUBSIDIES FOR FAMILIES THAT QUALIFY AND PROVIDES EDUCATIONAL AND TECHNICAL SUPPORT TO CHILDCARE PROVIDERS SERVING THESE FAMILIES. ECS4KIDS SERVES APPROXIMATELY 3,496 CHILDREN ON AVERAGE PER YEAR AND AROUND 276 CHILDCARE PROVIDERS MONTHLY, AS WELL AS ANSWERING APPROXIMATELY 11,942 CHILDCARE RESOURCE AND REFERRAL CALLS FROM THE COMMUNITY. FAMILIES WITH CHILDREN ENROLLED IN THIS PROGRAM RECEIVE FREE OR REDUCED CHILDCARE FEES FROM HIGH QUALITY PROVIDERS, AS WELL AS DEVELOPMENTAL SCREENINGS AND ASSESSMENTS. ECS4KIDS EDUCATION STAFF PROVIDED APPROXIMATELY 1,241 TECHNICAL ASSISTANCE VISITS AND 29 TRAININGS TO 225 PARTICIPANTS DURING THE YEAR TO ASSIST PROVIDERS IN IMPLEMENTING CHILDCARE BEST PRACTICES. ECS4KIDS PROVIDES SR SERVICES IN BAKER, CLAY, NASSAU, BRADFORD, PUTNAM, AND ST. JOHNS COUNTIES IN NORTHEAST FLORIDA THROUGH A CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA.

4c (Code:) (Expenses \$ 16,635,594 including grants of \$ 16,107,601) (Revenue \$ 16,635,594)
ECS4KIDS ADMINISTERS THE VOLUNTARY PRE-KINDERGARTEN (VPK) PROGRAM IN BAKER, CLAY, NASSAU, BRADFORD, PUTNAM, AND ST. JOHNS COUNTIES IN NORTHEAST FLORIDA THROUGH A CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA. VPK IS A 540-HOUR SCHOOL YEAR PROGRAM OR 300-HOUR SUMMER PROGRAM AVAILABLE FREE TO ALL FLORIDA 4 YEAR-OLD CHILDREN. VPK PROVIDES HIGH QUALITY EDUCATIONAL SERVICES TO HELP ENSURE THAT CHILDREN ARE READY FOR KINDERGARTEN AND SCHOOL SUCCESS. ECS4KIDS SERVED APPROXIMATELY 6,495 VPK CHILDREN IN APPROXIMATELY 219 PROGRAMS ACROSS THE 6-COUNTY SERVICE AREA.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,446,189 including grants of \$ 12,444) (Revenue \$ 3,486,951)
4e Total program service expenses 93,516,902

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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. See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a: 844), and Yes/No checkboxes. Questions cover topics like employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 BUSINESS OFFICER, 8649 BAYPINE ROAD, BLDG 7, STE 300, JACKSONVILLE, FL 32256, (904) 726-1500

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 dotted 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 PRESIDENT & CEO (THROUGH FEB 2024)	40.0			✓			228,808	0	103,800	
(2) TERESA MATHENY CHIEF PROGRAMS OFFICER	40.0				✓		156,183	0	35,686	
(3) WENDY HUGHES CHIEF BUSINES OFFICER	40.0			✓			156,086	0	24,785	
(4) JEANNE DILLARD CHIEF OPERATIONS OFFICER	40.0				✓		155,964	0	17,731	
(5) HEATHER HODGES VP OF HUMAN RESOURCES	40.0					✓	140,260	0	28,760	
(6) AUTUMN TOMAS VP OF HEAD START	40.0					✓	132,578	0	25,992	
(7) LAUREN HOPKINS VP OF DONOR RELATIONS	40.0					✓	129,805	0	19,166	
(8) MARTHA COX VP OF GRANTS & GOV RELATIONS	40.0					✓	121,036	0	20,625	
(9) TEMPLE DEPLATO CHIEF ADMINISTRATIVE OFFICER	40.0					✓	126,590	0	8,689	
(10) JOEL CHAMBERLAIN TREASURER	1.0	✓		✓			0	0	0	
(11) JOY FARRIS VICE CHAIR	1.0	✓		✓			0	0	0	
(12) KARYN CARROLL SECRETARY	1.0	✓		✓			0	0	0	
(13) THABATA FORD CHAIR	2.0	✓		✓			0	0	0	
(14) AARON ELLINGER BOARD MEMBER	1.0	✓					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 dotted 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			
(15) ADRIEN MALEK-LASATER BOARD MEMBER	1.0	✓						0	0	0
(16) ANTONIA KNOX BOARD MEMBER	1.0	✓						0	0	0
(17) CHRISTINE SMITH BOARD MEMBER	1.0	✓						0	0	0
(18) DESTINEE SWANSON BOARD MEMBER	1.0	✓						0	0	0
(19) DWIGHT IRVIN BOARD MEMBER	1.0	✓						0	0	0
(20) FR. WILEY AMMONS BOARD MEMBER	1.0	✓						0	0	0
(21) JEANNE LIGHTCAP BOARD MEMBER	1.0	✓						0	0	0
(22) JOHN THOMAS BOARD MEMBER	1.0	✓						0	0	0
(23) KAREN ESTELLA SMITH BOARD MEMBER	1.0	✓						0	0	0
(24) YARED ALULA BOARD MEMBER	1.0	✓						0	0	0
(25) DR. NATALYA BANNISTER ROBY PRESIDENT & CEO (BEGINNING JAN 2024)	40.0			✓				0	0	0
1b Subtotal								1,347,310	0	285,234
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,347,310	0	285,234

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 18

	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>	✓	
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>	✓	
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>		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROUND LAKE ACADEMY, 3800 CRILL AVE, PALATKA, FL 32177	SCHOOL READINESS CHILDCARE CONTRACT	668,784
SUNSHINE EARLY LEARNING AND SCHOOL READINESS LLC, PO BOX 1445, MACCLENNY, FL 32063	SCHOOL READINESS & VPK CHILDCARE CONTRACT	363,869
ELEVATED DESIGN AND CONSTRUCTION LLC, 2441 NW 43RD STREET, STE 5C, GAINESVILLE, FL 32606	CONSTRUCTION AND RENOVATION PROJECT	329,400
TAKILA ANDERSON D/B/A ANDERSON DAYCARE, 775 PEARL STREET, ST. AUGUSTINE, FL 32084	SCHOOL READINESS & VPK CHILDCARE CONTRACT	309,941
LEAPS AND BOUNDS PRESCHOOL LLC, 4717 CR 218, MIDDLEBURG, FL 32068	SCHOOL READINESS & VPK CHILDCARE CONTRACT	299,486
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	30	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	81,971				
	1d	Related organizations					
	1e	Government grants (contributions)	97,495,113				
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,299,120				
	1g	Noncash contributions included in lines 1a-1f	\$ 30,497				
	1h	Total. Add lines 1a-1f	98,876,204				
	Program Service Revenue	2a	PROGRAM FEES ----- Business Code 900099	377,242	377,242		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f	377,242				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	195,576			195,576	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	7b	Less: cost or other basis and sales expenses					
	7c	Gain or (loss)	0	0			
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 81,971 of contributions reported on line 1c). See Part IV, line 18					
			8a	94,691			
8b			90,276				
c	Net income or (loss) from fundraising events	4,415			4,415		
9a	Gross income from gaming activities. See Part IV, line 19						
		9a					
		9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		10a					
		10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE ----- Business Code 900099	314,904	314,904			
	b	-----					
	c	-----					
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	314,904				
12	Total revenue. See instructions	99,768,341	692,146	0	199,991		

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	44,731,589	44,731,589		
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	746,329	78,892	654,473	12,964
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	32,031,928	28,935,497	3,096,431	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,386,602	3,878,578	508,024	
10 Payroll taxes	2,387,582	2,116,139	271,443	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,000			25,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	965,971	665,862	300,109	0
12 Advertising and promotion	3,849	2,404	1,445	
13 Office expenses	228,148	194,165	33,983	
14 Information technology				
15 Royalties				
16 Occupancy	1,298,778	1,266,828	31,950	
17 Travel	570,288	557,766	12,522	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,105	151,569	26,536	
20 Interest	5,112	5,112		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,061,736	1,048,585	13,151	
23 Insurance	462,377	396,017	66,360	
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	7,494,841	6,369,206	1,125,635	
b FOOD AND KITCHEN SUPPLIES	1,325,739	1,325,739		
c REPAIRS AND MAINTENANCE	916,474	911,706	4,768	
d UTILITIES AND TELEPHONE	701,503	687,901	13,602	
e All other expenses	205,628	193,347	12,281	0
25 Total functional expenses. Add lines 1 through 24e	99,727,579	93,516,902	6,172,713	37,964
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,243,637	1	2,648,614
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,562,406	4	4,532,507
	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	0
	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	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	1,040,843
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	15,315,852		
	b Less: accumulated depreciation	7,852,909	10c	7,462,943
	11 Investments—publicly traded securities	1,221,227	11	1,365,757
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,389,405	15	4,704,950
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,065,643	16	21,755,614	
Liabilities	17 Accounts payable and accrued expenses	4,406,318	17	4,957,511
	18 Grants payable		18	
	19 Deferred revenue	729,999	19	1,489,575
	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	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	364,797	24	333,664
	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	3,981,764	25	4,351,337
	26 Total liabilities. Add lines 17 through 25	9,482,878	26	11,132,087
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,582,765	27	10,623,527
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,582,765	32	10,623,527
33 Total liabilities and net assets/fund balances	20,065,643	33	21,755,614	

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	99,768,341
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,727,579
3	Revenue less expenses. Subtract line 2 from line 1	3	40,762
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,582,765
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	10,623,527

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? 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? 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? 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?	✓	
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.	✓	

**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

2023

**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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,608,724	90,421,639	89,078,347	128,443,598	98,970,895	476,523,203
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	69,608,724	90,421,639	89,078,347	128,443,598	98,970,895	476,523,203
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)						0
6 Public support. Subtract line 5 from line 4						476,523,203

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	69,608,724	90,421,639	89,078,347	128,443,598	98,970,895	476,523,203
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,563	359,549	(148,799)	128,559	195,576	564,448
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32,982	92,318	247,688	225,687	314,904	913,579
11 Total support. Add lines 7 through 10						478,001,230
12 Gross receipts from related activities, etc. (see instructions)					12	2,646,728
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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.69 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.76 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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)? 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).		
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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
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? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	32,982	92,318	247,688	225,687	314,904	913,579
	Total	32,982	92,318	247,688	225,687	314,904	913,579

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [x] 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	----- ----- -----	\$ 79,182,152	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 16,647,788	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	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 information once. See instructions.) \$ _____
 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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 in 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?		
(ii) Related organizations?		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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		7,062,199	3,495,927	3,566,272
c Leasehold improvements		828,984	458,504	370,480
d Equipment		5,463,119	3,425,454	2,037,665
e Other		1,478,611	473,024	1,005,587
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,462,943

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. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

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	15,276
(2) RIGHT-OF-USE ASSET, OPERATING	4,187,066
(3) RIGHT-OF-USE ASSET, FINANCE	502,608
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,704,950

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	4,351,337
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,351,337

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 XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT EXPENSES	90,276
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	SPECIAL EVENT EXPENSES	90,276

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2024.

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
		WINE WOMEN & SHOES (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	176,662			176,662
	2 Less: Contributions	81,971			81,971
	3 Gross income (line 1 minus line 2)	94,691	0	0	94,691
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	28,528			28,528
	6 Rent/facility costs	2,000			2,000
	7 Food and beverages	10,828			10,828
	8 Entertainment	10,130			10,130
	9 Other direct expenses	38,790			38,790
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					4,415

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: _____

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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	PROMOTING, MANAGING, & OVERSEEING WINE, WOMEN, & SHOES BRANDED EVENTS

**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

2023

**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.

(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
(1) A BRIGHT BEGINNING CHILDCARE, INC. 1650 WELLS ROAD, ORANGE PARK, FL 32073	57-1210208		298,546				OPERATIONAL SUPPORT
(2) (SEE STATEMENT)	20-8282132		127,350				OPERATIONAL SUPPORT
(3) A CHILD'S GARDEN, INC. PO BOX 1219, KEYSTONE HEIGHT, FL 32656	59-3694763		404,079				OPERATIONAL SUPPORT
(4) (SEE STATEMENT)	27-2633193		88,663				OPERATIONAL SUPPORT
(5) A SAFE HAVEN ACADEMY LLC 1209 CARR STREET, PALATKA, FL 32177	47-2734668		146,278				OPERATIONAL SUPPORT
(6) ABC CHILD CARE & LEARNING CENT 627 S 5TH ST., MACCLENNY, FL 32063	76-0796384		106,971				OPERATIONAL SUPPORT
(7) (SEE STATEMENT)	59-3536569		32,959				OPERATIONAL SUPPORT
(8) ACADEMY OF RISING STARS, INC. 314 NORTH HIGHWAY 17, PALATKA, FL 32177	90-0070989		144,746				OPERATIONAL SUPPORT
(9) (SEE STATEMENT)	82-2536153		69,459				OPERATIONAL SUPPORT
(10) ADVENT LUTHERAN CHURCH PRESCHO 2156 LOCH RANE BLVD, ORANGE PARK, FL 32073	59-1559144	501(C)	53,906				OPERATIONAL SUPPORT
(11) AEA SLF, LLC 101 CHERRY ELM DR, ST. AUGUSTINE, FL 32092	87-3697686		44,512				OPERATIONAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 50

3 Enter total number of other organizations listed in the line 1 table 177

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ALL KIDS LEARNING CENTER 7071 PROSPERITY PARK RD E, JACKSONVILLE, FL 32244	84-3571143		237,401				OPERATIONAL SUPPORT
(13) AMAZING EXPLORERS ACADEMY 20 TAVERNIER DR, PONTE VEDRA, FL 32081	83-3983840		117,615				OPERATIONAL SUPPORT
(14) AMELIA ISLAND MONTESSORI SCHOOL 1423 JULIA STREET, FLEMING ISLAND, FL 32034	59-1653881		7,823				OPERATIONAL SUPPORT
(15) ANASTASIA BAPTIST CHILD CARE M 1650 A1A SOUTH, ST. AUGUSTINE, FL 32080	59-3650633	501(C)	120,528				OPERATIONAL SUPPORT
(16) ANDROMEDA PRE-SCHOOL 131 SUZANNE AVENUE, ORANGE PARK, FL 32073	59-1825833		89,002				OPERATIONAL SUPPORT
(17) ANNUNCIATION CATHOLIC SCHOOL 1610 BLANDING BOULEVARD, MIDDLEBURG, FL 32068	59-3194361	501(C)	83,198				OPERATIONAL SUPPORT
(18) ARORA'S CLUBHOUSE, INC 330 ARORA BLVD, ORANGE PARK, FL 32073	74-3218880		35,698				OPERATIONAL SUPPORT
(19) AROUND THE CLOCK KIDCARE AND PRESCHOOL 8102 BLANDING BLVD #4, JACKSONVILLE, FL 32244	84-3496107		23,444				OPERATIONAL SUPPORT
(20) AUNT BEA'S TLC 376621 KINGS FERRY ROAD, HILLIARD, FL 32046	22-3878789		36,951				OPERATIONAL SUPPORT
(21) BACKPACK UNIVERSITY 2569 C.R. 220 UNIT 207, MIDDLEBURG, FL 32068	27-2922392		195,803				OPERATIONAL SUPPORT
(22) BAKER BUZZ LLC, DBA KID CITY USA GLEN ST MARY 10274 N. SHERMAN AVE, GLEN ST. MARY, FL 32040	93-1746931		120,460				OPERATIONAL SUPPORT
(23) BAKER COUNTY PRE-K 362 S BOULEVARD EAST, MACCLENNY, FL 32063	59-6000509	501(C)	606,421				OPERATIONAL SUPPORT
(24) BARTRAM ACADEMY 164 EVERST LANE SUITE 1, ST JOHNS, FL 32259	45-4247570		277,700				OPERATIONAL SUPPORT
(25) BAYSIDE PRESCHOOL, LLC 501 D ANASTASIA BLVD, ST AUGUSTINE, FL 32080	38-4091633		40,244				OPERATIONAL SUPPORT
(26) BEARING THE CROSS ACADEMY 9960 LIGHT AVE, HASTINGS, FL 32145	144-58-6810		22,360				OPERATIONAL SUPPORT
(27) BOYS & GIRLS CLUB OF NASSAU COUNTY FOUNDATION, INC PO BOX 16003, FERNANDINA BEACH, FL 32035	59-3672345	501(C)(3)	28,507				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) BRADFORD CO/STARKE ELEMENTARY 501 WEST WASHINGTON STREET, STARKE, FL 32091	59-6000518	501(C)	349,124				OPERATIONAL SUPPORT
(29) BRANDT'S CHILD CARE CENTER, IN 142 MASTERS DRIVE, ST. AUGUSTINE, FL 32084	59-2722997		444,725				OPERATIONAL SUPPORT
(30) BRAXTON'S ACADEMY 3604 MORNING MEADOWS LANE, JACKSONVILLE, FL 32073	80-0492564		8,796				OPERATIONAL SUPPORT
(31) BRIGHT START DAY CARE 217 WELL ROAD, ORANGE PARK, FL 32073	59-3378909		12,431				OPERATIONAL SUPPORT
(32) BRIGHTON DAY ACADEMY 1705 SR 16, ST AUGUSTINE, FL 32084	26-0129320		792,907				OPERATIONAL SUPPORT
(33) BUILDING BLOCKS ACADEMY LLC PO BOX 2221, CALLAHAN, FL 32011	20-4378203		328,472				OPERATIONAL SUPPORT
(34) CALLAHAN HEAD START 8649 BAYPINE RD. BLDG. 7, STE. 300, JACKSONVILLE, FL 32256	59-1146765	501(C)(3)	17,296				OPERATIONAL SUPPORT
(35) CALVARY BAPTIST CHURCH TURNING POINT CHRISTIAN ACDMY 3500, ST AUGUSTINE, FL 32092	59-2328471	501(C)	371,743				OPERATIONAL SUPPORT
(36) CASTLE BROOK ACADEMY, INC. 2755 OLD MOULTRIE ROAD, ST. AUGUSTINE, FL 32086	51-0569262		841,912				OPERATIONAL SUPPORT
(37) CATHEDRAL PARISH EARLY ED CENT 10 SEBASTIAN AVENUE, ST. AUGUSTINE, FL 32084	59-0641391	501(C)	58,513				OPERATIONAL SUPPORT
(38) CATHEDRAL PARISH SCHOOL 259 ST. GEORGE STREET, ST. AUGUSTINE, FL 32084	59-0910345	501(C)	82,452				OPERATIONAL SUPPORT
(39) CHABAD LUBAVITCH OF SOUTHSIDE 11271 ALUMNI WAY, JACKSONVILLE, FL 32246	20-4836916	501(C)	11,381				OPERATIONAL SUPPORT
(40) CHAPPELL SCHOOLS, INC. 8400 BAYCENTER RD, JACKSONVILLE, FL 32256	47-5013528		6,927				OPERATIONAL SUPPORT
(41) CHARLES FAMILY DAY CARE LLC 206 MIMOSA DRIVE, PALATKA, FL 32177	86-3946576		28,339				OPERATIONAL SUPPORT
(42) CHILDREN'S WORLD, INC 1206 MOSELEY AVE, PALATKA, FL 32177	56-2367663		521,431				OPERATIONAL SUPPORT
(43) CHILDTIME CHILDREN'S CENTER 1510 BUSINESS CENTER DR, ORANGE PARK, FL 32003	36-2616190		478,138				OPERATIONAL SUPPORT
(44) COLLAGE DAY SCHOOL LLC 171 CANAL BLVD, PONTE VEDRA BEACH, FL 32082	82-1061981		199,596				OPERATIONAL SUPPORT
(45) CREEKSIDE CHRISTIAN CHURCH, INC 92 LIFESPRING WAY, ST. JOHNS, FL 32259	01-0697890	501(C)	166,099				OPERATIONAL SUPPORT
(46) CROSSWATER CHRISTIAN ACADEMY 211 DAVIS PARK ROAD, PONTE VEDRA, FL 32081	59-3435781	501(C)	57,610				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) D & G CHILDCARE AND LEARNING C 1210 ST. JOHNS AVENUE, PALATKA, FL 32177	20-1087579		82,949				OPERATIONAL SUPPORT
(48) DISCOVERY PRESCHOOL & CHILDCARE INC. 2890 MOODY AVE., ORANGE PARK, FL 32073	47-4134828		170,648				OPERATIONAL SUPPORT
(49) EARLY BLOOMERS LEARNING CENTER 3749 CROWN POINT ROAD, JACKSONVILLE, FL 32257	81-1706650		16,430				OPERATIONAL SUPPORT
(50) EARLY IMPRESSIONS @ MIDTOWN, INC. 463159 STATE ROAD 200 UNIT 4, YULEE, FL 32097	46-2612522		265,552				OPERATIONAL SUPPORT
(51) EARLY IMPRESSIONS AT BLACKROCK, INC. 464073 SR 200 UNIT 16, YULEE, FL 32097-5591	46-3554440		142,034				OPERATIONAL SUPPORT
(52) EARLY LEARNING COALITION OF NORTH FLORIDA 2450 OLD MOULTRIE ROAD SUITE 103, ST AUGUSTINE, FL 32086	59-3691819	501(C)(3)	175,317				OPERATIONAL SUPPORT
(53) EBONY ALLEN 114 OAKDALE DRIVE, PALATKA, FL 32177	593-44-0531		40,166				OPERATIONAL SUPPORT
(54) EDMA SCHOOL LLC PRIMROSE SCHOOL OF JULINGTON CRK, ORANGE PARK, FL 32065	81-3131515		128,146				OPERATIONAL SUPPORT
(55) ELKTON ACADEMY 4490 COUNTY ROAD 13 SOUTH, ELKTON, FL 32033	54-2102523		167,828				OPERATIONAL SUPPORT
(56) ENCHANTED FOREST ACADEMY INC. 3475 OLD MOULTRIE ROAD, ST AUGUSTINE, FL 32086	81-3458994		531,294				OPERATIONAL SUPPORT
(57) ENGAGING YOUNG MINDS ACADEMY INC 2170 PARK AVENUE, ORANGE PARK, FL 32073	83-2999697		91,530				OPERATIONAL SUPPORT
(58) FAITH CHRISTIAN ACADEMY 96282 BRADY POINT, FERNANDINA BEACH, FL 32034	59-3679991	501(C)	135,703				OPERATIONAL SUPPORT
(59) FAITH COMMUNITY CHURCH DBA HALEY'S PLACE PRESCHOOL & DAYCARE 3450 COUNTY ROAD 210 W, ST JOHNS, FL 32259	20-0867803	501(C)	24,568				OPERATIONAL SUPPORT
(60) FIRST ASSEMBLY OF GOD 3111 ST JOHNS AVENUE, PALATKA, FL 32177	59-2240885	501(C)	61,862				OPERATIONAL SUPPORT
(61) FIRST BAPTIST CHURCH PRESCHOOL 501 OAK ST., PALATKA, FL 32177	59-0714834	501(C)	125,745				OPERATIONAL SUPPORT
(62) FIRST IMPRESSIONS SCHOOL INC 617271 W. BRANDIES AVE, CALLAHAN, FL 32011	26-2768648		103,073				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(63) FIRST UNITED METHODIST CHURCH PRESCHOOL 93 NORTH5TH STREET, MACCLENNY, FL 32063	59-1368858	501(C)	29,722				OPERATIONAL SUPPORT
(64) FLORINE POPE 1116 EAGLE STREET, PALATKA, FL 32177	265-96-3044		23,345				OPERATIONAL SUPPORT
(65) FRUIT COVE BAPTIST CHURCH 501 SR 13, JACKSONVILLE, FL 32259	59-2294252	501(C)	205,764				OPERATIONAL SUPPORT
(66) FUN LITTLE YEARS 728 BLANDING BLVD, JACKSONVILLE, FL 32065	83-1689110		91,266				OPERATIONAL SUPPORT
(67) FUTURE LITTLE LEARNERS II 527 SOUTH SUMMIT ST., CRESCENT CITY, FL 32112	83-4205243		216,990				OPERATIONAL SUPPORT
(68) GENEVA PRESBYTERIAN CHURCH 1755 STATE RD 13, ST. JOHNS, FL 32259	59-2865080	501(C)	24,824				OPERATIONAL SUPPORT
(69) GOD'S LITTLE CREATIONS CHILDCARE LLC 405 PINE STREET, PALATKA, FL 32177	83-0495611		200,876				OPERATIONAL SUPPORT
(70) GRACE LEARNING ACADEMY, INC 2665 OLD MOULTRIE ROAD, ST AUGUSTINE, FL 32086	47-4617892		147,567				OPERATIONAL SUPPORT
(71) GRAHAM BEARS CHILDCARE, INC. 504 TANNERSTONE CT., ORANGE PARK, FL 32065	20-8683012		18,578				OPERATIONAL SUPPORT
(72) GRANDMA'S DAYCARE INC 35 GRANT STREET, ST. AUGUSTINE, FL 32084	59-3148621		103,694				OPERATIONAL SUPPORT
(73) GUARDIAN MONTESSORI ACADEMY, LLC 145 DOCTORS VILLAGE DRIVE, ST. JOHNS, FL 32259	83-3331981		23,621				OPERATIONAL SUPPORT
(74) GUESA SCHOOL LLC 3016 TOWER OAKS DRIVE, ORANGE PARK, FL 32065	81-3131819		167,524				OPERATIONAL SUPPORT
(75) GUIDEPOST MONTESSORI AT ST AUGUSTINE 210 COMMERCE LAKE DR, ST. AUGUSTINE, FL 32095	88-1111477		5,793				OPERATIONAL SUPPORT
(76) GUTIERREZ FAMILY DAY CARE HOME 2952 US HIGHWAY 17, CRESENT CITY, FL 32112	591-18-3835		25,098				OPERATIONAL SUPPORT
(77) HATCH PARTNERS, INC. DBA EMERSON SCHOOL OF EARLY LEARNING 4325 TRANQUILITY DRIVE, HIGHLAND BEACH, FL 33487	82-3724814		21,820				OPERATIONAL SUPPORT
(78) HAWTHORNE ACADEMY 20825 SE HAWTHORNE ROAD, HAWTHORNE, FL 32640	46-4866414	501(C)	76,290				OPERATIONAL SUPPORT
(79) HELLO SUNSHINE CHILD CARE, LLC PO BOX 289, HILLARD, FL 32046	93-2376489		43,324				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(80) HERITAGE PRESCHOOL 93 N 5TH STREET, MACCLENNY, FL 32063	61-2107882		43,471				OPERATIONAL SUPPORT
(81) HICKORY GROVE EARLY LEARNING CENTER 310 S OAKRIDGE AVE, GREEN COVE SPRINGS, FL 32043	59-1274185		308,130				OPERATIONAL SUPPORT
(82) HOLY TRINITY EPISCOPAL SCHOOL 301 N. MAIN ST., GAINESVILLE, FL 32601	59-1558791	501(C)	14,972				OPERATIONAL SUPPORT
(83) HOPE CHRISTIAN ACADEMY 3900 SE SR 100, STARKE, FL 32091	59-3700853	501(C)(3)	115,186				OPERATIONAL SUPPORT
(84) IMAGINATION ISLAND OF FLEMING ISLAND 2280 VILLAGE SQUARE PARKWAY, FLEMING ISLAND, FL 32003	90-0884620		247,105				OPERATIONAL SUPPORT
(85) IN LOVING HANDS 165 SE NIGHTINGALE STREET, KEYSTONE HEIGHT, FL 32656	59-3559756		238,785				OPERATIONAL SUPPORT
(86) ISLAND ACADEMY 1336 S 14TH STREET, FERNANDINA BEACH, FL 32034	26-3004911		75,703				OPERATIONAL SUPPORT
(87) ISLAND PREP WEST 150 BLACKFORD WAY, ST. AUGUSTINE, FL 32086	87-1282435		195,950				OPERATIONAL SUPPORT
(88) ISLAND PREP, LLC 4171 AIA S, ST. AUGUSTINE, FL 32080	45-0820882		117,459				OPERATIONAL SUPPORT
(89) ISLAND VIEW BAPTIST CHILD CARE CENTER 900 PARK AVENUE, ORANGE PARK, FL 32073	59-1310919	501(C)	83,037				OPERATIONAL SUPPORT
(90) IVY CHILDCARE, LLC D/B/A CREST PEAK LEARNING CENTER 4228 HOOD RD, JACKSONVILLE, FL 32257	88-0781079		6,088				OPERATIONAL SUPPORT
(91) IVY LEAGUE ACADEMY 2350 MARKET DRIVE, FLEMING ISLAND, FL 32003	02-0687817		120,336				OPERATIONAL SUPPORT
(92) IVYBROOK ACADEMY JULINGTON CREEK 200 N RIDGECREST LN, SAINT JOHNS, FL 32259	84-2643210		158,458				OPERATIONAL SUPPORT
(93) JACQUELIN SIM D/B/A HOOKED ON LEARNING, LLC 551435 US HIGHWAY 1, HILLARD, FL 32046	88-2564684		57,996				OPERATIONAL SUPPORT
(94) JC ACADEMY 65 BENTON LN, ST. AUGUSTINE, FL 32092	83-4095335		162,868				OPERATIONAL SUPPORT
(95) JENAI WILLIAMS 401 HUSSON AVENUE, PALATKA, FL 32177	590-01-5742		57,530				OPERATIONAL SUPPORT
(96) JULIA KEENON P.O. BOX 1991, PALATKA, FL 32178	265-19-8648		32,314				OPERATIONAL SUPPORT
(97) JUST 4 KIDS LEARNING ACADEMY OF JAX, INC. 4371 LOSCO ROAD, JACKSONVILLE, FL 32257	81-0834446		17,654				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) JUST KIDDIN AROUND CHILDCARE 6061 SAINT JOHNS AVE STE 3, PATATKA, FL 32177	589-20-9510		74,593				OPERATIONAL SUPPORT
(99) KARI ALLGOOD DBA: KARI'S CHILD CARE, INC 592 WILLIAM HOOPER STREET, ORANGE PARK, FL 32073	574-60-6085		18,572				OPERATIONAL SUPPORT
(100) KIA'S LITTLE ANGELS, INC 1839 LANE AVENUE SOUTH SUITE 205, JACKSONVILLE, FL 32210	26-2577806		6,805				OPERATIONAL SUPPORT
(101) KID CITY ABERDEEN 3655 LONGLEAF PINE PKWY, ST. JOHNS, FL 32259	87-1450052		263,814				OPERATIONAL SUPPORT
(102) KID CITY FERNANDINA BEACH 1986 CITRONA DR, FERNANDINA BEACH, FL 32034	92-0511042		181,052				OPERATIONAL SUPPORT
(103) KID CITY MIDDLEBURG 29 CINNAMON ST, MIDDLEBURG, FL 32068	88-3927179		157,859				OPERATIONAL SUPPORT
(104) KID CITY SAN JOSE 12246 SAN JOSE BLVD, JACKSONVILLE, FL 32223	88-4220453		27,094				OPERATIONAL SUPPORT
(105) KID CITY USA - MACCLENNY 5418 CR 23 B, MACCLENNY, FL 32063	87-1246962		202,277				OPERATIONAL SUPPORT
(106) KID CITY USA PALATKA 3420 SAINT JOHNS AVE, PALATKA, FL 32177	86-1976698		259,810				OPERATIONAL SUPPORT
(107) KIDS PARK 406 OLD HARD ROAD SUITE 108, FLEMING ISLAND, FL 32203	85-2762817		57,088				OPERATIONAL SUPPORT
(108) KIDS WORLD ACADEMY OF FLORIDA, LLC 2121 CONSTITUTION DRIVE, ORANGE PARK, FL 32073	47-2403196		191,596				OPERATIONAL SUPPORT
(109) KIDS WORLD CHILD CARE 5390 COUNTRY RD 218, MIDDLEBURG, FL 32068	59-3559891		191,550				OPERATIONAL SUPPORT
(110) KIDSFIRST LEARNING CENTER 2645 BLANDING BOULEVARD, MIDDLEBURG, FL 32068	59-1973091		113,087				OPERATIONAL SUPPORT
(111) KIDZ KLUBHOUSE ABBATES DAY CARE INC 349 BLANDING B, ORANGE PARK, FL 32073	59-3083425		259,538				OPERATIONAL SUPPORT
(112) KIDZ R KIDZ ACADEMY 2617 S FRENCH AVE UNIT A/B, SANFORD, FL 32773	36-4708873		12,492				OPERATIONAL SUPPORT
(113) KINDERCARE 1735 EAGLE HARBOR PARKWAY, ORANGE PARK, FL 32003-8330	47-4478313		959,240				OPERATIONAL SUPPORT
(114) KSM SCHOOLSCROSSWATER LLC 785 CROSSWATER PARKWAY, PONTE VEDRA, FL 32081	81-2946998		237,192				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(115) LA PETITE ACADEMY 4321 HWY 17 SOUTH, ORANGE PARK, FL 32073	43-1243221		829,449				OPERATIONAL SUPPORT
(116) LADYBIRD ACADEMY OF OAKLEAF, LLC 1001 OAKLEAF PLANTATION PARKWAY, ORANGE PARK, FL 32065	83-0900551		88,312				OPERATIONAL SUPPORT
(117) LADYBIRD OAKLEAF, LLC 1001 OAKLEAF PLANTATION PKWY, ORANGE PARK, FL 32065	92-2030798		80,803				OPERATIONAL SUPPORT
(118) LADYBIRD ST. JOHNS, LLC 380 ISLESBROOK PARKWAY, ST. JOHNS, FL 32259	92-3827975		89,840				OPERATIONAL SUPPORT
(119) LAKE ASBURY LEARNING CENTER LLC 2781 HENLEY ROAD, GREEN COVE SPRINGS, FL 32043	82-5273316		187,285				OPERATIONAL SUPPORT
(120) LANE AVE. CHILD DEV. CENTER 1650 LANE AVE S, JACKSONVILLE, FL 32210	59-3404416		14,732				OPERATIONAL SUPPORT
(121) LEAPS & BOUNDS PRESCHOOL LLC 4717 CR 218, MIDDLEBURG, FL 32068	81-4630545		284,317				OPERATIONAL SUPPORT
(122) LEGACY PREP SCHOOL 3227 OLD JENNINGS RD, MIDDLEBURG, FL 32068	92-0573092		150,560				OPERATIONAL SUPPORT
(123) LEGACY3 CHILD DEVELOPMENT CARE CENTER 110 SEVILLA STREET, EAST PALATKA, FL 32131	85-1792579		7,690				OPERATIONAL SUPPORT
(124) LIL' VOYAGERS 111 DOCTORS VILLAGE DRIVE #200, ST. JOHNS, FL 32259	51-0522199		111,843				OPERATIONAL SUPPORT
(125) LIL' VOYAGERS ACADEMY II 175 FOUNTAINS WAY # 1, ST JOHNS, FL 32259	86-1967559		120,347				OPERATIONAL SUPPORT
(126) LINDA GAIL SCOTT 1697 BARTLETT AVENUE, ORANGE PARK, FL 32073	221-54-8175		16,417				OPERATIONAL SUPPORT
(127) LITTLE BRITCHES 10829 OLD ST. AUGUSTINE ROAD, JACKSONVILLE, FL 32257	59-3409199		25,786				OPERATIONAL SUPPORT
(128) LITTLE CHILD STEPS 461 OLD HIGHWAY 17, CRESCENT CITY, FL 32212	82-2584285		206,617				OPERATIONAL SUPPORT
(129) LITTLE FOUNTAINS OF LIGHT, INC. 7928 RAMPART ROAD, JACKSONVILLE, FL 32244	46-0837563		45,654				OPERATIONAL SUPPORT
(130) LITTLE HANDS AT WORK 1015 MARTIN LUTHER KING, GREEN COVE SPRINGS, FL 32043	45-2982868		9,801				OPERATIONAL SUPPORT
(131) LITTLE LAMB'S CHILD CARE CENTER 96382 MOUNT ZION LOOP, YULEE, FL 32097	593-05-2604		39,291				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(132) LITTLE PANDA'S CHILD DEVELOPMENT 1591 US HWY 17N, SEVILLE, FL 32193	82-2596335		156,845				OPERATIONAL SUPPORT
(133) LITTLE RAINBOW'S LEARNING CENTER 255 SOUTH EAST 6TH AVENUE, LAKE BUTLER, FL 32054	41-2039137		14,711				OPERATIONAL SUPPORT
(134) LITTLE SPROUTS LEARNING CENTER LLC 200 S 7TH STREET, PALATKA, FL 32177	88-3031771		139,100				OPERATIONAL SUPPORT
(135) LIVING WATERS PRESCHOOL 2190 STATE ROAD 13, JACKSONVILLE, FL 32259	59-2353771		237,083				OPERATIONAL SUPPORT
(136) LORETTA STOKES DBA I AM A PROMISE PRESCHOOL , HILLIARD, FL 32046	041-40-0620		107,660				OPERATIONAL SUPPORT
(137) LOVE N & LEARNING 202 WEST MARKET ROAD, STARKE, FL 32091	01-0641197		765,732				OPERATIONAL SUPPORT
(138) LOVECARE DAYCARE LEARNING CENTER LOVE CARE DAYCARE LEARNING CTR 400, PALATKA, FL 32177	46-3489266		233,606				OPERATIONAL SUPPORT
(139) LOVING LAMBS CHILD CARE CENTER P.O. BOX 472, HASTINGS, FL 32145	14-1873035		225,293				OPERATIONAL SUPPORT
(140) MARTHA KEARSE 111 EAST PALMETTO ST, PALATKA, FL 32177	266-67-0161		29,949				OPERATIONAL SUPPORT
(141) MARY EVELYN PASSMORE 106 SPRUCE LANE, PALATKA, FL 32177	266-78-7584		5,882				OPERATIONAL SUPPORT
(142) MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, INC 3375 US HIGHWAY 1 SOUTH, ST. AUGUSTINE, FL 32086	59-2311622	501(C)	64,506				OPERATIONAL SUPPORT
(143) MEMORIAL PRESBYTERION CHURCH 36 SEVILLA STREET, ST. AUGUSTINE, FL 32084	59-0637875	501(C)	74,172				OPERATIONAL SUPPORT
(144) MERIAN JOHNSON FAMILY CHILD CARE 5151 COLONIAL AVENUE, JACKSONVILLE, FL 32210	26-4376133		29,794				OPERATIONAL SUPPORT
(145) MIDWAY LEARNING CENTER GROUP, LLC 8682 STATE ROAD 21, MELROSE, FL 32666	85-2707205		150,884				OPERATIONAL SUPPORT
(146) ML FLORIDA GROUP INC GINGERBREAD LEARNING & CHILDCARE, ORNGE PARK, FL 32065	26-1505023		312,886				OPERATIONAL SUPPORT
(147) MRS. VANESSA LEARNING RANCH 162 SOUTH BLVD WEST, MACCLENNY, FL 32063	84-2183035		95,914				OPERATIONAL SUPPORT
(148) MRS. VANESSA'S LEARNING BLOCKS 522 S 7TH ST, MACCLENNY, FL 32063	47-4821789		112,804				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(149) MRS. VANESSA'S LEARNING LODGE 9730 SOUTH GLEN AVE, GLAN ST MARY, FL 32063	83-1167531		91,799				OPERATIONAL SUPPORT
(150) MWANZA LEWIS DBA UNITY CHILDCARE & LEARNING ACADEMY 702 N 19TH ST STE 7, PALATKA, FL 32177	590-12-8714		121,496				OPERATIONAL SUPPORT
(151) NORTHSIDE CHRISTIAN ACADEMY 7415 NW CR 225, STARKE, FL 32091	84-1665814	501(C)(3)	188,217				OPERATIONAL SUPPORT
(152) O 2 B KIDS 7, LLC 106 NW 33RD CT STE A, GAINESVILLE, FL 32607	20-3948096		534,138				OPERATIONAL SUPPORT
(153) O2B KIDS VILLAGE SOUTH 106 NW 33RD COURT, GAINESVILLE, FL 32607	83-2498276		1,771,010				OPERATIONAL SUPPORT
(154) OAKLEAF PRESCHOOL & CHILDCARE DBA THE GODDARD SCHOOL 415 MELDRUM, ORANGE PARK, FL 32065	20-4976658		131,291				OPERATIONAL SUPPORT
(155) ORANGE PARK KINDERGARTEN 3050 MOODY ROAD, ORANGE PARK, FL 32065	59-2148272		248,593				OPERATIONAL SUPPORT
(156) ORANGE PARK PRESBYTERIAN CHURC 1905 PARK AVENUE, ORANGE PARK, FL 32073	59-1864360	501(C)	53,915				OPERATIONAL SUPPORT
(157) ORANGE PARK PRESCHOOL 99 COLLEGE DRIVE, ORANGE PARK, FL 32065	20-4166923		454,047				OPERATIONAL SUPPORT
(158) OTIS MASON ELM AFTER SCHOOL PR 207 MASON MANATEE WAY, ST. AUGUSTINE, FL 32086	59-3132357	501(C)	19,170				OPERATIONAL SUPPORT
(159) OUR LADY STAR OF THE SEA CATHOLIC SCHOOL 4889 PALM VALLEY ROAD, PONTE VEDRA BEACH, FL 32082	59-3484405	501(C)	109,675				OPERATIONAL SUPPORT
(160) PALATKA HIVE, INC. DBA KID CITY USA PALATKA 3420 SAINT JOHNS AVE, PALATKA, FL 32177	99-2465249		9,384				OPERATIONAL SUPPORT
(161) PALATKA KIDS ACADEMY, LLC 180 PHILIPS HILL RD SUITE 1A, NEW CITY, NY 10956	93-2082227		109,319				OPERATIONAL SUPPORT
(162) PALMER CATHOLIC ACADEMY PRESCH 545 A1A NORTH, PONTE VEDRA BEACH, FL 32082	59-3484393	501(C)	48,618				OPERATIONAL SUPPORT
(163) PARKS' PLACE DAYCARE AND LEARNING CENTER, LLC PARKS PLACE DAYCARE & LEARNING 5500, JACKSONVILLE, FL 32222	20-3816374		19,087				OPERATIONAL SUPPORT
(164) PAULINE'S PRESCHOOL INC. 3425 HABITAT DRIVE, MIDDLEBURG, FL 32068	81-2406024		119,349				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(165) PENIEL ACADEMY 110 PENIEL CHURCH ROAD, PALATKA, FL 32177	59-1428815		61,374				OPERATIONAL SUPPORT
(166) PINEWOOD CHRISTIAN ACADEMY 198 KNIGHT BOXX ROAD, MIDDLEBURG, FL 32068	59-2507109		118,341				OPERATIONAL SUPPORT
(167) PROMISE LAND PRESCHOOL 3990 LORETTO ROAD, JACKSONVILLE, FL 32223	59-3242655		19,931				OPERATIONAL SUPPORT
(168) PROMISTOWN PRESCHOOL AT PVPC 4510 PALM VALLEY ROAD, PONTE VEDRA BEACH, FL 32082	45-2348946		112,468				OPERATIONAL SUPPORT
(169) PROVEN INVESTMENTS INC TINY TOTS DAYCARE CTR 219 E MICH, MACCLENNY, FL 32063	45-0567149		154,848				OPERATIONAL SUPPORT
(170) PUMPKIN PATCH CHILDCARE 1139 STATE ROAD 20, INTERLACHEN, FL 32148-5406	85-3614520		255,611				OPERATIONAL SUPPORT
(171) PUTNAM COUNTY SCHOOL DISTRICT 200 REID STREET ATTN: LUCY BROSKY, PALATKA, FL 32177	59-6000821	501(C)	595,384				OPERATIONAL SUPPORT
(172) RAIN LILY MONTESSORI 2898 BAILEY ROAD, FERNANDINA BEACH, FL 32034	87-1395886		50,756				OPERATIONAL SUPPORT
(173) RAIN RIVER LEARNING CENTER, LLC 880 SANTA MARIA BOULEVARD, ST. AUGUSTINE, FL 32086	84-2660224		77,015				OPERATIONAL SUPPORT
(174) RIVER CHRISTIAN CHURCH, INC 5900 US HIGHWAY 17, FLEMING ISLAND, FL 32003	47-3540104	501(C)	183,368				OPERATIONAL SUPPORT
(175) ROOTS ACADEMY 2050 ST JOHNS PARKWAY #111, ST JOHNS, FL 32259	87-3566228	501(C)	187,465				OPERATIONAL SUPPORT
(176) ROUND LAKE ACADEMY 3800 CRILL AVENUE, PALATKA, FL 32177	45-2761177		743,934				OPERATIONAL SUPPORT
(177) SABRINA STRAWTER 600 NORTH ST. JOHNS STREET, ST. AUGUSTINE, FL 32084	265-53-3829		27,923				OPERATIONAL SUPPORT
(178) SAINT GERARD CAMPUS 1405 US HWY 1 SOUTH, ST AUGUSTINE, FL 32084	59-2483955	501(C)	17,612				OPERATIONAL SUPPORT
(179) SAN JUAN DEL RIO CATHOLIC CHURCH 1714 SR 13, ST. JOHNS, FL 32259	59-3328973	501(C)	144,510				OPERATIONAL SUPPORT
(180) SCHOOL BOARD OF NASSAU COUNTY 1201 ATLANTIC AVENUE, FERNANDINA BEACH, FL 32034	59-6000756	501(C)	24,094				OPERATIONAL SUPPORT
(181) SCHOOL DISTRICT OF CLAY COUNTY 23 S. GREEN STREET, GREEN COVE SPRINGS, FL 32043	59-6000552	501(C)	683,303				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(182) SEA OAKLEAF, INC. 8720 COLLINS ROAD, JACKSONVILLE, FL 32244	93-3042422		15,691				OPERATIONAL SUPPORT
(183) SEA SIDE HEIGHTS LLC 70 GREENLEAF DRIVE, PONTE VEDRA, FL 32081	81-1988686		237,767				OPERATIONAL SUPPORT
(184) SHILOH BAPTIST CHURCH OF ORANGE PARK INC. 939 BLANDING BLVD, ORANGE PARK, FL 32065	59-1739691	501(C)	144,508				OPERATIONAL SUPPORT
(185) SHIRLEY CROOMS 105 THICKET LANE, PALATKA, FL 32177	265-23-6033		19,482				OPERATIONAL SUPPORT
(186) SJEDU OAK LEAF, LLC 7629 OLD MIDDLEBURG ROAD SOUTH, JACKSONVILLE, FL 32222	47-4172036		34,344				OPERATIONAL SUPPORT
(187) SONSHINE CHRISTIAN ACADEMY PRESCHOOL 45082 FRANK BROOKINS DRIVE, CALLAHAN, FL 32011-5026	59-2065865		177,366				OPERATIONAL SUPPORT
(188) ST FRANCIS IN-THE-FIELD 895 PALM VALLEY ROAD, PONTE VEDRA, FL 32081	59-3685378	501(C)	38,066				OPERATIONAL SUPPORT
(189) ST JOHNS CO.SCHOOLS 102 MARTIN LUTHER KING AVE ATT. DON, ST AUGUSTINE, FL 32084	59-6000824	501(C)	1,214,095				OPERATIONAL SUPPORT
(190) ST LUKES CATHOLIC CHURCH 1606 BLANDING BOULEVARD, MIDDLEBURG, FL 32068	59-2398919	501(C)	120,830				OPERATIONAL SUPPORT
(191) ST. CLARE EARLY LEARNING CENTER 307 FRANCISCAN WAY, YULEE, FL 32097	85-0781368	501(C)	141,283				OPERATIONAL SUPPORT
(192) ST. GILES PRESBYTERIAN 116 FOXRIDGE ROAD, ORANGE PARK, FL 32065	59-1773670	501(C)	23,853				OPERATIONAL SUPPORT
(193) ST. JOHNS LB, LLC 380 ISLESBROOK PKWY, ST. JOHNS, FL 32259	81-3506532		46,976				OPERATIONAL SUPPORT
(194) ST. MICHAEL ACADEMY 510 CALHOUN STREET, FERNANDINA BEACH, FL 32034	59-3529536	501(C)	131,044				OPERATIONAL SUPPORT
(195) ST. THERESE EARLY LEARNING CENTER 2468 CR 210 W, ST. JOHN, FL 32259	81-1183541	501(C)	99,183				OPERATIONAL SUPPORT
(196) STAY-N-PLAY DAY CARE CENTER, I 627 HWY 17 SOUTH, SAN MATEO, FL 32187	20-3401061		128,049				OPERATIONAL SUPPORT
(197) STEP BY STEP DAY CARE, LLC 2211 NW 40TH TERRACE, GAINESVILLE, FL 32605	20-3697024		6,627				OPERATIONAL SUPPORT
(198) STEP BY STEP LEARNING CENTER I 95734 AMELIA CONCOURSE, FERNANDINA BEACH, FL 32034	26-0375407		402,239				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(199) SUGAR AND SPICE 3211 MOODY AVE, ORANGE PARK, FL 32065	59-2436440		272,021				OPERATIONAL SUPPORT
(200) SUGAR BEAR'S LEARNING CENTER, INC 305 TAMMY ST., EAST PALATKA, FL 32131	84-4090286		193,745				OPERATIONAL SUPPORT
(201) SUNSHINE EARLY LEARNING AND SCHOOL READINESS LLC PO BOX 1445, MACCLENNY, FL 32063	47-4317959		312,029				OPERATIONAL SUPPORT
(202) SUNSHINE GROUP CAPITAL, LLC 8269 SEVEN MILE DR., PONTE VEDRA, FL 32082	47-3319870		124,052				OPERATIONAL SUPPORT
(203) SUNSHINE STATE EARLY ED, LLC 2031 TOWN CENTER BLVD, FLEMING ISLAND, FL 32003	84-2196249		167,607				OPERATIONAL SUPPORT
(204) TAKILA ANDERSON 775 PEARL STREET, ST. AUGUSTINE, FL 32084	590-28-1476		335,654				OPERATIONAL SUPPORT
(205) TAMEIKA BYRD 970 N VOLUSIA STREET, ST. AUGUSTINE, FL 32084	592-16-1449		98,991				OPERATIONAL SUPPORT
(206) THE ACADEMY AT JULINGTON CREEK, INC. 990 FLORA BRANCH BLVD., ST. JOHNS, FL 32259	27-1374625		342,691				OPERATIONAL SUPPORT
(207) THE BIRD'S NEST CHILD CARE LLC 550 OUTLET MALL BLVD SUITE 300, SAINT AUGUSTINE, FL 32084	84-4126172		5,477				OPERATIONAL SUPPORT
(208) THE CHILDREN'S CORNER 1720 SMITH STREET, ORANGE PARK, FL 32073	59-2910999		92,522				OPERATIONAL SUPPORT
(209) THE FUTURE LITTLE LEARNERS CENTER, INC. 725 NORTH SUMMIT STREET, CRESCENT CITY, FL 32112	45-2428612		216,536				OPERATIONAL SUPPORT
(210) THE GODDARD SCHOOL 4041 COUNTY ROAD 210 W, ST. AUGUSTINE, FL 32092	84-2851060		149,471				OPERATIONAL SUPPORT
(211) THE GODDARD SCHOOL OF ST. JOHNS 100 JULINGTON PLAZA DRIVE, ST. JOHNS, FL 32259	85-1242711		119,615				OPERATIONAL SUPPORT
(212) THE LEARNING EXPERIENCE @ MANDARIN 11945 SAN JOSE BLVD SUITE 500, JACKSONVILLE, FL 32223	82-2069793		5,711				OPERATIONAL SUPPORT
(213) THE LEARNING EXPERIENCE AT OAKLEAF 220 OAKLEAF VILLAGE PKWY, JACKSONVILLE, FL 32222	83-1079606		70,539				OPERATIONAL SUPPORT
(214) THOMAS FAMILY DAYCARE 505 TANNERSTONE CT, ORANGE PARK, FL 32065	88-0772940		26,012				OPERATIONAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(215) TREASURE HARBOR PRESCHOOL 2121 US HIGHWAY 1 SOUTH, SUITE 28, ST. AUGUSTINE, FL 32086	76-0726124		269,375				OPERATIONAL SUPPORT
(216) TRINITY EPISCOPAL LEARNING CENTER 215 ST. GEORGE ST., ST. AUGUSTINE, FL 32084	59-0657335	501(C)	97,250				OPERATIONAL SUPPORT
(217) TRUTH HOLDING COMPANY 120 PARKWOOD DR, ORANGE PARK, FL 32073	81-2223795		151,936				OPERATIONAL SUPPORT
(218) TURTLE TOTS ACADEMY, INC 1681 US 1 SOUTH, ST AUGUSTINE, FL 32084	30-0806381		68,169				OPERATIONAL SUPPORT
(219) TUTOR TIME CHILDCARE LEARNING 125 HAMPTON PTE. DRIVE, ST. AUGUSTINE, FL 32092	36-4500741		586,954				OPERATIONAL SUPPORT
(220) UNION COUNT SB/TIGER'S DEN 602 SW 6TH STREET, LAKE BUTLER, FL 32054	59-6000881		11,504				OPERATIONAL SUPPORT
(221) VERA BYRD 830 BROACH ST., ST. AUGUSTINE, FL 32084	263-69-3651		105,007				OPERATIONAL SUPPORT
(222) WINGS 2 FLY, LLC D/B/A KID CITY USA, FRUIT COVE 6438 NW 99TH AVE, PARKLAND, FL 33067	88-3865362		59,428				OPERATIONAL SUPPORT
(223) WOMB TO THE WORLD MINISTRIES, INC. 110 MASTERS DRIVE, ST. AUGUSTINE, FL 32084	46-4979708		426,684				OPERATIONAL SUPPORT
(224) WONDERWORKS 2036 REED ST, ORANGE PARK, FL 32073	59-1992869		75,793				OPERATIONAL SUPPORT
(225) YMCA OF FLORIDA'S FIRST COAST 40 E. ADAMS ST. STE 210, JACKSONVILLE, FL 32202	59-0638514	501(C)(3)	220,749				OPERATIONAL SUPPORT
(226) YOKO ACQUISITION CORP. DBA PEAS IN A POD LEARNING CENTER 16562 SW 64 TERRACE, MIAMI, FL 33193	87-0983215		8,362				OPERATIONAL SUPPORT
(227) YULEE BAPTIST LEARNING CENTER 85967 HARTS ROAD, YULEE, FL 32097	59-2243837	501(C)	287,775				OPERATIONAL SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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 UNDER OUR CONTRACT WITH THE EARLY LEARNING COALITION OF NORTH FLORIDA.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A CHILD'S CASTLE CHRISTIAN LEARNING CTR INC 4115, PALATKA, FL 32177
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	A FUN PLACE TO BE 10440 US 1 NORTH UNIT NO. 112, ST. AUGUSTINE, FL 32095
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ACADEMY OF EXCELLENCE 8601 YOUNGERMAN CT #9, JACKSONVILLE, FL 32244
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ADVANCED SOLUTIONS FOR KIDS, LLC 1727 CHATHAM VILLAGE DRIVE, FLEMING ISLAND, FL 32003

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

EPISCOPAL CHILDREN'S SERVICES, INC

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

2023

Open to Public Inspection

Employer identification number

59-1146765

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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 PRESIDENT & CEO (THROUGH FEB 2024)	(i) 228,108	700	0	44,451	59,349	332,608	0
	(ii)	0	0	0	0	0	0	0
2	TERESA MATHENY CHIEF PROGRAMS OFFICER	(i) 147,448	7,775	960	25,251	10,435	191,869	0
	(ii)	0	0	0	0	0	0	0
3	WENDY HUGHES CHIEF BUSINES OFFICER	(i) 154,426	700	960	15,618	9,167	180,871	0
	(ii)	0	0	0	0	0	0	0
4	JEANNE DILLARD CHIEF OPERATIONS OFFICER	(i) 154,304	700	960	7,666	10,065	173,695	0
	(ii)	0	0	0	0	0	0	0
5	HEATHER HODGES VP OF HUMAN RESOURCES	(i) 138,600	700	960	19,687	9,073	169,020	0
	(ii)	0	0	0	0	0	0	0
6	AUTUMN TOMAS VP OF HEAD START	(i) 124,454	700	7,424	6,256	19,736	158,570	0
	(ii)	0	0	0	0	0	0	0
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**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

2023

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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Part IV**Business Transactions Involving Interested Persons** (continued)

(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
(1) HEATHER HODGES	DAUGHTER IN-LAW OF CONNIE STOPHEL	\$140,260	COMPENSATION		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	3	22,100	COST
26	✓	1	8,397	COST
27				
28				

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	
----	--

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?

	Yes	No
30a		✓

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?

31		✓
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		✓
-----	--	---

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.

33		
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**SCHEDULE O
(Form 990)**

Department of 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 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
EPISCOPAL CHILDREN'S SERVICES, INC

Employer Identification Number
59-1146765

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$3,446,189 INCLUDING GRANTS OF \$12,444)(REVENUE \$3,486,951) THROUGH OUR PARTNERSHIP WITH THE EARLY LEARNING COALITION OF DUVAL COUNTY AND THE KIDS HOPE ALLIANCE, WE SEND TEAMS OF TRAINED COACHES, TECHNICAL STAFF, AND VOLUNTEERS INTO NON-ECS4KIDS RUN CHILDCARE FACILITIES TO WORK WITH DIRECTORS AND TEACHERS TO IMPROVE THE QUALITY OF THEIR LEARNING ENVIRONMENT, TEACHING METHODS, AND CURRICULUM IMPLEMENTATION. THIS PARTNERSHIP SERVED APPROXIMATELY 3,901 CHILDREN IN 135 CHILDCARE CENTERS AND 329 CLASSROOMS THROUGHOUT THE PAST YEAR. ECS4KIDS' COACHES WORK WITH EACH DIRECTOR AND TEACHER TO CREATE ACTION PLANS THAT PROMOTE GROWTH AND DEVELOPMENT FOR ALL.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE CHAIR 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 PRESIDENT & CEO. ADDITIONALLY, PERIODIC AND INDEPENDENT ASSESSMENT OF PEER COMPENSATION IS OBTAINED BY THE CHAIR. THE CHAIR WILL EVALUATE PERFORMANCE, COMPARABLE COMPENSATION OF RELATIVE PEERS AND THE CURRENT COMPENSATION OF THE PRESIDENT & CEO. HE/SHE WILL DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION FOR THE PRESIDENT & CEO, IN LINE WITH THE LIMITATION SET BY HEAD START AND THE AVAILABLE FUNDING FROM AWARDS AND GRANTS. THE PRESIDENT & 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, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE CHAIR 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 PRESIDENT & CEO. ADDITIONALLY, PERIODIC AND INDEPENDENT ASSESSMENT OF PEER COMPENSATION IS OBTAINED BY THE CHAIR. THE CHAIR WILL EVALUATE PERFORMANCE, COMPARABLE COMPENSATION OF RELATIVE PEERS AND THE CURRENT COMPENSATION OF THE PRESIDENT & CEO. HE/SHE WILL DETERMINE AN APPROPRIATE LEVEL OF COMPENSATION FOR THE PRESIDENT & CEO, IN LINE WITH THE LIMITATION SET BY HEAD START AND THE AVAILABLE FUNDING FROM AWARDS AND GRANTS. THE PRESIDENT & 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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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, LINE 2C -	THE PROCESS HAS NOT CHANGED.