

OPENTO PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2022 calendar year, or tax year beginning and	ending			
B c	heck if pplicabl	EPWORTH CHILDREN & FAMILY SERVICES,		D Employer	identific	cation number
	Addre chang	ss INC.				
	Name chang	e Doing business as		43-1	06974	41
	Initial return Final return	110 NORTH FIM AVENUE	Room/suite	E Telephone 314.	number 961.!	
	termin ated			G Gross receipt		14,364,097.
	Amen			H(a) Is this a	group re	eturn
	Application	F Name and address of principal officer: AFAIL ELSION, MA, I	ıPC	for subc	rdinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all sub-	ordinates in	cluded? Yes No
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No,"	attach a	list. See instructions
J۷	Vebsi	te: WWW.EPWORTH.ORG		H(c) Group e	xemption	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1	976 N	State of legal domicile: MO
Pa	art I	Summary				
an.		Briefly describe the organization's mission or most significant activities: EMPOV				
Governance		THEIR UNIQUE POTENTIAL BY MEETING ESSENTI	AL NEE	DS, CUL	TIVA	TING
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its	s net ass	
Š	I					26
		Number of independent voting members of the governing body (Part VI, line 1b)				26
es 2		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				199
ΞĒ		Total number of volunteers (estimate if necessary)				500
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>			0.
				Prior Year		Current Year
Р	l	Contributions and grants (Part VIII, line 1h)		11,006,		5,065,328.
Je J	l	Program service revenue (Part VIII, line 2g)		858, 540		8,242,309.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		549, -14,		516,517. 361,006.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		$\frac{-14}{12,399}$		14,185,160.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,333,	0.	0.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,792,		7,831,087.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		1,154,	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25) 367, 95	54.			•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,268,	133.	6,339,061.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,060,		14,170,148.
	l	Revenue less expenses. Subtract line 18 from line 12		-660,		15,012.
F S		Trovende 1999 expenses. Substitue time 19 from time 12	Be	ginning of Curre		End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		25,361,		23,626,526.
ASS	21	Total liabilities (Part X, line 26)		2,598,		2,668,533.
≓. E.E	1	Net assets or fund balances. Subtract line 21 from line 20		22,763,		20,957,993.
Pa	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the b	est of my	knowledge and belief, it is
true,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowled	lge.	
Sigi	n	Signature of officer		Date		
Her	е	APRIL ELSTON, MA, LPC, PRESIDENT & CEO				
		Type or print name and title	1 -			
		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN
Paid		JEANNE DEE			self-employe	•
	arer	Firm's name ANDERS MINKLER HUBER & HELM LLP	Firm's	SEIN 4	3-0831507	
Use	Only	Firm's address 800 MARKET STREET, SUITE 500			~ 4	4655550
		ST. LOUIS, MO 63101-2501		Phone	e no. 31	46555500
May	the If	RS discuss this return with the preparer shown above? See instructions				X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	EPWORTH HELPS CHILDREN, YOUTH AND FAMILIES MOVE TOWARD
	SELF-SUFFICIENCY BY FOCUSING ON HEALTH, HOUSING, EDUCATION AND
	EMPLOYMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 3 , 314 , 733including grants of \$) (Revenue \$ 2 , 497 , 001)
	EPWORTH RESIDENTIAL SERVICES
	EPWORTH RESIDENTIAL SERVICES PROVIDES A HIGHLY TRAINED, DEDICATED
	24-HOUR TEAM OF YOUTH ADVISORS, LICENSED THERAPISTS, RECREATIONAL
	COORDINATORS, CASE MANAGERS, AND NURSING PROFESSIONALS OFFERING A
	STABLE, STRUCTURED ENVIRONMENT IN WHICH YOUTH AGES 11 THROUGH 18 CAN
	GROW SOCIALLY, EMOTIONALLY, AND INTELLECTUALLY. SITUATED ON A BEAUTIFUL
	7-ACRE CAMPUS IN WEBSTER GROVES, MO, YOUTH ENROLLED IN THIS LIVE-IN
	PROGRAM TAKE PART IN WEEKLY INDIVIDUAL, GROUP, AND FAMILY THERAPY TO
	ADDRESS CORE MENTAL HEALTH ISSUES; RECEIVE CASE MANAGEMENT SERVICES AND
	VITAL LIFE SKILLS EDUCATION; PARTICIPATE IN BOTH THERAPEUTIC
	RECREATIONAL AND TEAM-BUILDING ACTIVITIES; AND MAINTAIN ENROLLMENT IN
	(SEE SCHEDULE O)
4b	(Code:) (Expenses \$2, 562, 451. including grants of \$) (Revenue \$2, 729, 887.
	EPWORTH FOSTER CARE
	EPWORTH FOSTER CARE CASE MANAGEMENT PROGRAM IS A PART OF A THREE-AGENCY
	COLLABORATION CALLED CHILDREN'S PERMANENCY PARTNERSHIP (CPP). WITH
	EPWORTH AND CPP'S COMBINED DEDICATION, EXPERTISE AND RESOURCES, FOSTER
	YOUTH AGES BIRTH THROUGH 20 ARE MATCHED WITH FAMILIES BEST ABLE TO
	PROVIDE A SAFE, STABLE HOME AND MEET THEIR UNIQUE NEEDS AS THEY SEEK TO
	DEVELOP TRUST, A SENSE OF BELONGING, AND LIFELONG SKILLS LEADING TO
	INDEPENDENCE AND PERSONAL STRENGTH.
	REFERRALS TO EPWORTH FOSTER CARE CASE MANAGEMENT PROGRAM COME DIRECTLY
	FROM THE STATE OF MISSOURI FOR YOUTH WHO HAVE BEEN THE SUBJECT OF ABUSE
	(SEE SCHEDULE O)
4c	(Code:) (Expenses \$ 1,888,446. including grants of \$) (Revenue \$ 1,579,609.)
	SUPPORTIVE HOUSING
	EPWORTH TRANSITIONAL LIVING PROGRAM - INDEPENDENT PROVIDES ASSISTANCE
	TO YOUNG ADULTS AGES 18 THROUGH 23 IN LOCATING AND OBTAINING INDIVIDUAL
	APARTMENTS THROUGHOUT ST. LOUIS COMMUNITIES. WITH CASE MANAGEMENT
	SUPPORT FROM SPECIALLY TRAINED EPWORTH COLLEAGUES, YOUTH ADMITTED INTO
	THE PROGRAM ARE PLACED INTO SAFE, STABLE LIVING SITUATIONS IN WHICH
	THEY ARE EMPOWERED TO MAKE WISE EMOTIONAL, PHYSICAL, AND FINANCIAL
	DECISIONS OF THEIR OWN ACCORD. YOUNG ADULTS IN THE TRANSITIONAL LIVING
	PROGRAM - INDEPENDENT RECEIVE INDIVIDUALIZED TRAINING IN ORDER TO HONE
	DAILY LIVING SKILLS SUCH AS PRACTICAL BUDGETING, NUTRITIONAL COOKING,
	GROCERY SHOPPING, STRESS MANAGEMENT, AND MORE.
	(SEE SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,166,456. including grants of \$) (Revenue \$ 1,435,812.)
4e	Total program service expenses 10,932,086.
	Form 990 (2022)

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INC.

IC. 43-10697

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

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Form	990 (2022) INC. 43-1069	741	Р	age 4
Par	rt 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			
	·	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\overline{}$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		\vdash
ZJa		05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00		21		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes." complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		30		x
31	contributions? If "Yes," complete Schedule M	31		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		 -
37			Х	1
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Λ	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	1
Da	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance **Charlet Colorate to Complete Schedule Occasion and Tax Compliance	38	X	Щ_
Par	Statements Regarding Other IRS Fillings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			oxdot
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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_02004				(/

INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form 990 (2022)

If "Yes," complete Form 6069.

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 26 **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. 26 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 314.961.5718 110 NORTH ELM AVENUE, SAINT LOUIS. MO 63119

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

INC.

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

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

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHAEL PANICOLA	40.00	_		.,				220 200	^	10 063
CHIEF EXECUTIVE OFFICER	40.00			Х				230,290.	0.	10,863.
(2) APRIL ELSTON	40.00	-		3,7				140 550	_	0 070
CHIEF OPERATING OFFICER	40.00			Х				142,553.	0.	9,072.
(3) LAURA WILSON CHIEF DEVELOPMENT OFFICER	40.00			х				113,669.	0.	6,882.
(4) KIM HAMACHER	5.00							113/0031	•	0,0021
CHAIR	3100	x						0.	0.	0.
(5) KATIE HOLTGRAVE	2.00	1							•	
TREASURER		Х						0.	0.	0.
(6) JULIE MORRISON	2.00									
SECRETARY		Х						0.	0.	0.
(7) SARAH BAIOCCHI	1.00									
PAST CHAIR		Х						0.	0.	0.
(8) JOE BRINKMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAN FARRELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVEN HILL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) STEPHEN HOVEN	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
(12) DEAN KPERE-DAIBO	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(13) ERIC MADKINS	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) PRINCESS MCDANIELS	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(15) JENNA ST. CYR	1.00	ļ							_	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) PATRICK HORIN	1.00	٠,,							_	_
DIRECTOR (17) FRANK NEUNER	1 00	Х						0.	0.	0.
(17) FRANK NEUNER DIRECTOR	1.00	х						0.	0.	0.
232007 12-13-22	1	Λ	l	l .	<u> </u>	I	<u> </u>	J 0.	U •	Form 990 (2022)

232007 12-13-22

Form 990 (2022) INC •								,	43-1069	741 Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) GAIL SCANNELL	1.00											
DIRECTOR		Х						0.	0.	0.		
(19) CINDY SCHULZE	1.00											
DIRECTOR		Х						0.	0.	0.		
(20) ANDREW WAGGONER	1.00											
DIRECTOR		Х						0.	0.	0.		
(21) ROBIN BELL	1.00											
EX-OFFICIO		Х						0.	0.	0.		
(22) BISHOP ROBERT FARR	1.00											
EX-OFFICIO		Х						0.	0.	0.		
(23) LINDA GUTH-STANGL	1.00											
EX-OFFICIO		Х						0.	0.	0.		
(24) YVETTE RICHARDS	1.00											
EX-OFFICIO		Х						0.	0.	0.		
(25) SHARI SCOTT	1.00											
EX-OFFICIO		Х						0.	0.	0.		
(26) WILLIAM K. BUSCH	1.00											
DIRECTOR EMERITUS		X						0.	0.	0.		
1b Subtotal								486,512.	0.	26,817.		
c Total from continuation sheets to Part VII, Section A								0.	0.	0.		
d Total (add lines 1b and 1c)							486,512.	0.	26,817.			

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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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
H&M MANAGEMENT		0.4.00.0.5
	FOOD SERVICE	248,906.
GADELLNET CONSULTING SERVICES, 1520 S. VANDEVENTER AVE., ST. LOUIS, MO 63110	TECHONOLOGY SERVICES	170,196.

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 INC. 43-1069741

Form 990 INC . Part VII Section A. Officers. Directors. T									43-106	9/41
	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				osition			Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					gu.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed en		(W-2/1099-MISC)		organization
	related	stee o	ruste			seu sa				and related
	organizations	al tru	onal t		ploye	moo				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) BARBARA BUSH	1.00		=	0	×	工	Œ			
DIRECTOR EMERITUS	1.00	Х						0.	0.	0
28) KATIE CLOYD	1.00	Δ						0.	0.	-
PIRECTOR EMERITUS	1.00	Х						0.	0.	C
29) JAMES HILL	1.00							0.	0.	
DIRECTOR EMERITUS	1.00	Х						0.	0.	c
								•	•	
		-								
		-								
		•								
		1								
		1								
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Form 990 (2022) INC.
Part VIII Statement of Revenue

		Chack if Schodula O contains a reconomic	or note to any line	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
					function revenue	business revenue	from tax under sections 512 - 514
	_		E42 102				30000013 3 12 3 14
nts		Federated campaigns 1a	542,183.				
S _C		Membership dues 1b	122 264				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	133,364.				
ig ig		Related organizations 1d	2 455 264				
ns, Sim		Government grants (contributions) 1e	3,475,364.				
er S	f	All other contributions, gifts, grants, and					
ĕ₹		similar amounts not included above 1f	914,417.				
gg	g	Noncash contributions included in lines 1a-1f 1g \$	86,295.				
<u>ğ</u> ğ	h	Total. Add lines 1a-1f		5,065,328.			
			Business Code				
Se	2 a		623990	2,729,887.			
Program Service Revenue	b		624100	2,497,001.	2,497,001.		
Sept	С	SUPPORTIVE HOUSING	624100	1,579,609.	1,579,609.		
eve	d						
Б	е						
ڇ	f	All other program service revenue	624110	1,435,812.	1,435,812.		
	g	Total. Add lines 2a-2f		8,242,309.			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)		516,517.			516,517.
	4	Income from investment of tax-exempt bond p	oroceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
Revenue	С	Gain or (loss) 7c					
Re	d	Net gain or (loss)					
ē	8 a	Gross income from fundraising events (not					
₹		including \$ 133,364. of					
		contributions reported on line 1c). See					
		Part IV, line 18	178,937.				
	b	Less: direct expenses 8t	178,937.				
	С	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	1				
	b	Less: direct expenses 9t					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory					
			Business Code				
sno (11 a	INSURANCE REIMBURSEMENT	900099	235,777.			235,777.
in in in	b	MISC INC	900099	125,229.			125,229.
Miscellaneous Revenue	С						
is B	d	All other revenue					
2	е	Total. Add lines 11a-11d	<u></u>	361,006.			
	12	Total revenue. See instructions		14,185,160.	8,242,309.	0.	877,523.

Form 990 (2022) INC . Part IX Statement of Functional Expenses

Section Sect		ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for membres Compensation of current officers, directors, trustess, and key employees Compensation not included above to disqualified persons (as offined under section 4958(c)(3)(a) Persons (last ordinal section 4958(c)(3)(a) Person plant acrusis and contributions (include section 4014) and 403(b) employer contributions (include section 4014) and 403		not include amounts reported on lines 6b,		(B) Program service	Management and	(D) Fundraising expenses
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 6 Compensation on included above to disqualified persons (as defined under section 495(c)(1) and persons described in section 495(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 491(a) and 493(t) employer contributions (include section 491(a) and 493(t) and 493(t) employer contributions (include section 491(a) and 493(t) employer contributions (in	1					
Individuals See Part V, line 22		- · · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to 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 (5 Compensation of current officers, directors, trustees, and key employees (5 Compensation on included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and 4958(r)	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 sends paid to or for members 5 compensation of current officers, directors, trustees, and key employees 6 compensation of current officers, directors, trustees, and key employees 6 compensation or included above to disqualified persons (as defined under section 498(0)(3)(8) 7 Other salaries and wages 8 Penson plan acruals and contributions (include section 401(4) and 403(4)) employer contributions (include section 401(4) and 403(4) employer contribution (include section 401(4) employer						
individuals. See Part IV, lines 15 and 16	3	<u> </u>				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958((r)(3)) and persons described in section 4958((r)(3)) and 4958((r)(3)) an						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4968(c)(1)) and persons described in section 4968(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4968(c)(4)) and 490(b) employer contributions) 9 Other employee benefits 1,106,759						
trustees, and key employees	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 9 Other employee benefits 1,106,759, 873,087, 210,264, 23,4 439,100, 346,392, 83,421, 9,2 1 Fees for services (nonemployees): a Management b Legal 23,045, 10,865, 11,845, 3 c Accounting Accounting C Acco	5		F42 200	400 050	E4 0E4	10 001
persons (as defined under section 4958(h)(1)) and persons described in section 4958(h)(1)) and persons described in section 4958(h)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions) 9 Other employee benefits 1,106,759. 873,087. 210,264. 23,4 439,100. 346,392. 83,421. 9,2 1 Fees for services (nonemployees): a Management b Legal 23,045. 10,865. 11,845. 3 c Accounting 208,237. 98,177. 107,041. 3,6 d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees G Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 3 Office expenses for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials persons. Conference of the second			513,328.	422,353.	71,074.	19,901
persons described in section 4958(c)(3)(B) 7	6					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions 9 Other employee benefits 1,106,759, 873,087, 210,264, 23,4 1 Fees for services (nonemployees): a Management b Legal 23,045, 10,865, 11,845, 3 c Accounting 208,237, 98,177, 107,041, 3,6 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 2 Other expenses temize expenses not covered above, (List miscellameous expenses on Sch 0.) 3 CLIENT SERVICE EXPENSES 4 REPAIRS & MAINTENANCE 5 BAD DEBT 5 Total functional expenses. Add lines 1 through 24e 5 Joint tosts. Complete this line only if the organization 5 Total functional expenses. Add lines 1 through 24e 5 Joint tosts. Complete this line only if the organization 5 Total functional expenses. Add lines 1 through 24e 5 Joint tosts. Complete this line only if the organization 1 Payments to complete this line only if the organization 5 Total functional expenses. Add lines 1 through 24e 5 Joint tosts. Complete this line only if the organization 1 Payments to such control of the organization 2 Deposition of the profession of the properties of th		* * * * * * * * * * * * * * * * * * * *				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,106,759. 873,087. 210,264. 23,4 0 Payroll taxes 1 439,100. 346,392. 83,421. 9,2 1 Fees for services (nonemployees):				4 500 004		
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,106,759. 873,087. 210,264. 23,4 0 Payroll taxes 1 Fees for services (nonemployees): a Management b Legal 23,045. 10,865. 11,845. 3 c Accounting 208,237. 98,177. 107,041. 3,0 d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch ol.) Advertising and promotion 3 Office expenses 6 Cocupancy 1 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1 Interest 2 Depreciation, depletion, and amortization 1 Insurance 2 Depreciation, depletion, and amortization 1 Insurance 3 DEET 3 SEPAIRS & MAINTENANCE 4 BAD DEBT 5 Total functional expenses 5 Other line of the original function of the original functional expenses on School, and other properties of the original functional expenses on School, amount, list line 24e amount exceeds 10% of line 24e in line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on ine 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on ine 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (). a CLIENT SERVICE EXPENSES b REPAIRS & MAINTENANCE 5 BAD DEBT 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization 6 Joint costs. Complete this line only if the organization 6 Joint costs. Complete this line only if the organization 8 Joint costs. Complete this line only if the organization 9 Joint costs. Complete this line only if the organization 1 Joint costs. Complete this line only if the organization	7		5,740,583.	4,/33,924.	778,525.	228,134
9 Other employee benefits	8	•	24 24=			
Payroll taxes						662
Fees for services (nonemployees): a Management	9					23,408
a Management b Legal	0	Payroll taxes	439,100.	346,392.	83,421.	9,287
b Legal	1	Fees for services (nonemployees):				
c Accounting	а	Management				
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Occupancy Occupancy Occupancy Office expenses Occupancy Office expenses of travel or entertainment expenses for any federal, state, or local public officials Occupancy Occupancy Office expenses, conventions, and meetings Occupancy Office expenses, conventions, and meetings Office expenses, conventions, and meetings Office expenses of travel or entertainment expenses of interest Office expenses of occupancy Office expenses occupancy Occup	b	Legal				335
e Professional fundraising services. See Part IV, line 17 f Investment management fees	С	Accounting	208,237.	98,177.	107,041.	3,019
Formal Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 1,726,497. 813,984. 887,479. 25,0 25,0 24 25,0 25,	d	Lobbying				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 5 REPAIRS & MAINTENANCE C BAD DEBT 4 Other expenses. Identice expenses on Schedule 0.) 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization 3 Insurance on the complex of the companization of the composition of the co	е	Professional fundraising services. See Part IV, line 17				
1,726,497. 813,984. 887,479. 25,000	f	Investment management fees				
2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 11 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CLIENT SERVICE EXPENSES b REPAIRS & MAINTENANCE c BAD DEBT d FOOD SERVICE 3 322,870. 301,919. 17,919. 3,6 4 All other expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization 6 1400,449. 327,919. 47,201. 25,3 4 00,449. 327,919. 47,201. 25,3 4 01,282. 53,613. 7,228. 4 6 188,144. 36,437. 1,0 6 188,144. 36,437. 1,0 6 19,282. 53,613. 7,228. 4 6 188,144. 36,437. 1,0 6 19,282. 53,613. 7,228. 4 6 188,144. 36,437. 1,0 6 19,282. 53,613. 7,228. 4 6 19,282. 53,613. 7,228. 4 6 19,282. 53,613. 7,228. 4 7,288. 4 7,2	g	Other. (If line 11g amount exceeds 10% of line 25,				
2 Advertising and promotion 3 Office expenses 4 00 , 449 . 327 , 919 . 47 , 201 . 25 , 3 4 Information technology 6 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e arounut exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 1 CELIENT SERVICE EXPENSES 1 REPAIRS & MAINTENANCE 2 BAD DEBT 3 50 , 915 . 350 , 915 . 350 , 915 . 350 , 915 . 350 , 915 . 361 diother expenses. Add lines 1 through 24e for location of the organization of the organization of the properties of the propertie		column (A), amount, list line 11g expenses on Sch O.)	1,726,497.	813,984.	887,479.	25,034
4 Information technology Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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 0.) 15 EPAIRS & MAINTENANCE 16 BAD DEBT 17 GOOD SERVICE 18 All other expenses 18 188,144. 36,437. 1,0 11,00 11,100	2	Advertising and promotion				
Section Cocupancy Conferences for any federal, state, or local public officials Conferences, conventions, and meetings Conferences, conventions, and conferences, conventions, conferences, conventions, conferences, conferences, conferences, conferences, conferences, conferences, conferences, conferences, confer	3	Office expenses	400,449.	327,919.	47,201.	25,329
225,588. 188,144. 36,437. 1,0	4	Information technology				
7 Travel 61, 282. 53, 613. 7, 228. 4 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 9, 603. 8, 401. 1, 133. 10 Interest 63, 343. 63, 343. 11 Payments to affiliates 2 Depreciation, depletion, and amortization 31 Insurance 218, 762. 180, 681. 29, 178. 8, 9 40 Other expenses. Itemize expenses on toovered 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 0.) a CLIENT SERVICE EXPENSES 1,622, 986. 1,622, 986. b REPAIRS & MAINTENANCE 355, 449. 281, 435. 63, 687. 10, 3 CD SERVICE 322, 870. 301, 919. 17, 919. 3, 0 e All other expenses Add lines 1 through 24e 30 Joint costs. Complete this line only if the organization 367, 9	5	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials Payments of affiliates Payments to affiliates	6	Occupancy				1,007
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0.) CLIENT SERVICE EXPENSES BAD DEBT FOOD SERVICE All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization A 1, 133. 63, 343. 63, 343. 677, 674. 528, 143. 145, 511. 4, 0 528, 143. 145, 511. 4, 0 528, 143. 145, 511. 4, 0 528, 144. 528, 143. 529, 178. 8, 9 63, 687. 10, 3	7	Travel	61,282.	53,613.	7,228.	441
9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses on tovered 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 0.) 15 a CLIENT SERVICE EXPENSES 16 BAD DEBT 17 GOOD SERVICE 18 All other expenses 19,603. 8,401. 1,133. 63,343. 677,674. 528,143. 145,511. 4,0 218,762. 180,681. 29,178. 8,9 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 2218,762. 180,681. 29,178. 8,9 235,449. 281,435. 63,687. 10,3 255,449. 281,435. 63,687. 10,3 272,361. 52,015. 15,300. 5,0 286,79 287,919. 367,91	8	Payments of travel or entertainment expenses				
Depreciation, depletion, and amortization 677,674 528,143 145,511 4,0		for any federal, state, or local public officials				
1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CLIENT SERVICE EXPENSES b REPAIRS & MAINTENANCE c BAD DEBT d FOOD SERVICE All other expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization 677, 674. 528,143. 145,511. 4,0 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 22,870. 301,919. 350,915. 350	9	Conferences, conventions, and meetings	9,603.	8,401.	1,133.	69
Payments to affiliates Depreciation, depletion, and amortization 677,674	0		63,343.	63,343.		
Depreciation, depletion, and amortization Insurance 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 0.) a CLIENT SERVICE EXPENSES b REPAIRS & MAINTENANCE c BAD DEBT d FOOD SERVICE All other expenses All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization 677,674. 528,143. 145,511. 4,0 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 218,762. 180,681. 29,178. 8,9 22,178. 8,9 23,178. 8,9 24,170. 148. 1,622,986. 1,	1					
3 Insurance 218,762. 180,681. 29,178. 8,9				528,143.	145,511.	4,020
4 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 0.) 1,622,986. 1,622,986. a CLIENT SERVICE EXPENSES 1,622,986. 1,622,986. b REPAIRS & MAINTENANCE 355,449. 281,435. 63,687. 10,3 c BAD DEBT 350,915. 350,915. 350,915. 350,915. 37,915. <td< td=""><td>3</td><td></td><td>218,762.</td><td>180,681.</td><td>29,178.</td><td>8,903</td></td<>	3		218,762.	180,681.	29,178.	8,903
a CLIENT SERVICE EXPENSES b REPAIRS & MAINTENANCE c BAD DEBT d FOOD SERVICE e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization 1,622,986. 1,622,986. 355,449. 281,435. 63,687. 10,3 350,915. 350,915. 322,870. 301,919. 17,919. 3,0 14,170,148. 10,932,086. 2,870,108. 367,9	4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b REPAIRS & MAINTENANCE 355,449. 281,435. 63,687. 10,3 c BAD DEBT 350,915. 350,915. 350,915. d FOOD SERVICE 322,870. 301,919. 17,919. 3,0 e All other expenses 72,361. 52,015. 15,300. 5,0 5 Total functional expenses. Add lines 1 through 24e 14,170,148. 10,932,086. 2,870,108. 367,9 6 Joint costs. Complete this line only if the organization 355,449. 281,435. 63,687. 10,3	_		1 622 986	1 622 986		
c BAD DEBT 350,915. 350,915. d FOOD SERVICE 322,870. 301,919. 17,919. 3,0 e All other expenses 72,361. 52,015. 15,300. 5,0 5 Total functional expenses. Add lines 1 through 24e 14,170,148. 10,932,086. 2,870,108. 367,9 6 Joint costs. Complete this line only if the organization 350,915. 350,915. 37,919.					63 687.	10,327
d FOOD SERVICE 322,870. 301,919. 17,919. 3,0 e All other expenses 72,361. 52,015. 15,300. 5,0 5 Total functional expenses. Add lines 1 through 24e 14,170,148. 10,932,086. 2,870,108. 367,9 6 Joint costs. Complete this line only if the organization				201,433.		10,547
e All other expenses 72,361. 52,015. 15,300. 5,0 5 Total functional expenses. Add lines 1 through 24e 14,170,148. 10,932,086. 2,870,108. 367,5 6 Joint costs. Complete this line only if the organization 367,5	_			301 919		3,032
5 Total functional expenses. Add lines 1 through 24e 14,170,148. 10,932,086. 2,870,108. 367,9 6 Joint costs. Complete this line only if the organization						5,032
6 Joint costs. Complete this line only if the organization		• -				
			14,1/0,140.	10,934,000.	4,0/0,100.	301,334
reported in contrin (B) joint costs from a combined	Ю					
		1, 7, 1				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2022)
Part X | Balance Sheet INC.

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,309,403.	1	1,068,920.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		816,721.	3	630,517.	
	4	Accounts receivable, net			1,155,185.	4	2,737,720.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			172,986.	9	179,417.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	19,386,802.			
	b	Less: accumulated depreciation	10b	8,972,853.	10,974,003.	10c	10,413,949. 5,469,738.
	11	Investments - publicly traded securities			7,158,671.		5,469,738.
	12	Investments - other securities. See Part IV, line 1		312,882.	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	2 461 460	14	2 100 005		
	15	Other assets. See Part IV, line 11			3,461,462. 25,361,313.	15	3,126,265.
	16	Total assets. Add lines 1 through 15 (must equa			339,714.	16	23,626,526.
	17	Accounts payable and accrued expenses	339,/14.	17	627,371.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				22	
E.	23	Secured mortgages and notes payable to unrela			2,123,767.	23	2,041,162.
	24	Unsecured notes and loans payable to unrelated			2,123,7074	24	2,011,102.
	25	Other liabilities (including federal income tax, pa		Г		27	
		parties, and other liabilities not included on lines					
		of Schedule D	•	·	134,604.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,598,085.	26	2,668,533.
		Organizations that follow FASB ASC 958, che	ck her	e X			
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			14,277,456.	27	14,138,237.
Bal	28	Net assets with donor restrictions			8,485,772.	28	6,819,756.
pu		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Ret	32	Total net assets or fund balances		22,763,228.	32	20,957,993.	
	33				25,361,313.	33	23,626,526.
					-		Form 990 (2

INC.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,			
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>12.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,			
5	Net unrealized gains (losses) on investments	5	-1,	<u>534</u>	1,8	<u>80.</u>
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		<u> 285</u>	5,3	67.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20,	<u>957</u>	7,9	93 .
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
			F	orm '	990 ((2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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

Open to Public

EPWORTH CHILDREN & FAMILY SERVICES, **Employer identification number** Name of the organization INC 43-1069741 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

43-1069741 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10633223.	9825800.	18400180.	11007628.	5065328.	54932159.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10633223.	9825800.	18400180.	11007628.	5065328.	54932159.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						54932159.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10633223.		18400180.	11007628.		54932159.
	Gross income from interest.						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	259,105.	246,975.	209.062.	290,060.	516.517.	1521719.
9	Net income from unrelated business					0_0,0	
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	37,158.	54,648.	74,499.	58.572.	361.006.	585,883.
11	Total support. Add lines 7 through 10	0.7200	01/0101	/	00/0:=0		57039761.
	Gross receipts from related activities,	etc (see instruction	ns)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	96.31 %
	Public support percentage from 2021					15	97.59 %
	33 1/3% support test - 2022. If the					ore, check this bo	•
	stop here. The organization qualifies	-					77
b	33 1/3% support test - 2021. If the		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-			-		
_	more, and if the organization meets the	_					• 4
	organization meets the facts-and-circle						
18	Private foundation. If the organization				•		
	The organization	a.ao. o. 1001. a .		,,	., and box at		/Form 000) 2000

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		v	
		Yes	NO
	1		
	2		
	3a		
	Ju		
L	3b		
	3c		
	4a		
	40		
	4b		
	4.		
	4c		
L	5a		
\vdash	5b		
	5c		
	6		
	_		
	7		
	8		
	-		
	9a		
	01		
	9b		
	9с		
	50		
	10a		
	10b	- 000\	<u> </u>

Pai	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
	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.		
Sec	tion B. Type I Supporting Organizations	1	
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	1.00	110
•	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.		
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.		
Sec	stion C. Type II Supporting Organizations		
	<i>y</i> 11 3 3	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100	"
•	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)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		Ь
	and an an and an	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	INO
•	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?		
0	, , , , , , , , , , , , , , , , , , , ,		
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	the organization maintained a close and continued working relationisms with the capported organization (c).		
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		
Sec	supported organizations played in this regard. 3 stion E. Type III Functionally Integrated Supporting Organizations		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction)	امد	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
		163	INO
а	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		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
b			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b		
2			
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
а			
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization evercise a substantial degree of direction over the policies, programs, and activities of each		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		

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

emergency temporary reduction (see instructions).

Sche	dule A (Form 990) 2022 INC •			43-1069741 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain il</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		

Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

EPWORTH CHILDREN & FAMILY SERVICES,

Schedule A	(Form 990) 2022	INC.		43-1069741	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, ction D, lines 2 and , 6, and 8; and Parl	Provide the explanations required by Part II, line 10; Part II, line 17a of 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete the part II, line 17a of 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part II, line 17a of 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV, Section E, lines 2c, 5a, and 6c, Also complete the part for any additional complete the part IV, Section E, lines 2c, 5c, and 6c, Also complete the part for any additional complete the part IV, Section E, lines 2c, 5c, and 6c, Also complete the part for any additional complete the part IV, Section E, lines 2c, 5c, and 6c, Also complete the part for any additional complete the part IV.	or 17b; Part III, line 12; 1 and 2; Part IV, Section (V, Section B, line 1e; Part	C,
	(======================================				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(b) i unus and other accounts	
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relatives means develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	nued)	age –
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that	make sig	gnificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "	Yes" on	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other ass	ets not ir	ncluded		_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo		•			ty?	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i							() [le e el e
	•	(a) Current year	(b) Prior year	(c) Two year		(d) Three ye				
1a	Beginning of year balance	7,667,142.	7,044,022.	6,486	,414.	5,78	39,749.	6,	,627,	179.
b	Contributions	1 000 001			100					
С	Net investment earnings, gains, and losses	-1,269,331.	740,180.	664	,122.	90	06,003.	-	-659,	905.
d	Grants or scholarships									
е	Other expenditures for facilities		44= 060							
	and programs	210,322.	117,060.	106	,514.	20	9,338.		177,	525.
f	Administrative expenses	6 107 100	T. CCT. 140		000					T.40
g	End of year balance	6,187,489.	7,667,142.		,022.	6,48	86,414.	5 ,	,789,	749.
2	Provide the estimated percentage of the curr	ent year end balance) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c should be the second of the seco	•	Cara Marak awa Isalah aw	al and a task and						
за	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	a administer	ea for the	9		Г	Yes	No
	organization by:							0-(:)	X	140
	(i) Unrelated organizations							3a(i)		Х
b	(ii) Related organizations	tions listed as require	nd on Schodula D2					3a(ii) 3b	-	-25
4	Describe in Part XIII the intended uses of the							SU		
Pai	t VI Land, Buildings, and Equipm		vinent iunus.							
	Complete if the organization answered		Part IV. line 11a. Se	ee Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or ot	i	T		cumulate	4	(d) Bool	k valu	
	bescription of property	basis (investm			` '	preciation	"	(u) Dooi	(valu	C
	Land	,		4,000.				1,65	4.0	00.
b	Buildings			1,554.	8.0	36,47		8,66!		
C	Leasehold improvements		20,70	_,,	3,0			-,	- , -	
d	Equipment		79	4,947.	7	00,44	3.	9,	4,5	04.
	Other			6,301.		35,93			3	64.
	. Add lines 1a through 1e. (Column (d) must e	•						0,41		
	z issiaiiii isi mast ci	-,	 							

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INC.	DREN & FAMII		-1069741 _{Page} 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	a 11d Soc Form 000 Port V line 15	
	Description	FITO. See FOITH 990, Part A, little 15.	(b) Book value
	STS		2,865,558.
	515		260,707.
			200,707
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		3,126,265.
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization an			371207203
(a) Description of liability	orr orri 550, r art rv, iiric	7 TE 61 TH. GEET GITT 350, T art X, IIIIC 25.	(b) Book value
(1) Federal income taxes			(2) 2001. Talao
(2)			
(4)			
(5)			
(6)			
(7)			
\'\		ı	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(8)

Cobo	dule D (Form 990) 2022 INC.	PEVAT	CES,	13_	1069741 F	2000 6
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re			age -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1				1	12,364,9	13.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,534,880.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	-285,367.			
е	Add lines 2a through 2d			2e	-1,820,2	
3	Subtract line 2e from line 1			3	14,185,1	60.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				_
С	Add lines 4a and 4b			4c	14 105 1	0.
5 Dat	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statement	nte Wi	th Evnances per [5 Potur	14,185,1	60.
Pai			ui Expenses per i	retui	11.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	14,170,1	/ Q
1	Total expenses and losses per audited financial statements			1	14,1/0,1	40.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20				
a	Donated services and use of facilities			-		
b	Prior year adjustments Other losses			-		
4				-		
d	Other (Describe in Part XIII.)			20		0.
e o	Add lines 2a through 2d			2e 3	14,170,1	
3	Subtract line 2e from line 1			3	14,170,1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-		
D	Other (Describe in Part XIII.)			4		0.
	Add lines 4a and 4b			4c 5	14,170,1	_
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			<u> </u>	14,170,1	40.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines :	Ib and Ob: Dort V line A	I. Dort	V line 2: Dort VI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			r, rait	A, IIIIe Z, Fait Ai,	
111103	20 and 40, and 1 art Air, lines 20 and 40. Also complete this part to provide any addi	tional init	orriation.			
PAF	RT V, LINE 4:					
THE	INTEREST INCOME FROM THE PERMANENT ENDOWM	ENT	IS RESTRICTE	D F	OR GENERA	L
OPE	ERATIONS AND FACILITY IMPROVEMENTS.					
PAF	RT X, LINE 2:					
THE	E ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	E TA	XES UNDER SE	CTI	ON	
501	L(C)(3) OF THE INTERNAL REVENUE CODE (THE "	CODE	"), EXCEPT C	<u>N N</u>	ET INCOME	
				~~-	_	
DEF	RIVED FROM UNRELATED BUSINESS ACTIVITIES AS	DEF	INED IN THE	COD	Е.	
7.00	NODDINGLY MILE ODGANIZATION EILEG AG A MAY	T3 32 T3 M		1 T 🔿 B T		
AC(CORDINGLY, THE ORGANIZATION FILES AS A TAX	EXEM	PT ORGANIZAT	TON	•	
тит	E ORGANIZATION FOLLOWS GUIDANCE ISSUED BY T	ם אוי	ASB ON ACCOU	דידותו	NG FOR	
<u> </u>	ONOTALIBRATION LONDOND GOIDANCE IDDOED BI I		TOD ON ACCOU	· - 4 - 1 - 1	110 1 010	
INC	COME TAXES AND HAS EVALUATED ITS TAX POSITI	ONS	EXPIRING ST	יזידאי	TES OF	
		12/			~ ~-	

Part XIII Supplemental Information (continued)								
LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW								
AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS								
NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS								
FOR TAX YEARS 2019 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING								
AUTHORITIES.								
PART XI, LINE 2D - OTHER ADJUSTMENTS:								
CHANGES IN BENEFICIAL INTEREST IN TRUST AND PARTNERSHIP -285,367.								
PART XII, LINE 2D - OTHER ADJUSTMENTS:								
SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT REVENUE								

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

EPWORTH CHILDREN & FAMILY SERVICES, **Employer identification number** Name of the organization 43-1069741 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

Schedule G (Form 990) 2022

43-1069741 Page 2 INC.

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col. (a) through
			WINE DINNER (event type)	TOURNAMENT (event type)	1 (total number)	col. (c))
une			(evening)	(crem type)	(1010:110:110:01)	
Revenue	1	Gross receipts	272,993.	11,962.	27,346.	312,301.
	2	Less: Contributions	120,085.	-2,403.	15,682.	133,364.
	3	Gross income (line 1 minus line 2)	152,908.	14,365.	11,664.	178,937.
	4	Cash prizes				
S	5	Noncash prizes	33,310.			33,310.
Direct Expenses	6	Rent/facility costs	61,987.	10,652.		72,639.
irect E)	7	Food and beverages	15,000.	3,204.		18,204.
	8	Entertainment	4,100. 38,511.			4,100. 50,684.
	9	Other direct expenses	38,511.	509.	11,664.	50,684.
		,	. ,			178,937.
Pa	<u>11</u> rt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or r		<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	anowered ree enrient	1000, 1 4, 11, 11, 11, 10, 0, 11	oportod more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes % No	Yes %	Yes % No	
				I NO		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming action," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No

Schedule G (Form 990) 2022

232082 10-27-22

EPWORTH CHILDREN & FAMILY SERVICES,

Sch	edule G (Form 990) 2022 INC • 43	-106	974	1 F	age 3					
11	Does the organization conduct gaming activities with nonmembers?	\square	Yes	; [No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		Yes	, [No					
13	Indicate the percentage of gaming activity conducted in:									
	The organization's facility	13	a		%					
	An outside facility		\neg		%					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:									
•	and the mane and address of the person time propared the organization of garming, epoclar of once and records.									
	Name									
	Address									
	Address									
45.	Deep the experimentian have a contract with a third party from whom the experimentary receives gaming revenue?		Yes		No					
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	re:	• ∟	140					
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount									
	of gaming revenue retained by the third party \$									
С	If "Yes," enter name and address of the third party:									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation \$									
	Description of services provided									
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?		Yes	, [No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the									
_	organization's own exempt activities during the tax year \$									
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III.	lines 9	9. 9b.	10b.					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			,,						
	100, 100, 10, and 170, as approache. Also provide any additional information. Oce instructions.									

EPWORTH CHILDREN & FAMILY SERVICES,

Schedule G	G (Form 990) INC.	43-1069741 Page 4
Part IV	Supplemental Information (continued)	
		_
		_

SCHEDULE J (Form 990)

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.

n 990, Part IV, line 23.

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

OMB No. 1545-0047

Inspection

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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......9 | 9 Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

INC.

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MICHAEL PANICOLA	(i)	230,290.	0.	0.	0.	10,863.	241,153.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) APRIL ELSTON	(i)	142,553.	0.	0.	2,079.	6,993.		0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

INC.

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

EPWORTH CHILDREN & FAMILY SERVICES,

Employer identification number 43-1069741

	INC.					43-	1069	741	
Pai	rt 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	n	(d Method of c oncash contrib	letermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	12	2,840.	COM	PARISON	TO I	MARI	KET
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (MISC. SUPPLIES)	X	149	83,454.	COM:	PARISON	TO I	MARI	KET
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organia	zation durinç	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, t	hat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used t	for				
	exempt purposes for the entire holding period	?					30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.								

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EPWORTH CHILDREN & FAMILY SERVICES,

Schedule I	M (Forr	n 990		INC							43-1069741	Page 2
Part II	Su	pple	mental	Infor	mation. F	Provide	the infor	rmation require	ed by F	Part I, lines 30b, 32b, and	33, and whether the organiza	tion
	is re	portir	ng in Part i	I, colui	mn (b), the r Il informatio	าumber	of contr	ibutions, the r	ıumber	r of items received, or a co	mbination of both. Also comp	olete
	11110	part			a innomination							
SCHEDI	JLE	Μ.	PART	I.	COLUM	N (B):					
						. , , _	, -					
THE O	RGAN	IIZZ	ATION	IS	REPOR'	TING	THE	NUMBER	OF	CONTRIBUTORS	•	

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESILIENCY, AND BUILDING COMMUNITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THEIR CURRENT SCHOOLS OR ARE ENROLLED IN THE WEBSTER GROVES SCHOOL
DISTRICT, WITH SCHOOL STAFF AND OFFICIALS PROVIDING EXTRA SUPPORT AND
GUIDANCE AS NEEDED.
REFERRALS TO EPWORTH RESIDENTIAL SERVICES COME PRIMARILY FROM THE STATE
OF MISSOURI. HOWEVER, EPWORTH RESIDENTIAL SERVICES ACCEPTS YOUTH FROM
OTHER STATE FOSTER CARE SYSTEMS AS WELL AS SELF-PAY AND PRIVATE
INSURANCE FOR AT-RISK YOUTH WHO COULD BENEFIT FROM THE WIDE RANGE OF
SERVICES PROVIDED.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND/OR NEGLECT. THE ULTIMATE GOAL OF THE PROGRAM IS TO PROVIDE FOSTER
YOUTH WITH PERMANENT HOMES, EITHER THROUGH REUNIFICATION WITH THEIR
FAMILIES, WHEN POSSIBLE AND APPROPRIATE, OR ADOPTION BY INDIVIDUALS OR
COUPLES WHO HAVE MADE THE LIFE-GIVING DECISION TO OPEN THEIR HOMES AND
HEARTS TO A FOSTER YOUTH.
EPWORTH THERAPEUTIC FOSTER CARE PROGRAM FOCUSES ON PLACING FOSTER YOUTH
AGES BIRTH THROUGH 20 WITH SPECIAL NEEDS AND COMPLEX TRAUMA INTO SAFE,
LOVING HOMES WITH SPECIALLY TRAINED FOSTER PARENTS. WITH
AROUND-THE-CLOCK SUPPORT FROM EPWORTH CASE MANAGERS AND THERAPISTS,
FOSTER PARENTS IN THERAPEUTIC FOSTER CARE ARE ABLE TO PROVIDE A LEVEL

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

Schedule O (Form 990) 2022

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

OF SERVICE AND CARE THAT EXCEEDS TRADITIONAL FOSTER HOMES AND HELP YOUTH IN THE PROGRAM BEGIN TO HEAL, GROW, AND THRIVE AT THEIR OWN PACE.

REFERRALS TO EPWORTH THERAPEUTIC FOSTER CARE PROGRAM COME PRIMARILY FROM WITHIN THE THREE AGENCIES THAT MAKE UP THE CHILDREN'S PERMANENCY PARTNERSHIP. THE PROGRAM IS OPEN TO FAMILIES OF ALL SIZES AND YOUTH OF ALL AGES. BOTH FOSTER YOUTH AND PARENTS RECEIVE EXTENSIVE SUPPORT AS EPWORTH CASE MANAGERS VISIT THERAPEUTIC FOSTER HOMES ON A WEEKLY BASIS AND REMAIN AVAILABLE 24/7.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: YOUNG ADULTS WHO ARE OTHERWISE UNABLE TO FIND AN APPROPRIATE FAMILY OR COMMUNITY PLACEMENT ARE ELIGIBLE FOR THE PROGRAM. YOUTH MUST EXHIBIT THE ABILITY TO MAKE RESPONSIBLE PERSONAL DECISIONS WITH LIMITED ADULT SUPERVISION AND BE WILLING TO MAINTAIN EMPLOYMENT AND/OR PURSUE VOCATIONAL TRAINING OR EDUCATIONAL ADVANCEMENT THROUGHOUT THE DURATION THEY RECEIVE ASSISTANCE THROUGH THE PROGRAM.

REFERRALS TO EPWORTH TRANSITIONAL LIVING PROGRAM - INDEPENDENT ARE WELCOME AND ENCOURAGED FOR YOUNG ADULTS WHO MEET THE CRITERIA ABOVE. THE PROGRAM CAN ACCOMODATE UP TO 70 CLIENTS WITH APARTMENTS LEASED IN EPWORTH'S NAME THROUGHOUT ST. LOUIS CITY AND COUNTY.

EPWORTH TRANSITIONAL LIVING PROGRAM - SUPERVISED PROVIDES STRUCTURED HOUSING TO TEENAGERS AND YOUNG ADULTS AGES 17 THROUGH 19 WHO MAY OTHERWISE REMAIN IN SITUATIONS OF ABUSE, NEGLECT, OR HOMELESSNESS, WITH HIGHLY TRAINED PROFESSIONALS ON SITE 24/7 AND CASE MANAGEMENT, YOUTH ADMITTED INTO THE PROGRAM ARE GIVEN VITAL LIFE SKILLS EDUCATION,

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

PARENTING AND FAMILY SKILLS EDUCATION, AND PRACTICAL EXPERIENCE WHILE

LIVING IN SAFE, STABLE HOUSING IN WHICH THEY ARE EMPOWERED TO INCREASE

PERSONAL RESPONSIBILITY AND BUILD COMMUNITY.

TEENAGERS AND YOUNG ADULTS WHO ARE OTHERWISE UNABLE TO FIND AN

APPROPRIATE FAMILY OR COMMUNITY PLACEMENT ARE ELIGIBLE FOR THE PROGRAM.

YOUTH MUST EXHIBIT THE ABILITY TO MAKE RESPONSIBLE PERSONAL DECISIONS,

INTERACT WELL WITH OTHERS, INTERACT CONSISTENTLY WITH THEIR CASE

MANAGER, AND BE WILLING TO MAINTAIN EMPLOYMENT AND/OR PURSUE VOCATIONAL

TRAINING OR EDUCATIONAL ADVANCEMENT THROUGHOUT THE DURATION THEY

RECEIVE ASSISTANCE THROUGH THE PROGRAM.

REFERRALS TO EPWORTH TRANSITIONAL LIVING PROGRAM - SUPERVISED ARE

WELCOME AND ENCOURAGED FOR TEENAGERS AND YOUNG ADULTS WHO MEET THE

CRITERIA ABOVE. THE PROGRAM CAN ACCOMMODATE UP TO 11 CLIENTS.

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

EPWORTH CHAFEE SUCCESSFUL TRANSITIONS TO ADULTHOOD

EPWORTH CHAFEE PROGRAM WORKS WITH FORMER AND CURRENT FOSTER YOUTH AGES

14 THROUGH 22 WHO RESIDE IN ST. LOUIS CITY OR COUNTY. AS YOUTH PREPARE

FOR INDEPENDENCE AND ADULTHOOD, SERVICE COORDINATORS PROVIDE THE

SUPPORT, MOTIVATION, AND KNOWLEDGE YOUTH NEED TO SUCCEED FOR YEARS TO

COME. THROUGH THE EPWORTH CHAFEE PROGRAM, FOSTER YOUTH ATTEND CLASSES

RELATED TO ESSENTIAL LIFE SKILLS, RESUM BUILDING, FINANCIAL COMPETENCY,

AND RECEIVE AID IN OBTAINING DOCUMENTS SUCH AS BIRTH CERTIFICATES,

SOCIAL SECURITY CARDS, WORK PERMITS, AND STATE-ISSUED IDS TO BE FULLY

EQUIPPED FOR AN INDEPENDENT ADULT LIFE.

EPWORTH STREET OUTREACH SERVICES

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

EPWORTH STREET OUTREACH SERVICES MOBILIZES A TEAM OF TRAUMA-AWARE TEAM

MEMBERS WHO REACH OUT WITH COMPASSION TO HOMELESS YOUTH THROUGHOUT THE

ST. LOUIS COMMUNITY, ENGAGING THEM WHERE THEY ARE BOTH PHYSICALLY AND

EMOTIONALLY. A REGULAR PART OF THEIR DAILY OUTREACH, THE MOBILE TEAM

PROVIDES VALUABLE GOODS AND CRITICAL RESOURCES TO THOSE THEY ENCOUNTER,

INCLUDING, HYGIENE KITS, READY-TO-EAT FOOD ITEMS, SAFER SEX PRODUCTS,

EDUCATIONAL MATERIALS, AND INFORMATION ON SUPPORT SERVICES THROUGHOUT

THE COMMUNITY. WITH AN UNDERSTANDING THAT NOT ALL YOUTH WILL HAVE THE

MEANS OR FEEL ENTIRELY COMFORTABLE VISITING THE EPWORTH DROP-IN CENTER,

THE TEAM BRINGS THOSE SERVICES TO THE YOUTH.

EPWORTH YOUTH EMERGENCY SHELTER

EPWORTH YOUTH EMERGENCY SHELTER PROVIDES A DEDICATED 24-HOUR TEAM OF
YOUTH ADVISORS AND MASTER-LEVEL THERAPISTS OFFERING SECURE, TEMPORARY
HOUSING TO HOMELESS AND AT-RISK YOUTH AGES 11 THROUGH 20, INCLUDING
PREGNANT YOUTH UP TO 26 WEEKS INTO THEIR PREGNANCY. SITUATED ON A
BEAUTIFUL 7-ACRE CAMPUS IN WEBSTER GROVES, MO, YOUTH RESIDING IN THE
SHELTER CAN TAKE PART IN WEEKLY INDIVIDUAL, GROUP, AND FAMILY THERAPY
TO ADDRESS THE ROOT CAUSES OF HOUSING INSTABILITY; RECEIVE CASE
MANAGEMENT SERVICES AND VITAL LIFE SKILLS EDUCATION AS WELL AS
ASSISTANCE WITH EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES; AND
PARTICIPATE IN BOTH THERAPEUTIC RECREATIONAL AND TEAM-BUILDING
ACTIVITIES. ALL THIS IS PROVIDED AT NO COST TO THE YOUTH OR THEIR
FAMILIES.

EPWORTH FAMILY SUPPORT NETWORK

EPWORTH FAMILY SUPPORT NETWORK PROVIDES COUNSELING SERVICES TO FAMILIES
WHO LIVE IN ST. LOUIS CITY, ST. LOUIS COUNTY, OR ST. CHARLES COUNTY

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES,

Employer identification number 43-1069741

WITH A CHILD UP TO THE AGE OF 13 AND NO OPEN ORSUBSTANTIATED CASES OF
CHILD ABUSE AND/OR NEGLECT. ADDITIONALLY, ST. LOUIS FAMILIES WITH A
CHILD UP TO 18 YEARS OF AGE MAY BE ELIGIBLE FOR SERVICES IF THE CHILD
OR PARENT HAVE A QUALIFYING INTELLECTUAL OR DEVELOPMENTAL DISABILITY.
THE GOAL OF EPWORTH FAMILY SUPPORT NETWORK IS
TO PROVIDE SUPPORT TO FAMILIES BEFORE SERIOUS ISSUES ARISE WITHIN THE
FAMILY UNIT. THROUGH INDIVIDUALIZED FAMILY THERAPY AND PROFESSIONAL
PARENTING EDUCATION, FAMILIES EXPERIENCING CHALLENGES CAN FIND SUPPORT
AND LEARN EFFECTIVE TECHNIQUES FOR ONGOING FAMILY LIFE. FAMILY THERAPY
SESSIONS ARE HELD ONCE A WEEK FOR ONE HOUR EITHER WITHIN THE FAMILY'S
HOME, COMMUNITY SETTING, OR VIRTUALLY, WITH TOTAL SERVICES LASTING AN

AVERAGE OF NINE MONTHS, DEPENDING ON THE NEEDS OF THE FAMILY.

EPWORTH PSYCHOLOGICAL SERVICES

EPWORTH PSYCHOLOGICAL SERVICES IS DEDICATED TO OFFERING COMPREHENSIVE

TESTING AND EVALUATIONS BY TRAINED PSYCHOLOGISTS IN A COMMUNITY SETTING

FOR CHILDREN, ADOLESCENTS, AND ADULTS AGES 3 AND ABOVE. SERVICES

PROVIDED INCLUDE TESTING FOR LEARNING DISABILITIES AND ADHD,

PERSONALITY ASSESSMENTS, TESTING FOR PSYCHO-SEXUAL CONCERNS AS WELL AS

RISK AND TRAUMA ASSESSMENTS. CASE MANAGEMENT SUPPORT IS AVAILABLE TO

ASSIST CLIENTS AND THEIR FAMILIES IN ACCESSING SERVICES AND OTHER

HEALTH PROFESSIONALS RECOMMENDED AS PART OF THE ONGOING TREATMENT PLAN.

THERAPY MAY ALSO BE PROVIDED THROUGH EPWORTH FAMILY SUPPORT NETWORK

BASED UPON THERAPIST AVAILABILITY AND FUNDING SOURCES.

EXPENSES \$ 3,166,456. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,435,812.

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

FORM 990 IS REVIEWED BY SENIOR MANAGEMENT AND THE FINANCE COMMITTEE

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number 43-1069741

MEMBERS. A COPY OF THE FORM 990 IS THEN EMAILED TO THE MEMBERS OF THE BOARD PRIOR TO FILING.

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

BOARD MEMBERS AND KEY EMPLOYEES MUST COMPLETE A RELATIONSHIP/INDEPENDENCE

QUESTIONNAIRE ANNUALLY TO IDENTIFY ANY CONFLICTS OF INTEREST. IN THE EVENT

THAT THE ORGANIZATION CONDUCTS OR IS ABOUT TO CONDUCT BUSINESS WITH ANY

ENTITY IN WHICH A DIRECTOR HAS A MATERIAL (FINANCIAL OR PERSONAL) INTEREST

OR A BUSINESS RELATIONSHIP FROM WHICH THE DIRECTOR SHALL GAIN A MATERIAL

(FINANCIAL OR PERSONAL) BENEFIT, THE DIRECTOR MUST REVEAL TO THE BOARD OF

DIRECTORS HIS OR HER RELATIONSHIP TO THAT ENTITY SO THAT THE BOARD MAY TAKE

IT INTO CONSIDERATION IN DETERMINING WHETHER OR NOT THE ORGANIZATION SHALL

DO BUSINESS WITH THE ENTITY.

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

THE GOVERNANCE BOARD SHALL CAUSE THE CORPORATION TO EMPLOY A CHIEF

EXECUTIVE OFFICER AND PRESIDENT OF THE CORPORATION. THE GOVERNANCE BOARD

SHALL MAINTAIN AN EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF THE PAST

CHAIRPERSON, CURRENT CHAIRPERSON, CHAIRPERSON-ELECT, EMPLOYEE ENGAGEMENT

COMMITTEE CHAIRPERSON AND UP TO THREE ADDITIONAL DIRECTORS. THE EXECUTIVE

COMPENSATION COMMITTEE WILL EVALUATE THE PERFORMANCE OF THE CHIEF EXECUTIVE

OFFICER AND PRESIDENT AND SET FORTH A COMPENSATION PACKAGE PER THE POLICIES

AND PROCEDURES OF THE CORPORATION, AS ADOPTED OR AMENDED FROM TIME TO TIME.

THE EXECUTIVE COMPENSATION COMMITTEE WILL REVIEW THE PERFORMANCE OF THE

CHIEF EXECUTIVE OFFICER BASED ON ACHIEVEMENTS AGAINST THE SCORECARD,

ASSIGNED GOALS, AND ESTABLISHED COMPETENCIES. THEY WILL ALSO REVIEW

APPROPRIATE MARKET DATA ON COMPENSATION FOR CHIEF EXECUTIVE OFFICERS AT

SIMILAR NOT-FOR-PROFIT ORGANIZATIONS. THE DETERMINATION OF ANY CHANGE IN

Schedule O (Form 990) 2022

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, **Employer identification number** INC. 43-1069741 COMPENSATION FOR SENIOR MANAGEMENT STAFF WILL BE BASED ON THIS MARKET DATA, INTERNAL EQUITY, AFFORDABILITY AND JOB PERFORMACE. THE EXECUTIVE COMPENSATION COMMITTEE SHALL COMPLETE A WRITTEN PERFORMANCE APPRAISAL AND COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE OFFICER EFFECTIVE APRIL 1 OF EACH YEAR. THE GOVERNANCE BOARD SHALL APPROVE THE EXECUTIVE ANNUAL COMPENSATION PACKAGE BY SIMPLE MAJORITY PRIOR TO IMPLEMENTATION OF THE ANNUAL COMPENSATION PACKAGE. IN ADDITION, THE GOVERNANCE BOARD APPROVES THE BUDGET FOR EACH FISCAL YEAR, WHICH INCLUDES THE OVERALL BUDGET FOR INCREASES FOR ALL KEY EMPLOYEES AS WELL AS OTHER EMPLOYEES. FORM 990, PART VI, SECTION C, LINE 19: EPWORTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE WRITTEN REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 813,984. MANAGEMENT AND GENERAL EXPENSES 887,479. FUNDRAISING EXPENSES 25,034. TOTAL EXPENSES 1,726,497. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,726,497. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST IN TRUSTS AND PARTNERSHIPS -285,367.CHANGE IN ANNUITIES TOTAL TO FORM 990, PART XI, LINE 9 -285,367.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number 43-1069741
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONISE	BILITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT	ACCOUNTANT.
THERE HAS BEEN NO CHANGE IN THE PROCESS DURING THE CUR	RENT YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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

EPWORTH CHILDREN & FAMILY SERVICES,

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) FSN HOLDING, LLC - 61-1577039 110 NORTH ELM STREET SAINT LOUIS, MO 63119 HOLDING COMPANY MISSOURI N/A Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

Inspection

Employer identification number

43-1069741

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	, ,	,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			. 1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
С	Gift, grant, or capital contribution from related organization(s)					
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>	
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	
ı	Performance of services or membership or fundraising solicitations for related organ					
	Performance of services or membership or fundraising solicitations by related organ					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					
0	Sharing of paid employees with related organization(s)				10	
	B				4	
р	Reimbursement paid to related organization(s) for expenses				. 1p	_
q	Reimbursement paid by related organization(s) for expenses				. 1q	
_	Other transfer of each or preparty to related exceptation(a)				4	
r	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1r 1s	_
	If the answer to any of the above is "Yes," see the instructions for information on w				. 15	
	·	1				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved	
	•	type (a-s)		Ğ		
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2)						
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6)				<u> </u>	L. D./F	2001 2000
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43-1069741

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

triat was not a related organization. See if	1			Ι.,	1 40		Ι.			Τ.	. 1	
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)		h)	(i)	(j	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners s 501(c)(3 orgs.?	ec. Share of	Share of	Dispr	ropor- nate	Code V-UBI	Gene	ral or	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?	total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownership
		country)	sections 512-514)	Yes N	o income	assets	Yes	No	(Form 1065)	Yes	No	
CHILDREN'S PERMANENCY	CASE MGMT &											
PARTNERSHIP, LLC - 20-2719293,	SUPPORT SVCS TO											
3309 S. KINGSHIGHWAY BLVD, ST.	CHILDREN IN											
LOUIS, MO 63139	FOSTER CARE	MISSOURI	RELATED	X	314,373.	260,707.		X	N/A		X	34.12%
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EPWORTH CHILDREN & FAMILY SERVICES,

Schedule R	(Form 990) 2022 INC.	43-1069741	Page 5
Part VII	(Form 990) 2022 INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trovide additional information for responded to questione on consequent. Coefficients.		

232165 09-14-22 Schedule R (Form 990) 2022

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) EPWORTH CHILDREN & FAMILY SERVICES, print 43-1069741 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 110 NORTH ELM AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 63119 ST. LOUIS, MO Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 110 NORTH ELM AVENUE - SAINT LOUIS, MO 63119 Telephone No. ▶ <u>314.</u>961.5718 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)