

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN. Address: 225 South 3rd Street, Philadelphia, PA 191063910

D Employer identification number: 23-1352290. E Telephone number: (215) 351-1400. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.ecs1870.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 8,850,174

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B


Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a 103,978	0	103,978	0
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b 0	0	0	0
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	26 4,946,721	4,283,807	480,996	181,918
27 Pension plan contributions not included on lines 25a, b and c	27 168,291	142,738	19,491	6,062
28 Employee benefits not included on lines 25a - 27	28 1,024,994	859,475	126,328	39,191
29 Payroll taxes	29 367,213	311,460	42,528	13,225
30 Professional fundraising fees	30 0	0	0	0
31 Accounting fees	31 63,219	40,420	22,369	430
32 Legal fees	32 31,586	0	31,586	0
33 Supplies	33 34,253	24,186	8,859	1,208
34 Telephone	34 203,718	175,249	25,388	3,081
35 Postage and shipping	35 90,163	67,369	20,059	2,735
36 Occupancy	36 178,908	148,521	26,740	3,647
37 Equipment rental and maintenance	37 0	0	0	0
38 Printing and publications	38 88,270	0	44,135	44,135
39 Travel	39 116,898	68,204	42,106	6,588
40 Conferences, conventions, and meetings	40 0	0	0	0
41 Interest	41 6,781	0	6,781	0
42 Depreciation, depletion, etc (attach schedule) 	42 335,460	232,306	90,775	12,379
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 9,886,704	8,094,922	1,407,366	384,416

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► <u>MULTIPURPOSE SOCIAL SERVICE AGENCY</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>8,094,922</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		259,080	45	356,465	
	46 Savings and temporary cash investments		0	46	0	
	47a Accounts receivable	47a	1,155,265			
	b Less allowance for doubtful accounts	47b	0	878,018	47c	1,155,265
	48a Pledges receivable	48a	544,900			
	b Less allowance for doubtful accounts	48b	0	319,000	48c	544,900
	49 Grants receivable		0	49	0	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	50b	0	
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use		0	52	0	
	53 Prepaid expenses and deferred charges		140,431	53	207,765	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		55,341,562	54a	48,574,513	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	0	
	55a Investments—land, buildings, and equipment basis	55a	6,426,912			
	b Less accumulated depreciation (attach schedule)	55b	3,147,611	3,316,951	55c	3,279,301
	56 Investments—other (attach schedule)		0	56	0	
	57a Land, buildings, and equipment basis	57a	0			
	b Less accumulated depreciation (attach schedule)	57b	0	0	57c	0
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		0	58	0		
59 Total assets (must equal line 74) Add lines 45 through 58		60,255,042	59	54,118,209		
Liabilities	60 Accounts payable and accrued expenses		640,451	60	945,128	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b Mortgages and other notes payable (attach schedule)		0	64b	0	
	65 Other liabilities (describe <input type="checkbox"/> _____)		0	65	0	
66 Total liabilities Add lines 60 through 65		640,451	66	945,128		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		25,617,329	67	22,980,457	
	68 Temporarily restricted		21,778,719	68	17,974,081	
	69 Permanently restricted		12,218,543	69	12,218,543	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		59,614,591	73	53,173,081	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		60,255,042	74	54,118,209	

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE
The books are in care of
Telephone no
225 SOUTH 3RD STREET
Located at PHILADELPHIA, PA ZIP + 4
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a FEES		0		0	207,126
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		0	14	1,236,628	0
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory		0	18	-5,404,980	0
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a TRUSTS		0		0	93,400
b OTHER		0		0	76,695
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		-4,168,352	377,221
105 Total (add line 104, columns (B), (D), and (E))					-3,791,131

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103 a	Designated for ECS programs related to its mission to help the poor
103 b	Emergency needs funds to help clients and general miscellaneous income
93 a	Reimbursement for Homecare programs for elderly and shut-ins

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer _____ Arthur Eyre Director of Financial Administratio Type or print name and title	Date _____ 2008-11-25

Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____			EIN _____
				Phone no _____

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the
Treasury
Internal Revenue
Service

Name of the organization
EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

Employer identification number

23-1352290

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Mark Davis 225 South 3rd Street Philadelphia, PA 191063910	Staff 40	77,149	23,836	0
James Anderson 225 South 3rd Street Philadelphia, PA 191063910	Staff 40	103,524	31,985	0
Arthur Eyre 225 South 3rd Street Philadelphia, PA 191063910	Staff 40	98,522	30,440	0
Claudia Stowers 225 South 3rd Street Philadelphia, PA 191063910	Staff 40	88,648	27,389	0
Cynthia Trago 225 South 3rd Street Philadelphia, PA 191063910	Staff 40	78,954	24,394	0
Total number of other employees paid over \$50,000	12			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					<input type="checkbox"/>

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,291,924	6,218,847	5,659,145	5,574,019	23,743,935
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,152,000	941,577	886,500	743,000	3,723,077
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	7,443,924	7,160,424	6,545,645	6,317,019	27,467,012
24 Line 23 minus line 17	7,443,924	7,160,424	6,545,645	6,317,019	27,467,012
25 Enter 1% of line 23	74,439	71,604	65,456	63,170	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 549,340
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 27,467,012
d Add Amounts from column (e) for lines	18 3,723,077	19 0			
	22	26b 0			26d 3,723,077
e Public support (line 26c minus line 26d total)					26e 23,743,935
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.45 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

TY 2007 Compensation Explanation

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

EIN: 23-1352290

Software ID: 07000149

Software Version: v1.00

Person Name	Explanation
The Very Rev Ledlie Laughlin	
Clifford W Kozemchak	
Richard Schneider	
The Very Rev Hentzi Elek	
Gordon L Keen	
Rev Mary E Laney	

Person Name	Explanation
Rev Mark Preece	
Rev Timothy B Safford	
Rush B Smith	
Elizabeth Useem	
Rt Rev Charles E Bennison	
Jeanne Arnold	

Person Name	Explanation
Richard Ashley	
Patricia Boehne	
Darryl Ford	
Anna Gerrity	
The Rev Sunny Hallahan	
Nolan N Atkinson Jr	

Person Name	Explanation
Rev Sara C Batson	
Raymond Welsh	
Curtis Leonard	
Rev Nancy Webb Stroud	
James Kelch	
Miriam Kepner	

TY 2007 Depreciation and Depletion Schedule

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

EIN: 23-1352290

Software ID: 07000149

Software Version: v1.00

Asset	Amount
Buildings, Furniture & Fixtures, Automobiles	335,460

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

EIN: 23-1352290

Software ID: 07000149

Software Version: v1.00

Gross Sales Price: 0

Basis: 5,404,980

Sales Expenses: 0

Total (net): -5,404,980

TY 2007 Investments - Land Schedule

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

EIN: 23-1352290

Software ID: 07000149

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Buildings, Furniture & Fixtures, Automobiles	6,426,912	3,147,611	3,279,301

TY 2007 Other Liabilities Schedule

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

EIN: 23-1352290

Software ID: 07000149

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
LINE OF CREDIT	0	

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2007, or tax year beginning 7/1/2007, and ending 6/30/2008

2007

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PEN

23 1352290

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

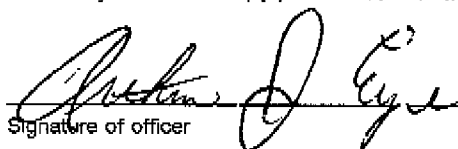
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>\$3,445,194</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶  11/20/07 ▶ Arthur Eyre, Director of Financial Admin
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)



I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4208, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no. ()








Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN Phone no. ()








Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
James Kelch  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Miriam Kepner  225 South 3rd Street Philadelphia, PA 191063910	Vice President 0	0	0	0









Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Earl M Forte III 225 South 3rd Street Philadelphia, PA 191063910	Treasurer 0	0	0	0
Anna Gerrity  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
The Rev Sunny Hallahan  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Nolan N Atkinson Jr  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Rev Sara C Batson  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Kurt W Brunner 225 South 3rd Street Philadelphia, PA 191063910	President 0	0	0	0
Raymond Welsh  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Curtis Leonard  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Rev Nancy Webb Stroud  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Gail H Trimble 225 South 3rd Street Philadelphia, PA 191063910	Secretary 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Rush B Smith  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Elizabeth Useem  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Rev John E Midwood 225 South 3rd Street Philadelphia, PA 191063910	Exec Director/CEO 40	103,978	39,491	0
Rt Rev Charles E Bennison  225 South 3rd Street Philadelphia, PA 191063910	Chairman 0	0	0	0
Jeanne Arnold  225 South 3rd Street Philadelphia, PA 191063910	Vice President 0	0	0	0
Richard Ashley  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Cordelia Frances Biddle 225 South 3rd Street Philadelphia, PA 191063910	Secretary 0	0	0	0
Patricia Boehne  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Julia DeMoss 225 South 3rd Street Philadelphia, PA 191063910	Vice President 0	0	0	0
Darryl Ford  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
The Very Rev Ledlie Laughlin  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Clifford W Kozemchak  225 South 3rd Street Philadelphia, PA 191063910	President 0	0	0	0
Richard Schneider  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
The Very Rev Hentzi Elek  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Gordon L Keen  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Rev Mary E Laney  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
Rev Mark Preece  225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0
George Reath Jr 225 South 3rd Street Philadelphia, PA 191063910	Treasurer 0	0	0	0
Rev Timothy B Safford  225 South 3rd Street Philadelphia, PA 191063910	Secretary 0	0	0	0
Rev E Clifford Cutler 225 South 3rd Street Philadelphia, PA 191063910	Board Member 0	0	0	0

Form 990, Part III - Program Service Accomplishments:

<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a Foster Care Programs ECS has more than 70 years of experience providing foster care in Philadelphia and pioneered service to foster children with special medical needs in the 1980s ECS goal is to achieve a permanent outcome for each child in foster or kinship care as quickly as possible In 2007/2008, ECS Foster/Kinship Care provided caring homes for 144 children, and the program exceeded its contracted goal of 27 permanent outcomes by 25% (144 Children served)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,057,514</p>
<p>b Educational Programs The ECS Parenting Education program provided 107 parents in 2007/2008 with six weeks of training in an evidence-based parenting curriculum Fifty young people participated in ECS Teen Workshops, receiving vocational preparation and life skills training (157 Parents and teens)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>166,675</p>
<p>c Adult Education Programs ECS Urban Bridges provides adult education courses in the diverse Olney/Feltonville neighborhood of Philadelphia In 2007/2008 100 individuals regularly attended ESL, Adult Basic Education and/or GED Preparation classes In addition, ECS offered the innovative Adult Diploma Program, which allows participants to earn a diploma instead of a GED Urban Bridges surpassed all of its goals for the year, with 90% of ABE and GED learners advancing at least one grade level in one subject (100 Adults)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>311,759</p>
<p>d Family Preservation/Reunification Programs ECS SCOH is a family preservation program for parents at high risk of child abuse or neglect In 2007/2008 ECS stabilized 65 of the 135 families served, preventing out-of-home placements at a rate 23% higher than the previous year (135 Families)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>481,428</p>
<p>e Early Childhood Education, General/Other The Butterfly Preschool at ECS St Barnabas provided 60 homeless toddlers with a high quality early education experience in 2007/2008 The After-School program at St Barnabas served 29 children living at the shelter, with tutoring, field trips and healthy recreational activities (89 Toddlers and children)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>389,721</p>
<p>f Housing Programs, General/Other FAST Housing provides chronically homeless families with a permanent home and intensive case management In 2007/2008 FAST served 42 families, each facing a history of homelessness and behavioral health issues Despite these challenges, the program helped 93% of families maintain their housing throughout the year (42 Families)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>790,968</p>
<p>g Voluntarism Promotion Programs Volunteers and gifts-in-kind are critical to the success of many ECS programs in 2007/2008 the volunteer services program coordinated the efforts of 435 individuals who provided nearly 4,500 hours of services valued at \$87,000 and secured donated items for clients valued at over \$240,000 (435 Individuals/4,500 service hours)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>106,688</p>
<p>h Preventive Health Services ECS Health Services promotes and protects the health and safety of ECS program participants and employees In 2007/2008 the program certified 100% of direct service employees in CPR and conducted medical evaluations of 90% of St Barnabas resident families (184 Families and employees)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>121,474</p>
<p>i Youth Development Programs, General/Other The ECS Beacon Center provides after school, summer and youth development programs in the diverse Feltonville section of Philadelphia One of Philadelphia's original school-based Beacon Centers, the ECS Beacon served more than 500 children and youth in 2007/2008 Over 90% of program participants called the program a safe haven from the streets (500 children and youth)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>603,579</p>
<p>j Home Health Care For more than 20 years ECS Home Care has provided compassionate in-home services to low-income, frail elderly persons In 2007/2008 ECS provided more than 46,000 hours of homemaker services to 157 seniors, enabling these individuals to continue living independently More than 75% of all clients remained in their homes for at least a year, and 90% of clients reported satisfaction with the services they received (157 seniors/46,000 service hours)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,538,367</p>
<p>k Homeless Shelter Programs ECS St Barnabas Mission provided emergency shelter, nutritious meals and social and educational services for 138 homeless families in 2007/2008 More than just an overnight stay, St Barnabas worked with families to stabilize them and prepare them to move on to work, school, and independent living Last year 42% of families at St Barnabas entered permanent or transitional housing, four times the citywide average for emergency shelter residents (138 Families)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,382,656</p>
<p>l Religious Programs, General/Other ECS Chaplaincy provides pastoral care training to lay and clergy persons and provides chaplaincy services at Philadelphia's juvenile detention center In 2007/2008 ECS offered four chaplaincy training series, and 28 graduates completed the program (28 Chaplaincy trainings/graduates)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>144,093</p>

Additional Data

Software ID: 07000149

Software Version: v1.00

EIN: 23-1352290

Name: EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE
OF PEN

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Specific Assistance	43a	1,260,012	1,246,083	13,929	0
b Consultants	43b	205,460	122,794	67,318	15,348
c Life Care Contracts	43c	30,853	0	30,853	0
d Service Contracts	43d	152,909	14,913	129,973	8,023
e Appeals	43e	40,707	0	0	40,707
f Others	43f	105,177	50,959	49,355	4,863
g Insurance	43g	109,986	85,291	23,819	876
h Program Expenses	43h	221,147	221,147	0	0