

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
 EPISCOPAL COMMUNITY SERVICES OF THE DIOCESE OF PENNSYLVANIA

Doing business as _____

Number and street (or P O box if mail is not delivered to street address) Room/suite
 225 SOUTH THIRD STREET _____

City or town, state or province, country, and ZIP or foreign postal code
 PHILADELPHIA, PA 19106

D Employer identification number
 23-1352290

E Telephone number
 (215) 351-1400

F Name and address of principal officer
 ANGELA VANDEGRIFT
 225 SOUTH THIRD STREET
 PHILADELPHIA, PA 19106

G Gross receipts \$ 19,125,007

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

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

J Website: ▶ WWW.ECSPHILLY.ORG

K Form of organization Corporation Trust Association Other ▶ _____

L Year of formation 1877 **M** State of legal domicile PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities ECS CHALLENGES AND REDUCES INTERGENERATIONAL POVERTY		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	182
6	Total number of volunteers (estimate if necessary)	6	326
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	29,933
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,152,461	8,000,643
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,111	89,845
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,944,326	3,217,825
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,634	21,764
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,179,532	11,330,077
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,727,140	6,280,724
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 755,848	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,450,864	3,270,326	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,178,004	9,551,050	
19 Revenue less expenses Subtract line 18 from line 12	1,528	1,779,027	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	70,322,441	75,715,047
	22 Net assets or fund balances Subtract line 21 from line 20	1,696,371	1,361,443

Part II Signature Block

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

Sign Here

 Signature of officer _____ Date 2019-04-29
 ANGELA VANDEGRIFT CHIEF FINANCIAL OFFICER
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name
 JENNIFER SOLOT

Preparer's signature
 JENNIFER SOLOT

Date _____

Check if self-employed PTIN P00749373

Firm's name ▶ BBD LLP Firm's EIN ▶ 23-2896692

Firm's address ▶ 1835 MARKET STREET 3RD FLOOR
 PHILADELPHIA, PA 19103 Phone no (215) 567-7770

Part 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
 EPISCOPAL COMMUNITY SERVICES CHALLENGES AND REDUCES INTERGENERATIONAL POVERTY WE INCREASE THE ABILITY OF PEOPLE TO IMPROVE THEIR LIVES AND ACHIEVE ECONOMIC INDEPENDENCE WE CALL UPON EVERY PERSON TO PARTICIPATE IN SUSTAINABLE, POSITIVE CHANGE FOR OUR COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

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

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

4a (Code) (Expenses \$ 2,116,077 including grants of \$) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 1,910,971 including grants of \$) (Revenue \$ 49,596)
 See Additional Data

4c (Code) (Expenses \$ 1,441,657 including grants of \$) (Revenue \$ 40,249)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,470,428 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 6,939,133

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ANGELA VANDEGRIFT CFO 250 SOUTH THIRD STREET PHILADELPHIA, PA 19106 (215) 351-1400

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,321,173			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,679,470			
	g Noncash contributions included in lines 1a-1f \$ _____		209,435			
	h Total. Add lines 1a-1f		8,000,643			
Program Service Revenue			Business Code			
	2a SERVICE FEES		621610	89,845	89,845	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		89,845				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,039,544		2,039,544	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	8,973,211			
		(ii) Other				
		b Less cost or other basis and sales expenses	7,794,930			
		c Gain or (loss)	1,178,281			
	d Net gain or (loss)		1,178,281		1,178,281	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a OTHER INCOME	900099	21,764		21,764		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		21,764				
12 Total revenue. See Instructions		11,330,077	89,845	0	3,239,589	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	335,078	239,278	66,485	29,315
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	4,558,185	3,268,241	893,772	396,172
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	82,223	56,785	17,865	7,573
9 Other employee benefits.	950,224	656,248	206,456	87,520
10 Payroll taxes.	355,014	245,182	77,134	32,698
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	189,218		189,218	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	309,560	143,106	93,891	72,563
12 Advertising and promotion.	148,140	120,120	19,415	8,605
13 Office expenses.	232,723	193,972	24,999	13,752
14 Information technology.	180,073	86,137	70,986	22,950
15 Royalties.				
16 Occupancy.	189,233	165,682	20,401	3,150
17 Travel.	139,378	103,263	23,167	12,948
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	37,901	18,198	19,703	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	339,949	241,196	85,555	13,198
23 Insurance.	132,706	84,175	38,829	9,702
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIFIC ASSISTANCE	706,043	706,043		
b GIFTS IN KIND	123,753	123,753		
c APPEALS	66,348	34,445	8,193	23,710
d				
e All other expenses	475,301	453,309		21,992
25 Total functional expenses. Add lines 1 through 24e.	9,551,050	6,939,133	1,856,069	755,848
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	54,142	1	52,984
	2 Savings and temporary cash investments	1,638,078	2	1,709,390
	3 Pledges and grants receivable, net	1,424,769	3	1,561,813
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	219,844	9	305,880
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,225,913		
	b Less accumulated depreciation	4,947,139		
	11 Investments—publicly traded securities	61,577,851	11	66,051,206
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,056,000	15	3,755,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,322,441	16	75,715,047	
Liabilities	17 Accounts payable and accrued expenses	1,096,371	17	1,186,443
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	600,000	24	175,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,696,371	26	1,361,443
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	27,350,335	27	30,114,176
	28 Temporarily restricted net assets	26,001,192	28	27,990,885
	29 Permanently restricted net assets	15,274,543	29	16,248,543
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	68,626,070	33	74,353,604	
34 Total liabilities and net assets/fund balances	70,322,441	34	75,715,047	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,330,077
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,551,050
3	Revenue less expenses Subtract line 2 from line 1	3	1,779,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,626,070
5	Net unrealized gains (losses) on investments	5	3,659,507
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 in Schedule O)	9	289,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,353,604

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1352290

Name: EPISCOPAL COMMUNITY SERVICES OF
THE DIOCESE OF PENNSYLVANIA

Form 990 (2017)

Form 990, Part III, Line 4a:

AN EMERGENCY SHELTER FOR WOMEN AND CHILDREN, ST BARNABAS PROVIDES STABILITY THROUGH SUPPORTIVE SERVICES IN A WELL-MAINTAINED FACILITY IN THE CARROLL PARK SECTION OF WEST PHILADELPHIA. MANY FAMILIES ENTERING OUR HOMELESS SHELTER AT ST BARNABAS MISSION HAVE ALREADY SPENT MONTHS OR YEARS SLEEPING ON COUCHES AND FLOORS OR IN DANGEROUSLY SUBSTANDARD HOUSING. OTHERS ARE FLEEING ABUSE. A SAFE SHELTER TO STAY IS THE CRITICAL FIRST STEP TO STABILITY, BUT WE DON'T STOP THERE. WE PROVIDE PHYSICAL AND MENTAL HEALTH SCREENINGS AND ASSISTANCE CONNECTING FAMILIES TO CARE. THE CHILDREN RECEIVE DEVELOPMENTAL ASSESSMENTS AND EDUCATIONAL SUPPORT. CASE MANAGERS WORK WITH EACH MOM, NOT ONLY TO HELP HER SECURE LONGER-TERM OR PERMANENT HOUSING, BUT ALSO TO SET AND ATTAIN LIFE GOALS LIKE COLLEGE OR VOCATIONAL TRAINING. [CONT. ON SCH O.] FOR THE 135 FAMILIES WHO ENTER OUR SHELTER EACH YEAR, ST BARNABAS MISSION OFFERS THE POSSIBILITY OF TRANSFORMATION.

Form 990, Part III, Line 4b:

THIS AFTERSCHOOL ENRICHMENT PROGRAM OFFERS PROJECT-BASED LEARNING AND 21ST CENTURY SKILLS FOR KIDS IN ELEMENTARY AND MIDDLE GRADES. THE PROGRAMS OPERATE DURING THE SCHOOL YEAR AND OVER SUMMER BREAK IN THE PHILADELPHIA NEIGHBORHOODS OF FELTONVILLE AND CARROLL PARK, AND IN DARBY, PA. AT THE OUT OF SCHOOL TIME (OST) PROGRAM, EDUCATIONAL ENRICHMENT IS A MAJOR PRIORITY, AS IS PROVIDING A SAFE, CONSTRUCTIVE ENVIRONMENT IN TIMES WHEN SCHOOL IS OUT AND PARENTS ARE STILL AT WORK. AFTER-SCHOOL AND SUMMER CAMP ACTIVITIES INCLUDE ACADEMIC SUPPORT, CULTURAL ENRICHMENT, AND HEALTHY RECREATION TO HELP KIDS THRIVE. OST'S DAILY ACTIVITIES BENEFIT YOUTH, BUT AT ITS CORE, OST BRINGS FAMILIES TOGETHER AND SERVES AS A RESOURCE FOR THE NEIGHBORHOOD. A TYPICAL AFTERNOON OR SUMMER DAY IS JAM-PACKED [CONT. ON SCHED. O] WITH EDUCATIONAL CLUBS, HOMEWORK HELP, AND NUTRITIOUS SNACKS. MONTHLY FAMILY NIGHT BRINGS TOGETHER GENERATIONS OVER MEALS AND CELEBRATIONS. WE USE STEAM-BASED CURRICULUM, WHICH MEANS THAT PROJECTS ARE CREATED TO EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATHEMATICS. ECS IS RECOGNIZED AS A TOP PROVIDER IN PHILADELPHIA, OFFERING A SAFE AND NURTURING ENVIRONMENT WHERE EACH CHILD IS EMPOWERED TO BE THEIR BEST.

Form 990, Part III, Line 4c:

FOR INDIVIDUALS AND FAMILIES WHO HAVE STRUGGLED WITH HOMELESSNESS, AFFORDABLE HOUSING, SOMETIMES COUPLED WITH SUPPORTIVE SERVICES, HELP PEOPLE LIVE MORE STABLE, PRODUCTIVE LIVES OUR HOUSING PROGRAMS COMBINE QUALITY HOUSING WITH COMPREHENSIVE SERVICES FOR FAMILIES WHO HAVE EXPERIENCED HOMELESSNESS WE USE THE NATIONALLY-RECOGNIZED HOUSING FIRST APPROACH, WHICH MEANS FAMILIES ARE HOUSED AS QUICKLY AS POSSIBLE EACH FAMILY HAS ACCESS TO CASE MANAGER AND IS OFFERED LIFE SKILLS WORKSHOPS, HEALTH ASSESSMENTS, AND EMPLOYMENT SUPPORT HOMES ARE LOCATED IN NEIGHBORHOODS THROUGHOUT PHILADELPHIA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 555,754 including grants of \$) (Revenue \$)

THE R I S E (RESOURCES INDEPENDENCE SUCCESS EMPLOYMENT) INITIATIVE OFFERS INDIVIDUALIZED SUPPORT FOR ADULTS WHILE THEY WORK ON THE BASICS OF GETTING A JOB, SUCH AS RESUME BUILDING, JOB APPLICATION SUBMISSION, INTERVIEWING, AND NETWORKING FROM THE MOMENT THEY WALK THROUGH THE DOOR, PARTICIPANTS ARE PAIRED WITH A CAREER COACH FOR AN EMPLOYMENT ASSESSMENT, WORK-READINESS EVALUATIONS, AND SHORT AND LONG TERM CAREER PLANNING THAT IS BASED ON THEIR SKILLS AND EXPERIENCES ALUMNI RECEIVE A TRANSPORTATION PASS FOR UP TO SIX MONTHS TO ENSURE THEY CAN GET TO WORK AND CONTINUE TO RECEIVE CASE MANAGEMENT SUPPORT MONTHLY WORKSHOPS ARE OFFERED ON LIFE SKILLS BASICS OBTAINING INSURANCE AND COMPLETING A TAX RETURN R I S E WORKS IN CLOSE PARTNERSHIP WITH THE EMPLOYMENT CENTER AT ECS WITH EDUCATIONAL AND MENTORING SUPPORT PROVIDED BY ECS, THESE MOTIVATED YOUNG PEOPLE LEAVE OUR PROGRAM WITH A COMMITMENT TO BOTH PROFESSIONAL AND PERSONAL GROWTH

(Code) (Expenses \$ 172,049 including grants of \$) (Revenue \$)

COMPASSIONATE VOLUNTEERING IS A PART OF OUR LEGACY THROUGH THE EFFORTS OF OUR VOLUNTEERS, THE LIVES OF THOSE WE SERVE ARE ENRICHED VOLUNTEER ACTIVITIES INCLUDE COMMUNITY MEAL PREPARATION AND SERVICES, COMPANIONSHIP FOR THE ELDERLY, AFTERSCHOOL TUTOR, ACTIVITY HOST, AND CAREER MENTOR VOLUNTEER SERVICES ENSURE THAT ALL VOLUNTEERING IS MANAGED WITH RESPECT TO THE NEEDS OF PARTICIPANTS AND VOLUNTEERS ALIKE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 227,551 including grants of \$) (Revenue \$)

OUR COMMITMENT TO HEALTH AND WELLNESS REACHES INTO EVERY PROGRAM AREA AT ECS BECAUSE HEALTH IS A CORE COMPONENT OF STABILITY ECS USES HEALTH SCREENINGS AND WELLNESS EDUCATION TO HELP PEOPLE IDENTIFY THEIR HEALTH NEEDS THESE SERVICES ARE INTEGRATED INTO EVERY PROGRAM AND ACTIVITY FAMILIES IN OUR HOUSING PROGRAMS RECEIVE REGULAR HEALTH SCREENINGS THANKS TO A PARTNERSHIP WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND THE PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE PARENTS ARE ALSO ENCOURAGED TO ATTEND OUR PARENTING CLASSES, OFFERED IN CONJUNCTION WITH THE PARENTING COLLABORATIVE, LEVERAGING THE THERAPEUTIC USE OF PARENT GROUPS TO SUPPORT BOTH SINGLE AND DUAL PARENT HOUSEHOLDS

(Code) (Expenses \$ 105,641 including grants of \$) (Revenue \$)

SEEING YOUTH SUCCEED (SYS) WORKS WITH YOUTH AGED 14 THROUGH 18 THE PRIMARY FOCUS IS ON THE SOFT PROFESSIONAL SKILLS GAINED THROUGH PROJECT-BASED LEARNING ACTIVITIES - PROMOTING CRITICAL THINKING, ACCOUNTABILITY, AND ULTIMATELY PREPARING EACH TEEN FOR ADULTHOOD SYS WORKS CLOSELY WITH OUR WORKFORCE DEVELOPMENT PROGRAMS YOUNG PEOPLE IN THE PROGRAM PARTICIPATE IN THREE PROJECTS OVER THE ACADEMIC PROGRAM YEAR IN THE AREAS OF ENTREPRENEURSHIP, MEDIA AND TECHNOLOGY, AND SERVICE LEARNING THEY COMPLETE CAREER ASSESSMENTS, AND WITH A MENTOR, REVIEW THE RESULTS AGAINST CAREER RESEARCH, HIRING TRENDS, AND EDUCATION REQUIREMENTS THE OBJECTIVE TO MATCH EACH TEEN'S APTITUDES AND INTERESTS WITH A CAREER GOAL AND TO DEVELOP AN EDUCATION AND CAREER PLAN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 218,934 including grants of \$) (Revenue \$)

THE ECS CENTER FOR IMPACT AND INNOVATION, KNOWN AS THE LEARNING & EVALUATION, IS THE PERFORMANCE MANAGEMENT CORE OF ECS TASKED WITH IMPROVING SERVICES AND MEASURING PROGRAM OUTCOMES, LEARNING AND EVALUATION DRAWS UPON THE EXTENSIVE KNOWLEDGE, SKILLS AND EXPERIENCE OF ECS STAFF, AND USES LOGIC MODELS AND DASHBOARDS TO MEASURE IMPACT AGENCY-WIDE ALL DEPARTMENTS PLAY A ROLE IN TESTING AND IMPLEMENTING NEW SOLUTIONS, WHILE THE NEEDS OF ECS CLIENTS REMAIN CENTER OF MIND PROJECTS ARE PROPOSED THAT WOULD IMPROVE SERVICE DELIVERY AGENCY-WIDE, AND THEN A TEAM COMPRISED OF STAFF AT ALL LEVELS GUIDE THE PROJECT THROUGH THE DATA-DRIVEN SIX-SIGMA-BASED IMPROVEMENT CYCLE DMAIC DEFINE, MEASURE, ANALYZE, IMPROVE AND CONTROL LEARNING & EVALUATION PROJECTS HAVE BUILT AGENCY CAPACITY TO BETTER SERVE CLIENTS WITH MENTAL HEALTH NEEDS, AND STANDARDIZED A PROCESS FOR COLLECTING CLIENT FEEDBACK ACROSS ALL PROGRAMS IN THE LAST YEAR, THE LEARNING & EVALUATION HAS INITIATED THE DEVELOPMENT OF A UNIVERSAL INTAKE PROCESS

(Code) (Expenses \$ 124,125 including grants of \$) (Revenue \$)

COMMUNITY OUTREACH PARTNERSHIP COORDINATES THE WORK OF DEDICATED VOLUNTEERS TO PROVIDE COMPANIONSHIP AND MEALS TO THE ELDERLY OUR WORK IN THESE AREAS IS MEANT TO CALL ATTENTION TO THE COMMON HUMANITY SHARED BY HELPERS AND THOSE WHO NEED HELP ACTIVITIES INCLUDE COOK-OFF NUTRITIOUS MEALS DISTRIBUTED TO FRAIL OR LONELY ELDERS IN PHILADELPHIA COMMUNICARE PROVIDING COMPANIONSHIP TO MEN AND WOMEN WHO ARE AGING IN PLACE AND LIVING ALONE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 66,374 including grants of \$) (Revenue \$)

THE GOAL OF ECS' PARENTING EDUCATION PROGRAM IS TO PROMOTE PARENTAL COMPETENCE AND IMPROVE PARENT-CHILD RELATIONSHIPS, AVERTING THE NEED FOR MORE INTENSIVE SERVICES ECS' WORKSHOPS ARE INTERACTIVE AND EXPERIENTIAL, INVOLVING PARENTS IN DISCUSSION AND ROLE PLAY, AND EACH WEEKLY SESSION WILL INCLUDE PARENT-CHILD INTERACTION AND OBSERVATION BY STAFF AN EXPERIENCED FACILITATOR WILL LEAD EACH WEEKLY SESSION, AND OTHER STAFF MEMBERS AND MSW STUDENT INTERNS WILL PROVIDE ASSISTANCE WITH INTAKE, DATA ENTRY, AND EVALUATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THE RT REV DANIEL GP GUTIERREZ CHAIRMAN	1 00	X		X				0	0	0
L FREDERICK SUTHERLAND PRESIDENT	1 00	X		X				0	0	0
JULIA B DEMOSS VICE PRESIDENT/ASST SECRETARY	1 00	X		X				0	0	0
THE REV PETER T VANDERVEEN VICE PRESIDENT	1 00	X		X				0	0	0
JOHN PICKERING II TREASURER	1 00	X		X				0	0	0
STEVE LYONS CFA ASSISTANT TREASURER	1 00	X		X				0	0	0
STACEY M DUKE-MIDDLETON SECRETARY	1 00	X		X				0	0	0
CORDELIA F BIDDLE BOARD MEMBER	1 00	X						0	0	0
KURT W BRUNNER BOARD MEMBER	1 00	X						0	0	0
THE REV MARICLAIR PARTEE CARLSEN BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN G CHOU ESQ BOARD MEMBER	1 00	X						0	0	0
THE REV JOHN D DANIELS BOARD MEMBER	1 00	X						0	0	0
MIMI DRAKE BOARD MEMBER	1 00	X						0	0	0
THE REV AMANDA B EIMAN BOARD MEMBER	1 00	X						0	0	0
MATTHEW J ESPE BOARD MEMBER	1 00	X						0	0	0
EARL M FORTE III ESQ BOARD MEMBER	1 00	X						0	0	0
MARY B GEISZ PHD BOARD MEMBER	1 00	X						0	0	0
THE REV PHILIP GELIEBTER BOARD MEMBER	1 00	X						0	0	0
RICHARD HENRIQUES BOARD MEMBER	1 00	X						0	0	0
CATHERINE R HIGGINS BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA C KOZEMCHAK BOARD MEMBER	1 00	X						0	0	0
THE REV JOHN E MIDWOOD BOARD MEMBER	1 00	X						0	0	0
CYNTHIA R MUSE BOARD MEMBER	1 00	X						0	0	0
JOHN RANDOLPH BOARD MEMBER	1 00	X						0	0	0
HOLLY K SROGOTA ESQ BOARD MEMBER	1 00	X						0	0	0
THE VERY REV JUDITH A SULLIVAN BOARD MEMBER	1 00	X						0	0	0
THE REV RICHARD L VINSON BOARD MEMBER	1 00	X						0	0	0
KEVA WHITE BOARD MEMBER	1 00	X						0	0	0
DAVID E GRIFFITH EXECUTIVE DIRECTOR	50 00			X				191,214	0	18,620
ANGELA VANDEGRIFT CHIEF FINANCIAL OFFICER	50 00			X				97,791	0	10,134

SCHEDULE A
(Form 990 or
990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

23-1352290

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,286,091	6,011,051	5,292,376	6,152,461	8,000,643	31,742,622
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,286,091	6,011,051	5,292,376	6,152,461	8,000,643	31,742,622
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,010,697
6	Public support. Subtract line 5 from line 4						30,731,925

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	6,286,091	6,011,051	5,292,376	6,152,461	8,000,643	31,742,622
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,166,473	1,203,962	1,432,121	1,560,844	2,039,544	7,402,944
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	149,767	170,281	68,958	3,634	21,764	414,404
11	Total support. Add lines 7 through 10						39,559,970
12	Gross receipts from related activities, etc (see instructions)					12	784,803

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	77.680 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	78.650 %

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT \$ 149,767 2014 AMOUNT \$ 170,281 2015 AMOUNT \$ 68,958 2016 AMOUNT \$ 3,634 2017 AMOUNT \$ 21,764

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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

Employer identification number
23-1352290

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	61,217,061	56,842,845	60,472,280	59,413,310	51,925,113
b Contributions	1,659,851	38,285	63,421	1,242,078	306,656
c Net investment earnings, gains, and losses	6,401,494	7,380,931	106,344	2,369,892	9,685,541
d Grants or scholarships					
e Other expenditures for facilities and programs	2,958,636	3,045,000	3,799,200	2,553,000	2,504,000
f Administrative expenses					
g End of year balance	66,319,770	61,217,061	56,842,845	60,472,280	59,413,310

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 41 030 %
 - b** Permanent endowment ▶ 19 130 %
 - c** Temporarily restricted endowment ▶ 39 840 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,000		40,000
b Buildings		4,778,843	2,862,715	1,916,128
c Leasehold improvements				
d Equipment		2,407,070	2,084,424	322,646
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,278,774

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,089,366
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,659,507
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	99,782
e	Add lines 2a through 2d	2e	3,759,289
3	Subtract line 2e from line 1	3	11,330,077
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,330,077

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

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

1	Total expenses and losses per audited financial statements	1	9,361,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,361,832
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	189,218
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	189,218
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,551,050

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1352290

Name: EPISCOPAL COMMUNITY SERVICES OF
THE DIOCESE OF PENNSYLVANIA

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ECS UTILIZES THE "TOTAL RETURN CONCEPT" FOR ADMINISTERING ITS PERMANENTLY RESTRICTED ENDOWMENT PORTFOLIO THIS ALLOWS CUMULATIVE INCOME AND GAINS FROM PERMANENTLY RESTRICTED ENDOWMENTS TO BE UTILIZED FOR OPERATING PURPOSES SUBJECT TO DONOR RESTRICTIONS AND STATE STATUTES UNDER PENNSYLVANIA'S STATUTE, THE BOARD OF TRUSTEES MUST IN EACH FISCAL YEAR ELECT TO DISTRIBUTE BETWEEN 2% AND 7% OF THE FAIR MARKET VALUE OF THOSE INVESTMENTS (BASED UPON A THIRTEEN QUARTER ROLLING AVERAGE) DURING THE YEAR ENDED JUNE 30, 2018, THE BOARD OF TRUSTEES AUTHORIZED A 4.87% TRANSFER IN THE AMOUNT OF \$2,958,636 THIS AMOUNT CAN BE UTILIZED FOR OPERATING PURPOSES OR THE SATISFACTION OF DONOR REQUIREMENTS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN TAX POSITIONS TAKEN ON THEIR TAX RETURNS GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ECS BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 289,000 INVESTMENT MANAGEMENT FEES -189,218

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
23-1352290

Part 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.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in 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.	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ECS PAYS THE UNION LEAGUE MEMBERSHIP FEES FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR USES THE UNION LEAGUE FOR BUSINESS MEETINGS AND PARKING WHEN IN THE CITY ATTENDING ECS EVENTS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
23-1352290

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		123,753	FMV ON DATE OF DONATION
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	85,682	FMV ON DATE OF DONATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	29	0
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?			No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

23-1352290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 AND AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE FINANCE COMMITTEE OF THE ECS BOARD OF TRUSTEES, IN CONJUNCTION WITH THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER IF THE FINANCE COMMITTEE APPROVES BOTH THE AUDITED FINANCIAL STATEMENTS AND THE 990, THEN THE STATEMENTS AND 990 ARE SENT TO THE ECS BOARD OF TRUSTEES AT THE NEXT BOARD OF TRUSTEES' MEETING, THE STATEMENTS AND 990 ARE REVIEWED AND DISCUSSED, AND THE BOARD MAKES A MOTION TO ACCEPT BOTH REPORTS THE 990 IS THEN FILED ELECTRONICALLY WITH THE IRS AND IS POSTED ON THE ECS WEBSITE ALONG WITH THE AUDITED FINANCIAL STATEMENTS IF THE 990 NEEDS TO BE EXTENDED, THE SAME PROCESS IS FOLLOWED, HOWEVER EACH DOCUMENT IS APPROVED SEPARATELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ECS HAS AN ETHICAL CONDUCT OF BUSINESS AND SERVICES POLICY THE CONFLICT OF INTEREST AND ACCESS TO AGENCY SERVICES READS AS ARTICLE XII OF THE BY-LAWS REQUIRES THAT EACH TRUSTEE, OFFICER, AND KEY CLINICAL OR ADMINISTRATIVE MANAGER EMPLOYED BY THE CORPORATION SUBMIT AN ANNUAL CONFLICT OF INTEREST STATEMENT IN A FORM PRESCRIBED BY THE CONFLICT OF INTEREST OVER-SITE POLICY OF THE AUDIT COMMITTEE ARTICLE XII CONTAINS THE POLICY, PROCEDURE, AND DEFINITION OF INTERESTED PERSONS THE POLICY IS REVIEWED ANNUALLY WITH EACH TRUSTEE, OFFICER, AND KEY CLINICAL OR ADMINISTRATIVE MANAGER EACH TRUSTEE, OFFICER, AND KEY CLINICAL OR ADMINISTRATIVE MANAGER SIGNS A STATEMENT AS TO CONFLICT OF INTEREST ANNUALLY ARTICLE XII ALSO DESCRIBES THE PROCESS WHEREBY TRANSACTIONS INVOLVING A DISQUALIFIED PERSON MAY BE APPROVED BY THE BOARD OF TRUSTEES BOARD ADOPTED POLICIES ALSO COVER ACCESS TO AGENCY SERVICES COVERING EPISCOPAL COMMUNITY SERVICES REPRESENTATIVES, AND EMPLOYMENT OF PERSONNEL RELATED TO BOARD MEMBERS, ADMINISTRATORS AND SUPERVISORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR IS PREPARED BY THE PRESIDENT OF THE ECS BOARD OF TRUSTEES THE PRESIDENT REVIEWS THE EVALUATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD AND THEN REVIEWS IT WITH THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR'S ANNUAL SALARY INCREASE IS APPROVED BY THE PRESIDENT AND IS USUALLY THE SAME PERCENTAGE THAT ALL STAFF WOULD RECEIVE IN THE UPCOMING YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ECS' AUDITED FINANCIAL STATEMENTS AND 990 ARE POSTED ON THE AGENCY'S WEBSITE AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 289,000

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST (4)	PASSIVE INVESTMENTS	PA	EPISCOPCAL COMMUNITY SERVICES	T	198,291	1,083,000	100 000 %	Yes	
(2) BENEFICIAL INTEREST IN PERPETUAL TRUST (1)	PASSIVE INVESTMENTS	PA	EPISCOPAL COMMUNITY SERVICES	T	34,000	707,000	75 000 %	Yes	

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

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BENEFICIAL INTERST IN PERPERTUAL TRUST (4)	A	47,291	FMV
(2) BENEFICIAL INTERST IN PERPERTUAL TRUST (1)	A	33,000	FMV

Part VII **Supplemental Information**

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