

Return of Organization Exempt From Income Tax

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

Form 990 header section containing organization name (EPISCOPAL COMMUNITY SERVICES, INC.), EIN (41-0873401), address (1730 CLIFTON PLACE, STE 104, MINNEAPOLIS, MN 55403), and principal officer (HELEN LOCKHARDT).

Part I Summary

Table with 22 rows detailing financial and operational data. Includes categories like 'Activities & Governance', 'Revenue', 'Expenses', and 'Net Assets or Fund Balances'. A 'RECEIVED' stamp is visible over the revenue section.

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.

Signature of officer: [Signature] Date: 12-25-2009. Type or print name and title: Wm T. Mac Nally.

Preparer information section including Preparer's signature (Duke), Date (9/30/09), Firm's name (SCHECHTER DOKKEN KANTER CPA'S), EIN (41-1680240), and Phone number (612-332-5500).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED SEP 24 2009

SIGN HERE

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

GROUNDING IN FAITH, SUSTAINED BY HOPE, AND ACTING THROUGH LOVE  
EPISCOPAL COMMUNITY SERVICES STRENGTHENS AND SUPPORTS ADULTS, YOUTH,  
CHILDREN, AND FAMILIES AT RISK AND IN NEED.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 908,987. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE FAMILY SUPPORT SERVICES INCLUDES FAMILY RESOURCE  
CENTERS. THESE CENTERS PROVIDE FAMILY MENTORING, HOUSING,  
AND TEACH EMPLOYMENT READINESS.

4b (Code \_\_\_\_\_) (Expenses \$ 637,032. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE FAMILY SUPPORT SERVICES INCLUDES READY FOR SUCCESS.  
THIS PROGRAM TEACHES EMPLOYMENT READINESS SKILLS TO WOMEN.

4c (Code \_\_\_\_\_) (Expenses \$ 309,581. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

THE RESIDENTIAL YOUTH SERVICES PROVIDES FOOD, CLOTHING,  
LODGING, MEDICAL, COUNSELING AND EDUCATION TO TROUBLED  
YOUTH.

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$ 1,855,600. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 1 through 27 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee.  |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | X  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | X   |    |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | X  |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | X   |    |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | X  |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | X   |    |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | X   |    |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   |     | X  |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   |     | X  |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | X  |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     | X  |
| <b>37</b> | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   |     | X  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes        | No   |
|------------|--|------------|------|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable . . . . .  | <b>1a</b>  | NONE |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b>  | NONE |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | <b>1c</b>  |      |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  | <b>2a</b>  | 20   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | <b>2b</b>  | X    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | <b>3a</b>  | X    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   | <b>3b</b>  | N/A  |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   | <b>4a</b>  | X    |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  |            |      |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  | X    |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | <b>5b</b>  | X    |
| <b>c</b>   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .   | <b>5c</b>  | N/A  |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible? . . . . .   | <b>6a</b>  | X    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  | N/A  |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |      |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .  | <b>7a</b>  | X    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  | N/A  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  | X    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>  |      |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | <b>7e</b>  | X    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  | X    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>  | X    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  | <b>7h</b>  | X    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>8</b>   | X    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |            |      |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  | <b>9a</b>  | X    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   | <b>9b</b>  | X    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |            |      |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> | N/A  |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> | N/A  |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |            |      |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> | N/A  |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>11b</b> | N/A  |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> | N/A  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> | N/A  |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

|  |   | Yes       | No |
|--|---|-----------|----|
| <i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i> |   |           |    |
| <b>1a</b>  | Enter the number of voting members of the governing body . . . . .  | <b>1a</b> | 22 |
| <b>1b</b>  | Enter the number of voting members that are independent . . . . .   | <b>1b</b> | 22 |
| <b>2</b>   | 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? . . . . .   | <b>2</b>  | X  |
| <b>3</b>   | 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? . . . . . | <b>3</b>  | X  |
| <b>4</b>   | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   | <b>4</b>  | X  |
| <b>5</b>   | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   | <b>5</b>  | X  |
| <b>6</b>   | Does the organization have members or stockholders? . . . . .   | <b>6</b>  | X  |
| <b>7a</b>  | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   | <b>7a</b> | X  |
| <b>7b</b>  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   | <b>7b</b> | X  |
| <b>8</b>   | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:  |           |    |
| <b>a</b>   | The governing body? . . . . .   | <b>8a</b> | X  |
| <b>b</b>   | Each committee with authority to act on behalf of the governing body? . . . . .   | <b>8b</b> | X  |
| <b>9a</b>  | Does the organization have local chapters, branches, or affiliates? . . . . .   | <b>9a</b> | X  |
| <b>9b</b>  | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  | <b>9b</b> |    |
| <b>10</b>  | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .       | <b>10</b> | X  |
| <b>11</b>  | Is there any officer, director or 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 . . . . .      | <b>11</b> | X  |

**Section B. Policies**

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .   | <b>12a</b> | X  |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <b>12b</b> | X  |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | <b>12c</b> | X  |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .   | <b>13</b>  | X  |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .  | <b>14</b>  | X  |
| <b>15</b>  | 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:   |            |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official? . . . . .  | <b>15a</b> | X  |
| <b>b</b>   | Other officers or key employees of the organization? . . . . .<br>Describe the process in Schedule O. (see instructions)   | <b>15b</b> | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | <b>16a</b> | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► MN
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► HELEN LOCKHART 1730 CLIFTON PLACE, STE 104 MINNEAPOLIS, MN 55403  
612-874-8823





**Part VIII Statement of Revenue**

|   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|---|--|--|---|---|--|
| Contributions, gifts, grants<br>and other similar amounts                                     | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b> 18,270.  |  |   |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |  |   |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |  |   |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b> 30,000.  |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .  | <b>1f</b> 1,264,904.   |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .   | 677,850.   |  |   |   |  |
|   | <b>h</b> Total. Add lines 1a-1f . . . . .   | ▶ 1,313,174.   |  |   |   |  |
| Program Service Revenue   | <b>Business Code</b>  |  |  |   |   |  |
|   | <b>2a</b> RES. YOUTH SERVICE  |  | 154,936.   | 154,936.                                |   |  |
|   | <b>b</b> FAMILY SUPPORT SER   |  | 332,818.   | 332,818.                                |   |  |
|   | <b>c</b>  |  |  |   |   |  |
|   | <b>d</b>  |  |  |   |   |  |
|   | <b>e</b>  |  |  |   |   |  |
|   | <b>f</b> All other program service revenue . . . . .  |  |  |   |   |  |
| <b>g</b> Total. Add lines 2a-2f . . . . .   | ▶ 487,754.  |  |  |   |   |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  | STMT 1. ▶  | 48,189.  |   | 48,189.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   | ▶  | NONE   |   |   |  |
|   | <b>5</b> Royalties . . . . .  | ▶  | NONE   |   |   |  |
|   | <b>6a</b> Gross Rents . . . . .   | (i) Real   |  |   |   |  |
|   |   | (ii) Personal  |  |   |   |  |
|   |   | <b>b</b> Less: rental expenses . . . . .                           |  |   |   |  |
|   |   | <b>c</b> Rental income or (loss) . . . . .                         |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  | ▶  | NONE   |   |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   |  |   |   |  |
|   |   | (ii) Other   | 8,694,180.   |   |   |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |  | 3,545,282.                              |   |  |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |  | 5,148,898.                              |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .   | ▶  | 5,148,898.   |   | 5,148,898.  |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18. . . . . | <b>a</b>   | 66,137.  |   |   |  |
|   |   | <b>b</b> Less direct expenses . . . . .                            | <b>b</b> 36,955.                                   |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                               |   | STMT 2. ▶  | 29,182.  | 29,182.                                 |   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .              | <b>a</b>  |  |  |   |   |  |
|   | <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |  |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .  | ▶  | NONE   |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                 | <b>a</b>  |  |  |   |   |  |
|   | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .   | ▶  | NONE   |   |   |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |  |   |   |  |
| <b>11a</b> MISCELLANEOUS  |   | 62,352.  |  | 62,352.                                 |   |  |
| <b>b</b>  |   |  |  |   |   |  |
| <b>c</b>  |   |  |  |   |   |  |
| <b>d</b> All other revenue . . . . .  |   |  |  |   |   |  |
| <b>e</b> Total. Add lines 11a-11d . . . . .   | ▶   | 62,352.  |  |   |   |  |
| <b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,<br>9c, 10c, and 11e . . . . . | ▶   | 7,089,549.   | 516,936.   |   | 5,259,439.  |  |

**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) but are not required to complete columns (B), (C), and (D).**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .  | NONE                  |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .  | NONE                  |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .   | NONE                  |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | NONE                  |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 98,958.               | 73,427.                         | 15,481.                                | 10,050.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | NONE                  |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 827,795.              | 614,225.                        | 129,499.                               | 84,071.                     |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . . . .   | NONE                  |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 229,612.              | 170,511.                        | 50,073.                                | 9,028.                      |
| 10 Payroll taxes . . . . .   | 104,179.              | 48,712.                         | 48,272.                                | 7,195.                      |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management . . . . .   | 106,088.              | 43,705.                         | 59,212.                                | 3,171.                      |
| b Legal . . . . .  | NONE                  |                                 |  |                             |
| c Accounting . . . . .   | NONE                  |                                 |  |                             |
| d Lobbying . . . . .   | NONE                  |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17   | NONE                  |                                 |  |                             |
| f Investment management fees . . . . .   | NONE                  |                                 |  |                             |
| g Other . . . . .  | NONE                  |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | NONE                  |                                 |  |                             |
| 13 Office expenses . . . . .   | 50,091.               | 31,356.                         | 12,667.                                | 6,068.                      |
| 14 Information technology . . . . .  | NONE                  |                                 |  |                             |
| 15 Royalties . . . . .   | NONE                  |                                 |  |                             |
| 16 Occupancy . . . . .   | 343,858.              | 329,395.                        | 8,592.                                 | 5,871.                      |
| 17 Travel . . . . .  | 40,461.               | 30,282.                         | 9,070.                                 | 1,109.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | NONE                  |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | NONE                  |                                 |  |                             |
| 20 Interest . . . . .  | NONE                  |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | NONE                  |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 3,306.                | 360.                            | 2,946.                                 |                             |
| 23 Insurance . . . . .   | NONE                  |                                 |  |                             |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   |                       |                                 |  |                             |
| a DIRECT PROGRAM EXPENSE -----   | 486,741.              | 486,741.                        |  |                             |
| b INSURANCE -----  | 50,179.               | 3,457.                          | 46,722.                                |                             |
| c PUBLIC INFORMATION -----   | 19,194.               | 3,027.                          | 5,093.                                 | 11,074.                     |
| d STAFF DEVELOPMENT -----  | 2,832.                | 1,819.                          | 426.                                   | 587.                        |
| e OTHER -----  | 83,527.               | 18,583.                         | 38,538.                                | 26,406.                     |
| f All other expenses -----   |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f  | 2,446,821.            | 1,855,600.                      | 426,591.                               | 164,630.                    |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|                             |   | (A)   |               | (B)           |
|-----------------------------|---|---|---------------|---------------|
|                             |   | Beginning of year   |               | End of year   |
| Assets                      | 1   | Cash - non-interest-bearing . . . . .   | 675,066.      | 1 5,583,726.  |
|                             | 2   | Savings and temporary cash investments . . . . .  |               | 2             |
|                             | 3   | Pledges and grants receivable, net . . . . .  | 21,372.       | 3 28,898.     |
|                             | 4   | Accounts receivable, net . . . . .  | 139,459.      | 4 122,326.    |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .                          |               | 5             |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .     |               | 6             |
|                             | 7   | Notes and loans receivable, net . . . . .   |               | 7             |
|                             | 8   | Inventories for sales or use . . . . .  |               | 8             |
|                             | 9   | Prepaid expenses and deferred charges . . . . . SFMT. 3 . . . . .   | 26,625.       | 9 16,532.     |
|                             | 10a   | Land, buildings, and equipment cost basis . . . . . 10a 8,688.  |               |               |
|                             | b   | Less accumulated depreciation. Complete Part VI of Schedule D. . . . . 10b 7,985.   | 365,635.      | 10c 703.      |
|                             | 11  | Investments - publicly traded securities . . . . .  |               | 11            |
|                             | 12  | Investments - other securities See Part IV, line 11 . . . . .   | 5,026.        | 12 5,499.     |
|                             | 13  | Investments - program-related See Part IV, line 11 . . . . .  |               | 13            |
|                             | 14  | Intangible assets . . . . .   |               | 14            |
|                             | 15  | Other assets See Part IV, line 11 . . . . .   |               | 15 27,541.    |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 1,233,183.  | 16 5,785,225. |               |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   | 192,600.      | 17 97,972.    |
|                             | 18  | Grants payable . . . . .  |               | 18            |
|                             | 19  | Deferred revenue . . . . .  | 31,322.       | 19 35,264.    |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |               | 20            |
|                             | 21  | Escrow account liability Complete Part IV of Schedule D . . . . .   |               | 21            |
|                             | 22  | 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 . . . . .   |               | 24            |
|                             | 25  | Other liabilities Complete Part X of Schedule D . . . . .   |               | 25            |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25. . . . .  | 223,922.      | 26 133,236.   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |               |               |
|                             | 27  | Unrestricted net assets . . . . .   | 781,606.      | 27 5,449,730. |
|                             | 28  | Temporarily restricted net assets . . . . .   | 52,726.       | 28 27,330.    |
|                             | 29  | Permanently restricted net assets . . . . .   | 174,929.      | 29 174,929.   |
|                             | Organizations that do not follow SFAS 117, 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  | <b>Total net assets or fund balances . . . . .</b>  | 1,009,261.    | 33 5,651,989. |
|                             | 34  | <b>Total liabilities and net assets/fund balances . . . . .</b>   | 1,233,183.    | 34 5,785,225. |

**Part XI Financial Statements and Reporting**

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   | 2a  | X  |
| b  | Were the organization's financial statements audited by an independent accountant? . . . . .  | 2b  | X  |
| c  | If "Yes" to lines 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? . . . . . | 2c  | X  |
| 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? . . . . .  | 3a  | X  |
| b  | If "Yes," did the organization undergo the required audit or audits? . . . . .  | 3b  |    |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

Employer identification number

EPISCOPAL COMMUNITY SERVICES, INC.

41-0873401

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: (Please check only one organization)

- 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.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 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)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of on or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 590(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally Integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii). Values: X, X, X.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the US?, (vii) Amount of support. Includes a Total row.

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005   | (c) 2006 | (d) 2007 | (e) 2008   | (f) Total  |
|--|----------|------------|----------|----------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .   | 749,693. | 1,012,056. | 900,062. | 842,106. | 1,313,174. | 4,817,091. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |            |          |          |            |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |            |          |          |            |            |
| <b>4</b> Total. Add lines 1-3 . . . . .  | 749,693. | 1,012,056. | 900,062. | 842,106. | 1,313,174. | 4,817,091. |
| <b>5</b> 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) . . . . . |          |            |          |          |            | 203,126.   |
| <b>6</b> Public support. Subtract line 5 from line 4   |          |            |          |          |            | 4,613,965. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005   | (c) 2006 | (d) 2007 | (e) 2008   | (f) Total   |
|--|----------|------------|----------|----------|------------|-------------|
| <b>7</b> Amounts from line 4. . . . .  | 749,693. | 1,012,056. | 900,062. | 842,106. | 1,313,174. | 4,817,091.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 5,861.   | 11,249.    | 11,981.  | 12,433.  | 48,189.    | 89,713.     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |            |          |          |            |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .  | 46,877.  | 63,864.    | 65,543.  | 86,200.  | 62,352.    | 324,836.    |
| <b>11</b> Total support. Add lines 7 through 10 . . . . .  |          |            |          |          |            | 5,231,640.  |
| <b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .  |          |            |          |          | <b>12</b>  | 14,330,386. |
| <b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/> |          |            |          |          |            |             |

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 88.19 % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .  | <b>15</b> | 89.84 % |
| <b>16a</b> 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |           |         |
| <b>b</b> 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |         |
| <b>17a</b> 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>      |           |         |
| <b>b</b> 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |         |
| <b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . .       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1-5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b> Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                  |          |          |          |          |          |           |
| <b>13</b> 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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                   | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .                       | <b>18</b> | % |

**19a** 33 1/3% support tests - 2008. 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 - 2007. 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** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2004    | 2005    | 2006    | 2007    | 2008    | TOTAL    |
|---------------|---------|---------|---------|---------|---------|----------|
| MISCELLANEOUS | 46,877. | 63,864. | 65,543. | 86,200. | 62,352. | 324,836. |
| TOTALS        | 46,877. | 63,864. | 65,543. | 86,200. | 62,352. | 324,836. |

**Supplemental Financial Statements**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

EPISCOPAL COMMUNITY SERVICES, INC.

41-0873401

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

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year . . . . .   |  |                              |
| 2 Aggregate contributions to (during year) . . . . .  |  |                              |
| 3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

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

|   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically importantly land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure          |
| <input type="checkbox"/> Preservation of open space   |  |

2 Complete lines 2a-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 . . . . .            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items.

a Revenues included in 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 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table

|   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to 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 . . . . .                     | 174,929.         |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 174,929.         |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes | No |
|--|-----|----|
| 3a(i) unrelated organizations . . . . .  |     | X  |
| 3a(ii) related organizations . . . . .   |     | X  |
| 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     | X  |

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land . . . . .   |                                      |                                 |                  |                |
| b Buildings . . . . .   | NONE                                 |                                 | NONE             | NONE           |
| c Leasehold improvements . . . . .  |                                      |                                 |                  |                |
| d Equipment . . . . .   |                                      | 8,688.                          | 7,985.           | 703.           |
| e Other . . . . .   |                                      |                                 |                  |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) . . . . . |                                      |                                 |                  | 703.           |





**Part XIV** Supplemental Information (continued)

SPECIAL EVENTS

PART XII LINE 2D & PART XIII LINE 2D

GALA EXPENSE OF 30,626 AND OTHER SPECIAL EVENT EXPENSE OF 6,329.

GAIN ON SALE OF ASSET

PART XII LINE 4B

GAIN ON SALE OF BEMIDJI CAMPUS OF \$5,148,898.

OPERATING REVENUE

PART XII LINE 4B

OPERATING REVENUE OF \$154,936

OPERATING EXPENSES

PART XIII LINE 4B

OPERATING EXPENSES OF \$211,503.

COSTS OF DISCONTINUANCE

PART XIII LINE 4B

COST OF DISCONTINUANCE OF \$98,078.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1                | (b) Event #2 | (c) Other Events              | (d) Total Events (Add col. (a) through col. (c)) |
|-----------------|--|-----------------------------|--------------|-------------------------------|--|
|                 |  | <u>GALA</u><br>(event type) | (event type) | <u>NONE</u><br>(total number) |  |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 66,137.                     |              |                               | 66,137.  |
|                 | <b>2</b> Less Charitable contributions . . . . .                               |                             |              |                               |  |
|                 | <b>3</b> Gross revenue (line 1 minus line 2) . . . . .                         | 66,137.                     |              |                               | 66,137.  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                             |              |                               |  |
|                 | <b>5</b> Non-cash prizes . . . . .   |                             |              |                               |  |
|                 | <b>6</b> Rent/facility costs . . . . .   |                             |              |                               |  |
|                 | <b>7</b> Other direct expenses . . . . .                                       | 36,955.                     |              |                               | 36,955.  |
|                 | <b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . . |                             |              |                               | ( 36,955. )                                      |
|                 | <b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .     |                             |              |                               | 29,182.  |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo         | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (Add col. (a) through col. (c)) |
|-----------------|---|-------------------|---|-------------------|--|
|                 |   | Yes _____ %<br>No | Yes _____ %<br>No                             | Yes _____ %<br>No |  |
| Revenue         | <b>1</b> Gross revenue . . . . .  |                   |   |                   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |                   |   |                   |  |
|                 | <b>3</b> Non-cash prizes . . . . .  |                   |   |                   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |                   |   |                   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |                   |   |                   |  |
|                 | <b>6</b> Volunteer labor . . . . .  |                   |   |                   |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .    |                   |   |                   | ( )  |
|                 | <b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . |                   |   |                   |  |

|   | Yes         | No |
|---|-------------|----|
| <b>9</b> Enter the state(s) in which the organization operates gaming activities _____  |             |    |
| <b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .   | <b>9 a</b>  |    |
| <b>b</b> If "No," Explain _____   |             |    |
| <b>10 a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  | <b>10 a</b> |    |
| <b>b</b> If "Yes," Explain: _____   |             |    |
| <b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>   |    |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <b>12</b>   |    |

|   |            | Yes | No |
|---|------------|-----|----|
| <b>13</b> Indicate the percentage of gaming activity operated in  |            |     |    |
| <b>a</b> The organization's facility . . . . .  | <b>13a</b> | %   |    |
| <b>b</b> An outside facility . . . . .  | <b>13b</b> | %   |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special event books and records.  |            |     |    |
| Name ▶ _____  |            |     |    |
| Address ▶ _____   |            |     |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   |            |     |    |
| <b>15a</b>  |            |     |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____                             |            |     |    |
| <b>c</b> If "Yes," enter name and address.  |            |     |    |
| Name ▶ _____  |            |     |    |
| Address ▶ _____   |            |     |    |
| <b>16</b> Gaming manager information:   |            |     |    |
| Name ▶ _____  |            |     |    |
| Gaming manager compensation ▶ \$ _____  |            |     |    |
| Description of services provided ▶ _____  |            |     |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor   |            |     |    |
| <b>17</b> Mandatory distributions   |            |     |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     |            |     |    |
| <b>17a</b>  |            |     |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ |            |     |    |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

EPISCOPAL COMMUNITY SERVICES, INC.

Employer identification number

41-0873401

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment? . . . . .

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |

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Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name       | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
|                | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                           |                         |                                 |  |
| FRANK VARDEMAN | (i) 84,151   | NONE                                | NONE                                |                           |                         | 84,151                          |  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (i) -----  | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |
|                | (ii) -----   | -----                               | -----                               | -----                     | -----                   | -----                           | -----  |

**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

EPISCOPAL COMMUNITY SERVICES, INC.

41-0873401

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A)<br>Name and Title   | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| RT REV JAMES L JELINEK<br>BOARD & EXECUTIVE COMMITTEE         | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| HARLAN STRONG<br>PRESIDENT                                    | 5.                            | X                                      |                       | X       |              |                              |        | NONE   |   |   |
| WILLIAM MACNALLY<br>TREASURER                                 | 5.                            | X                                      |                       | X       |              |                              |        | NONE   |   |   |
| REV DR. ROBERT CAVANNA<br>BOARD OF DIRECTORS                  | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| MARGARET MCBRIDE<br>BOARD & DEVELOPMENT COMMITTEE             | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| JOHN LEMOINE<br>BOARD & DEVELOPMENT COMMITTEE                 | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| REV CHARLES NELSON<br>BOARD & PERSONNEL & BENEFITS            | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| REV CANON STEPHEN SCHAITBERGER<br>BOARD & EXECUTIVE COMMITTEE | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| LYNNE WHITACRE<br>SECRETARY                                   | 4.                            | X                                      |                       | X       |              |                              |        | NONE   |   |   |
| JOHN BAHNEMANN<br>BOARD & FINANCE EXECUTIVE COMM              | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| WALKER BAKER<br>VICE PRESIDENT                                | 5.                            | X                                      |                       | X       |              |                              |        | NONE   |   |   |
| BRIAN CRIST<br>BOARD & EXECUTIVE COMMITTEE                    | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| JEREMY GREENHOUSE<br>BOARD OF DIRECTORS                       | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| GAYLE JUNNILA<br>BOARD & DEVELOPMENT COMMITTEE                | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| HARRY SWEATT<br>BOARD OF DIRECTORS                            | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| VERNE PICKERING<br>BOARD & PERSONNEL & BENEFITS               | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| DENISE REILLY<br>BOARD OF DIRECTORS                           | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| PAUL STRICKLAND<br>BOARD & DEVELOPMENT, PERSONNEL             | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| HELEN LOCKHART<br>EXECUTIVE DIR. 10/1/08-PRESENT              | 1.                            | X                                      |                       | X       |              |                              |        | 14,808.  |   |   |
| REV DOYLE TURNER<br>BOARD OF DIRECTORS                        | 1.                            | X                                      |                       |         |              |                              |        | NONE   |   |   |
| MARY SCHATZLEIN<br>FAMILY SUPPORT DIRECTOR                    | 40.                           |  |                       |         | X            |                              |        | 73,894.  |   |   |

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Schedule J-2 (Form 990) 2008

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**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047

**2008**

**Open To Public Inspection**

Name of the organization **EPISCOPAL COMMUNITY SERVICES, INC.** Employer identification number **41-0873401**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|   |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . .                    |                                       |      |                               | ▶ \$            |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |
|                               |   |   |

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| TOM JUNNILA                   | HUSBAND OF GAYLE JUNNILA  | 47,578.                   | SALE OF BEMIDJI PROPERTY       |   | X  |
| GARY VEAZIE                   | HUSBAND OF SUE VEAZIE   | 7,770.                    | CONSULTING FOR MEN'S PROGRAM   |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

### Non-Cash Contributions

**2008**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization: **EPISCOPAL COMMUNITY SERVICES, INC.**  
Employer identification number: **41-0873401**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions | (c)<br>Revenues reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art-Works of art . . . . .   | X                          | 2                              | 1,500.   | DONOR                                 |
| 2 Art-Historical treasures . . . . .                                   |                            |                                |  |                                       |
| 3 Art-Fractional interests . . . . .                                   |                            |                                |  |                                       |
| 4 Books and publications . . . . .                                     | X                          |                                | 457.   | DONOR                                 |
| 5 Clothing and household goods . . . . .                               | X                          |                                | 368,127.   | DONOR                                 |
| 6 Cars and other vehicles . . . . .                                    |                            |                                |  |                                       |
| 7 Boats and planes . . . . .   |                            |                                |  |                                       |
| 8 Intellectual property . . . . .                                      |                            |                                |  |                                       |
| 9 Securities-Publicly traded . . . . .                                 |                            |                                |  |                                       |
| 10 Securities-Closely held stock . . . . .                             |                            |                                |  |                                       |
| 11 Securities-Partnership, LLC, or trust interests . . . . .           |                            |                                |  |                                       |
| 12 Securities-Miscellaneous . . . . .                                  |                            |                                |  |                                       |
| 13 Qualified conservation contribution (historic structures) . . . . . |                            |                                |  |                                       |
| 14 Qualified conservation contribution (other) . . . . .               |                            |                                |  |                                       |
| 15 Real estate-Residential . . . . .                                   |                            |                                |  |                                       |
| 16 Real estate-Commercial . . . . .                                    | X                          | 11                             | 284,766.   | PER SQUARE FOOT                       |
| 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 ► ( MISCELLANEOUS ) . . . . .                                 | X                          | 74                             | 23,000.  | DONOR                                 |
| 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**

|   | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 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? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .  |     | X  |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |     | X  |
| b If "Yes," describe in Part II   |     |    |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II  |     |    |

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**Part I Liquidation, Termination, or Dissolution (Continued)**

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III  Yes  No
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?  Yes  No
- b (If "Yes," provide the date of the letter  )  Yes  No
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?  Yes  No
- b If "Yes," did the organization provide such notice?  Yes  No
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?  Yes  No
- 7a Did the organization have any tax-exempt bonds outstanding during the year?  Yes  No
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?  Yes  No
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.**

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient                                | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|--|---|
|   | BEMIDJI CAMPUS   | 07/02/2008               | 5,148,898.  | VALUATION  |                      | WHITE EARTH BAND OF CHIPPEWA<br>PO BOX 418 WHITE EARTH, MN 56591 |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |
|   |  |                          |   |  |                      |  |   |

- 2 Did or will any officer, director, trustee, or key employee of the organization
  - a Become a director or trustee of a successor or transferee organization?  Yes  No
  - b Become an employee of, or independent contractor for, a successor or transferee organization?  Yes  No
  - c Become a direct or indirect owner of a successor or transferee organization?  Yes  No
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?  Yes  No
  - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

Employer identification number

EPISCOPAL COMMUNITY SERVICES, INC.

41-0873401

POLICIES

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION B. POLICIES

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL

REVIEW BY THE BOARD OF DIRECTORS.

Name of the organization

Employer identification number

EPISCOPAL COMMUNITY SERVICES, INC.

41-0873401

GOVERNING BODY AND MANAGEMENT

PART VI GOVERNANCE, MANAGEMENT, AND DISCLOSURE SECTION A

THE EXECUTIVE DIRECTOR REVIEWS THE 990 FOR OVERALL ACCURACY AND

CONSISTENCY WITH INFORMATION DETAILED IN THE AUDITED FINANCIAL STATEMENTS

PRIOR TO FILING THE RETURN WITH THE IRS.

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION          | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV. | (D)<br>EXCLUDED<br>REVENUE |
|----------------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST & DIVIDENDS | 48,189.                 |                                     |                                   | 48,189.                    |
| TOTALS               | 48,189.                 |                                     |                                   | 48,189.                    |

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|-------------|--------------|-----------------|------------|
| GALA        | 66,137.      | 36,955.         | 29,182.    |
| TOTALS      | 66,137.      | 36,955.         | 29,182.    |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION      | ENDING<br>BOOK VALUE |
|------------------|----------------------|
| PREPAID EXPENSES | 16,532.              |
| TOTALS           | 16,532.              |

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION

-----

ENDING  
BOOK VALUE

-----

TOTALS

-----  
35,264.  
=====

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to your tax return.** ▶ **See separate instructions.**

|  |   |
|--|---|
| Name(s) shown on return<br><b>EPISCOPAL COMMUNITY SERVICES, INC.</b> | Identifying number<br><b>41-0873401</b> |
|--|---|

|  |   |
|--|---|
| 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . . | 1 |
|--|---|

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

| 2 | (a) Description of property | (b) Date acquired (mo, day, yr) | (c) Date sold (mo, day, yr) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|---------------------------------|-----------------------------|-----------------------|---|--|---|
|   |                             |                                 |                             |                       |   |  |   |
|   |                             |                                 |                             |                       |   |  |   |
|   |                             |                                 |                             |                       |   |  |   |

|   |   |
|---|---|
| 3 Gain, if any, from Form 4684, line 45 . . . . .   | 3 |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .                        | 4 |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .                           | 5 |
| 6 Gain, if any, from line 32, from other than casualty or theft . . . . .                                 | 6 |
| 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows. . . . . | 7 |

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

|  |   |
|--|---|
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .  | 8 |
| 9 Subtract line 8 from line 7. If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . . | 9 |

**Part II Ordinary Gains and Losses (see instructions)**

|  |                 |  |  |  |  |  |            |
|--|-----------------|--|--|--|--|--|------------|
| 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less). |                 |  |  |  |  |  |            |
|  | SEE STATEMENT 1 |  |  |  |  |  | 5,148,898. |
|  |                 |  |  |  |  |  |            |
|  |                 |  |  |  |  |  |            |

|   |                   |
|---|-------------------|
| 11 Loss, if any, from line 7 . . . . .  | 11 (            ) |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable . . . . .     | 12                |
| 13 Gain, if any, from line 31 . . . . .   | 13                |
| 14 Net gain or (loss) from Form 4684, lines 37 and 44a . . . . .                | 14                |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . | 15                |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .    | 16                |
| 17 Combine lines 10 through 16 . . . . .  | 17 5,148,898.     |

|   |     |
|---|-----|
| 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below  |     |
| a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions . . . . . | 18a |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . .  | 18b |

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with columns for (a) Description of section 1245, 1250, 1252, 1254, or 1255 property, (b) Date acquired, and (c) Date sold. Rows include sections 19-29b with sub-rows for various depreciation and gain calculations.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with rows 30-32. Row 30: Total gains for all properties. Row 31: Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Row 32: Subtract line 31 from line 30.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with columns for (a) Section 179 and (b) Section 280F(b)(2). Rows 33-35: Section 179 expense deduction, recomputed depreciation, and recapture amount.



# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|  |  |   |
|--|--|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>EPISCOPAL COMMUNITY SERVICES, INC.</b>   | Employer identification number<br><b>41-0873401</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>1730 CLIFTON PLACE, STE 104</b>              |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MINNEAPOLIS, MN 55403</b> |   |
|  |  |   |

Check type of return to be filed (file a separate application for each return).

|  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

The books are in the care of **HELEN LOCKHART**

Telephone No **612 874-8823** FAX No \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year **2008** or
- tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

|   |           |    |      |
|---|-----------|----|------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$ | NONE |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.   | <b>3b</b> | \$ | NONE |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ | NONE |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

|   |  |   |
|---|--|---|
| <b>Type or print</b><br><br><small>File by the extended due date for filing the return See instructions</small> | Name of Exempt Organization<br><b>EPISCOPAL COMMUNITY SERVICES, INC.</b>   | Employer identification number<br><b>41-0873401</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>1730 CLIFTON PLACE, STE 104</b>              | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MINNEAPOLIS, MN 55403</b> |   |

**Check type of return to be filed (File a separate application for each return):**

|  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **HELEN LOCKHART**  
Telephone No.  **612 874-8823** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **11/15/2009**
- For calendar year **2008**, or other tax year beginning  and ending
- If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

|   |           |    |             |
|---|-----------|----|-------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  | <b>8a</b> | \$ | <b>NONE</b> |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> | \$ | <b>NONE</b> |
| <b>c Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>8c</b> | \$ | <b>NONE</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  *Susan Byrner* Title  *CPA* Date  *8/10/09*

SCHUCHTER DOKKEN KANTER CPA'S  
100 WASHINGTON AVE SO #1600  
MINNEAPOLIS, MN 55401-2192

Form **8868** (Rev 4-2008)