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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ ☒

1 Briefly describe the organization’s mission

EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS OFFERS A BROAD SPECTRUM OF CARE AND SERVICES TO FOSTER GOOD HEALTH, FULFILLMENT, AND SPIRITUAL WELL-BEING IN THE LIVES OF OLDER ADULTS WE SERVE PEOPLE OF ALL ECONOMIC MEANS AND ARE COMMITTED TO CHARITABLE CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 15,723,785 including grants of \$) (Revenue \$ 16,031,092)
EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS (ECS) OFFERS INDEPENDENT LIVING FOR ACTIVE OLDER ADULTS, PROVIDING A CONTINUUM OF CARE THAT INCLUDES SEVERAL STYLES OF ACCOMMODATIONS AND VARIOUS AMENITIES. THESE AMENITIES INCLUDE, BUT ARE NOT LIMITED TO, 24-HOUR BUILDING AND GROUNDS SECURITY, HOUSEKEEPING, FITNESS CENTER, LIBRARY, DINING ROOM, AND BEAUTY SHOP. ECS PROVIDES DYNAMIC ACTIVITIES PROGRAMS, INCLUDING ON-CAMPUS CONCERTS, ART AND CERAMICS CLASSES, EXERCISE CLASSES, AND CHURCH SERVICES. OFF-CAMPUS OUTINGS INCLUDE MOVIES, PLAYS, CONCERTS, SHOPPING AND OTHER CULTURAL EVENTS. EACH CAMPUS FEATURES A WELLNESS PROGRAM. ECS UNDERWROTE BENEVOLENT CARE TOTALING \$1,669,420 FOR 22 INDEPENDENT LIVING RESIDENTS WHO WERE UNABLE TO PAY THE FULL COST OF THEIR CARE DURING FISCAL YEAR 2011.	

4b	(Code) (Expenses \$ 4,329,953 including grants of \$) (Revenue \$ 4,775,998)
ECS PROVIDES SUPPORTIVE SERVICES TO ASSISTED LIVING RESIDENTS WHO REMAIN IN THEIR RESIDENCES AND RECEIVE ADDITIONAL CARE, INCLUDING BATHING AND GROOMING ASSISTANCE, DRESSING AND WALKING ASSISTANCE, INCONTINENCE CARE, MEDICATION SUPERVISION, REGULAR HOUSEKEEPING, MONTHLY HEALTH ASSESSMENT, AND SPECIALIZED DIET GUIDANCE. CHARITABLE CARE TOTALING \$2,239,015 WAS EXTENDED TO 32 RESIDENTS WHO WERE UNABLE TO PAY THE FULL COST OF THEIR CARE DURING FISCAL YEAR 2011.	

4c	(Code) (Expenses \$ 9,063,195 including grants of \$) (Revenue \$ 9,315,618)
ECS PROVIDES 24-HOUR NURSING CARE TO FRAIL AND CHRONICALLY ILL OLDER ADULTS, AS WELL AS TO INDIVIDUALS RECOVERING FROM RECENT TRAUMAS SUCH AS STROKES AND HEART ATTACKS. THE RANGE OF 24-HOUR SKILLED NURSING SERVICES INCLUDES MEDICAL SUPERVISION, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, HOUSEKEEPING, A DIETICIAN, AND A SPECIALIZED ACTIVITIES PROGRAM. SKILLED NURSING CARE AND SERVICES TOTALING \$690,233 WAS PROVIDED TO 35 RESIDENTS WHO WERE UNABLE TO PAY THE FULL COST OF THEIR CARE DURING FISCAL YEAR 2011.	

	(Code) (Expenses \$ 210,560 including grants of \$) (Revenue \$ 60,717)
OTHER PROGRAM SERVICES PROVIDE REDEVELOPMENT OF NEW COMMUNITIES	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 210,560 including grants of \$) (Revenue \$ 60,717)

4e	Total program service expenses \$ 29,327,493
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . .</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	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>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V ☐		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a151
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a742
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aNo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b
4a	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 or securities account)? .	4aNo
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. THE ORGANIZATION 1111 SOUTH ARROYO PARKWAY NO 230 PASADENA, CA 91105 (626) 403-5880

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD APEL DIRECTOR, CHAIR	5.00	X		X				0	0	0
(2) MERLE BANTA DIRECTOR, TREASURER	4.00	X		X				0	0	0
(3) EDGAR JOHNSON DIRECTOR, 2ND VICE CHAIR	4.00	X		X				0	0	0
(4) BENJAMIN LEMON DIRECTOR	4.00	X						0	0	0
(5) SUSAN J LONG DIRECTOR, SECRETARY	4.00	X		X				0	0	0
(6) ALLEN W MATHIES MD DIRECTOR, MEMBER AT LARGE	4.00	X						0	0	0
(7) REBECCA J THYNE DIRECTOR, 1ST CHAIR	4.00	X		X				0	0	0
(8) THOMAS WILLIS DIRECTOR	4.00	X						0	0	0
(9) REV J JON BRUNO OR BISHOP MARY G DIRECTOR	4.00	X						0	0	0
(10) MARTHA TAMBURRANO PRESIDENT & CEO	40.00			X				307,315	0	36,710
(11) BARBARA CALDERONE VICE PRESIDENT OF RISK MGMT & HEALTH STRATEGIES	40.00			X				126,104	0	18,876
(12) GREGORY BEARCE VICE PRESIDENT OF OPERATIONS & COO	40.00			X				248,025	0	36,299
(13) STACIE OCAMPO VICE PRESIDENT OF HUMAN RESOURCES	40.00			X				143,402	0	21,063
(14) JAMES S ROTHROCK VICE PRESIDENT OF FINANCE & CFO	40.00			X				226,995	0	25,958
(15) JANELLE MORTON PRESIDENT SOPHIE MILLER FOUNDATION	40.00			X				152,415	0	19,016
(16) JOSH JOHNSON EXECUTIVE DIRECTOR	40.00				X			150,124	0	23,686
(17) RHEA BLANKAS DIRECTOR OF NURSING	40.00					X		140,139	0	19,059

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHY SCHUMACHER EXECUTIVE DIRECTOR	40 00					X		137,838	0	22,420
(19) MARGRIETHA BUCHANAN DIRECTOR OF SALES & MARKETING	40 00					X		113,987	0	13,237
(20) MAUREEN BEITH EXECUTIVE DIRECTOR	40 00					X		111,723	0	9,734
(21) DEBORAH FULTON DIRECTOR OF NURSING	40 00					X		103,904	0	13,658
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,961,971	0	259,716

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	12						
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>3</td><td></td><td>No</td></tr></table>		Yes	No	3		No
	Yes	No						
3		No						
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<table><tr><td></td><td>Yes</td><td></td></tr><tr><td>4</td><td>Yes</td><td></td></tr></table>		Yes		4	Yes	
	Yes							
4	Yes							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<table><tr><td></td><td></td><td>No</td></tr><tr><td>5</td><td></td><td>No</td></tr></table>			No	5		No
		No						
5		No						

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
MARTINO & BINZER 270 FARMINGTON AVE 128 FARMINGTON, CT 06032	MARKETING	777,815
5 NEX & COMPANY 1101 NORTH DEER CREEK ROAD WALNUT, CA 91789	REHAB, THERAPY	598,099
MORRISONS PO BOX 102289 ATLANTA, GA 30368	CATERING	495,506
PERKINS EASTMAN ARCHITECTS PC 115 5TH AVE NEW YORK, NY 10003	ARCHITECT & ENGINEERING	376,919
JADE CUSTOM CABINETS 4215 ALDERSON AVE UNIT E BALDWIN PARK, CA 91706	CONSTRUCTION	313,650
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶9		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	98,173				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			98,173			
Program Service Revenue			Business Code					
	2a	RESIDENT CARE FEES	623000	20,325,996	20,325,996			
	b	ANCILLARY SERVICES	623990	3,522,105	3,522,105			
	c	ACCOMODATION FEES	721000	3,504,427	3,504,427			
	d	PROGRAM SERVICE REVENU	900099	2,698,180	2,698,180			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			30,050,708			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			3,968,281		3,968,281	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		101,005,326		32,809				
		100,943,566		27,172				
		61,760		5,637				
	d	Net gain or (loss)			67,397		67,397	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
	b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	EXCESS OF ASSETS -CHMS		900099	72,000	72,000			
b	OTHER INCOME		900099	54,432	54,432			
c	SETTLEMENTS		900099	6,285	6,285			
d	All other revenue							
e	Total. Add lines 11a-11d			132,717				
12	Total revenue. See Instructions			34,317,276	30,183,425	0	4,035,678	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	538,248	215,642	304,977	17,629
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,052,327	9,646,046	406,281	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	470,587	449,872	20,715	
9	Other employee benefits	2,308,931	2,236,293	72,638	
10	Payroll taxes	855,832	832,138	23,694	
11	Fees for services (non-employees)				
a	Management				
b	Legal	104,080		104,080	
c	Accounting	44,973		44,973	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	450,731		450,731	
g	Other				
12	Advertising and promotion	281,613	281,613		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	79,405		79,405	
17	Travel	98,525	20,547	77,978	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,696	8,896	21,800	
20	Interest	4,109,556	4,109,556		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,169,155	4,098,157	70,998	
23	Insurance	423,938	416,679	7,259	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	2,314,092	2,203,005	111,087	
b	UTILITIES	1,188,829	1,188,829		
c	PURCH SVCS - SKILLED	1,090,012	1,090,012		
d	AMORTIZATION	762,657	762,657		
e					
f	All other expenses	2,733,921	1,767,551	966,370	
25	Total functional expenses. Add lines 1 through 24f	32,108,108	29,327,493	2,762,986	17,629
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) 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			5,599,649	1	5,526,777
	2	Savings and temporary cash investments			10,534,427	2	12,349,996
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			531,032	4	788,023
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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			11,081,430	7	1,176,626
	8	Inventories for sale or use			55,993	8	61,629
	9	Prepaid expenses and deferred charges			497,360	9	916,908
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	134,308,410			
	b	Less: accumulated depreciation	10b	41,821,495	93,732,813	10c	92,486,915
	11	Investments—publicly traded securities			77,246,727	11	78,866,744
	12	Investments—other securities. See Part IV, line 11			9,000,000	12	8,871,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			48,890,889	15	40,863,942
	16	Total assets. Add lines 1 through 15 (must equal line 34)			257,170,320	16	241,908,560
Liabilities	17	Accounts payable and accrued expenses			1,472,325	17	1,532,723
	18	Grants payable				18	
	19	Deferred revenue			66,993,356	19	69,623,643
	20	Tax-exempt bond liabilities			77,150,000	20	75,000,000
	21	Escrow or custodial 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 to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			24,547,577	25	13,720,701
	26	Total liabilities. Add lines 17 through 25			170,163,258	26	159,877,067
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			83,491,926	27	78,863,198
	28	Temporarily restricted net assets			1,546,470	28	1,199,629
	29	Permanently restricted net assets			1,968,666	29	1,968,666
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			87,007,062	33	82,031,493
	34	Total liabilities and net assets/fund balances			257,170,320	34	241,908,560

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,317,276
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,108,108
3	Revenue less expenses Subtract line 2 from line 1	3	2,209,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,007,062
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,184,737
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	82,031,493

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Employer identification number 95-1642373
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **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).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An 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).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 509(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 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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 U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 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						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. 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						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,002,000	953,000	58,825	63,455	98,173	3,175,453
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	43,002,482	44,152,597	45,141,642	40,965,169	43,709,281	216,971,171
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	45,004,482	45,105,597	45,200,467	41,028,624	43,807,454	220,146,624
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	413,194	1,509		5,000	5,000	424,703
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	542,490	662,883	904,648	1,091,894	1,222,960	4,424,875
c Add lines 7a and 7b	955,684	664,392	904,648	1,096,894	1,227,960	4,849,578
8 Public Support (Subtract line 7c from line 6)						215,297,046

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	45,004,482	45,105,597	45,200,467	41,028,624	43,807,454	220,146,624
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,854,000	2,858,000	2,222,035	3,395,665	3,968,781	20,298,481
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,854,000	2,858,000	2,222,035	3,395,665	3,968,781	20,298,481
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	85,518	259,403	290,328	85,060	132,717	853,026
13 Total support (Add lines 9, 10c, 11 and 12)	52,944,000	48,223,000	47,712,830	44,509,349	47,908,952	241,298,131
14 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	☐					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	89 220 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	87 990 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	8 410 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	9 260 %
19a 33 1/3% support tests—2011. 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—2010. 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME OTHER INCOME \$54,432 SETTLEMENTS \$6,285 EXCESS OF ASSETS OVER LIABILITIES - CHMS \$72,000

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

Employer identification number
95-1642373

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?	☐ Yes ☐ 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 for any other purpose conferring impermissible private benefit	☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

Escrow and Custodial Arrangements. Complete if the 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 the 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	63,901,000	41,441,000	35,434,000	44,545,000	
b Contributions	5,229,000	24,562,000	4,983,000	5,938,000	
c Investment earnings or losses	1,216,000	3,705,000	3,193,000	-12,336,000	
d Grants or scholarships					
e Other expenditures for facilities and programs	9,291,000	5,594,000	2,007,000	2,710,000	
f Administrative expenses	247,000	213,000	162,000	3,000	
g End of year balance	60,808,000	63,901,000	41,441,000	35,434,000	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 96 760 %

b

Permanent endowment ▶ 3 240 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,758,669		23,758,669
b Buildings		101,332,934	33,655,980	67,676,954
c Leasehold improvements				
d Equipment		9,216,807	8,165,515	1,051,292
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				92,486,915

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,317,276
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,108,108
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,209,168
4	Net unrealized gains (losses) on investments	4	-4,767,461
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-2,910,603
8	Other (Describe in Part XIV)	8	493,327
9	Total adjustments (net) Add lines 4 - 8	9	-7,184,737
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,975,569

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	30,195,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,767,461
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	645,505
e	Add lines 2a through 2d	2e	-4,121,956
3	Subtract line 2e from line 1	3	34,317,276
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	34,317,276

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	32,260,286
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	152,178
e	Add lines 2a through 2d	2e	152,178
3	Subtract line 2e from line 1	3	32,108,108
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,108,108

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND IS COMPRISED OF BOARD DESIGNATED AND DONOR RESTRICTED FUNDS. THE BOARD DESIGNATED FUNDS ARE DEDICATED TO THE FOLLOWING PURPOSES: 1) THE PROVISION OF HOUSING AND SERVICES TO OLDER ADULTS THAT ARE FINANCIALLY UNABLE TO FULLY FUND THEIR CARE, 2) THE IMPROVEMENT OF AND REPLACEMENT OF PROPERTY, PLANT AND EQUIPMENT AT EACH OF THE COMMUNITIES, 3) THE REPAYMENT OF RESIDENT ENTRANCE FEES AS THEY BECOME DUE, AND 4) THE DEVELOPMENT OF NEW COMMUNITIES. THE DONOR RESTRICTED FUNDS ARE DEDICATED TO THE FOLLOWING PURPOSES: 1) THE PROMOTION OF LIFE ENRICHMENT FOR OLDER ADULTS THROUGH A VARIETY OF PROGRAMS, AND 2) ASSISTING EMPLOYEES IN ADVANCING THEIR EDUCATION.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ECS CONSIDERS MANY FACTORS WHEN EVALUATING AND ESTIMATING ITS TAX POSITIONS AND TAX BENEFITS, WHICH MAY REQUIRE PERIODIC ADJUSTMENTS AND WHICH MAY NOT ACCURATELY ANTICIPATE ACTUAL OUTCOMES. ECS EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS IN CONFORMITY WITH U.S. GAAP. THESE STANDARDS REQUIRE MANAGEMENT TO PERFORM AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING ECS TAX RETURNS. MANAGEMENT BELIEVES THE TAX POSITIONS TAKEN MORE LIKELY THAN NOT WILL BE SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. EXAMPLES OF TAX POSITIONS TAKEN INCLUDE THE TAX-EXEMPT STATUS OF ECS AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. SINCE MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT ECS TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT ECS WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES, AND INTERESTS AS A RESULT OF SUCH CHALLENGE. GENERALLY, ECS TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL TAX EXAMINATION AND FOUR YEARS FOR STATE TAX EXAMINATION.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN SOPHIE MILLER FOUNDATION 645,505. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -80,493. CHANGE IN INTEREST - COMMUNITY HOUSING MANAGEMENT SERVICES -71,685. TOTAL TO SCHEDULE D, PART XI, LINE 8: 493,327.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN INTEREST - SOPHIE MILLER FOUNDATION 645,505.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 80,493. CHANGE IN INTEREST - COMMUNITY HOUSING MANAGEMENT SERVICES 71,685.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Employer identification number 95-1642373
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
☒ Compensation committee		
☒ Independent compensation consultant		
☒ Form 990 of other organizations		
☒ Written employment contract		
☒ Compensation survey or study		
☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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 only must complete lines 5-9.		
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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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	Yes	
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
(1) MARTHA TAMBURRANO	(i)	288,835	0	18,480	30,790	5,920	344,025	0
	(ii)	0	0	0	0	0	0	0
(2) GREGORY BEARCE	(i)	229,545	0	18,480	24,352	11,947	284,324	0
	(ii)	0	0	0	0	0	0	0
(3) STACIE OCAMPO	(i)	129,659	0	13,743	11,581	9,482	164,465	0
	(ii)	0	0	0	0	0	0	0
(4) JAMES S ROTHROCK	(i)	210,197	0	16,798	20,737	5,221	252,953	0
	(ii)	0	0	0	0	0	0	0
(5) JANELLE MORTON	(i)	136,172	0	16,243	12,294	6,722	171,431	0
	(ii)	0	0	0	0	0	0	0
(6) JOSH JOHNSON	(i)	132,581	3,500	14,043	12,064	11,622	173,810	0
	(ii)	0	0	0	0	0	0	0
(7) RHEA BLANKAS	(i)	133,450	6,500	189	7,545	11,514	159,198	0
	(ii)	0	0	0	0	0	0	0
(8) CATHY SCHUMACHER	(i)	124,510	0	13,328	10,839	11,581	160,258	0
	(ii)	0	0	0	0	0	0	0
	(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.

Identifier	Return Reference	Explanation
	PART I, LINE 7	THE ORGANIZATION PAID MARKETING INCENTIVES BASED ON OCCUPANCY

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service Name of the organization EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Employer identification number 95-1642373										

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LET0	01-07-2010	7,400,000	CONVERSION OF EXISTING VARIABLE RATE BONDS TO FIXED RATE		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LEV5	01-07-2010	5,800,000	CONVERSION OF EXISTING VARIABLE RATE BONDS TO FIXED RATE		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LEU7	01-07-2010	12,950,000	CONVERSION OF EXISTING VARIABLE RATE BONDS TO FIXED RATE		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,350,000							
2	Amount of bonds defeased								
3	Total proceeds of issue	7,400,000		5,800,000		12,950,000			
4	Gross proceeds in reserve funds	122,800		96,500		219,279			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	7,400,000		5,800,000		12,950,000			
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VISupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

Employer identification number
95-1642373

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM AND PRESENTED TO THE BOARD OF DIRECTORS' AUDIT COMMITTEE THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS THE FORM 990 AND RECOMMENDS APPROVAL OF ITS FILING TO THE ENTIRE BOARD OF DIRECTORS THE COMMITTEE NOTIFIES THE BOARD OF DIRECTORS OF THE FILING OF THE FORM 990 AND MAKES THE FORM 990 AVAILABLE TO ALL DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER (CEO AND VICE PRESIDENTS) AND MEMBERS OF THE BOARD OF DIRECTORS COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY AND SUBMIT IT TO THE AUDIT COMMITTEE THE AUDIT COMMITTEE REVIEWS CONFLICT OF INTEREST STATEMENTS PROVIDED BY THE OFFICERS AND DIRECTORS AS THE NEED ARISES BUT NOT LESS THAN ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE THE COMMITTEE UTILIZES THE LEADERSHIP COMPENSATION SURVEY CO-SPONSORED BY AAHSA/CEMO, AND THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT IN ORDER TO ENSURE COMPLIANCE WITH IRS GUIDELINES FOR EXECUTIVE COMPENSATION IN TAX EXEMPT ORGANIZATIONS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST AT THE ATTORNEY GENERAL'S WEBSITE THE GOVERNING/ORGANIZATION DOCUMENTS, FINANCIAL STATEMENTS, AND WRITTEN CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,767,461 PRIOR PERIOD ADJUSTMENTS -2,910,603 CHANGE IN INTEREST IN SOPHIE MILLER FOUNDATION 645,505 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -80,493 CHANGE IN INTEREST - COMMUNITY HOUSING MANAGEMENT SERVICES -71,685 TOTAL TO FORM 990, PART XI, LINE 5 -7,184,737
	FORM 990 PART XII LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM
	FORM 990 PART XI LINE 7	THE AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED JUNE 30, 2011 WERE RESTATED BECAUSE THE RESTATEMENT WAS NOT DUE TO GROSS RECEIPTS BEING OMITTED, THE CHANGE IN THE STATUS OF A PUBLIC CHARITY, NOR A CHANGE IN UNRELATED BUSINESS INCOME AN AMENDMENT OF THE 2010 FORM 990 WAS NOT REQUIRED THE PRIOR PERIOD ADJUSTMENT TO NET ASSETS AS OF JUNE 30, 2011 OF - \$2,905,574 CONSISTS OF THE FOLLOWING CHANGES -TO REDUCE THE OBLIGATION TO PROVIDE FUTURE SERVICES AND USE OF THE FACILITIES IN EXCESS OF AMOUNTS TO BE RECEIVED OR TO BE RECEIVED FOR SUCH SERVICES IN THE AMOUNT OF \$7,000,000, -TO RECORD A PROVISION AND RELATED LIABILITY FOR LOSSES DURING THE PHASE-OUT PERIOD OF DISCONTINUED OPERATIONS IN THE AMOUNT OF - \$11,076,857, AND -TO RECORD RECOGNITION OF ALL UNAMORTIZED DEFERRED REVENUE FROM ENTRANCE FEES RELATED TO SCRIPPS KENSINGTON DISCONTINUED OPERATIONS IN THE AMOUNT OF \$1,171,283

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

Employer identification number
95-1642373

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE SOPHIE MILLER FOUNDATION 1111 S ARROYO PARKWAY PASADENA, CA 91105 27-0707394	SUPPORTING ORGANIZATION OF EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	CA	501(C)(3)	LINE 11A, I	EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Yes	
(2) COMMUNITY HOUSING MANAGEMENT SERVICES 4698 EAST PACIFIC COAST HIGHWAY B LONG BEACH, CA 90804 33-0204306	PROVIDES SERVICES TO AFFORDABLE SENIOR AND DISABLED HOUSING FACILITIES	CA	501(C)(3)	LINE 9	EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Yes	

Part III

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (5)	PROVIDE SUPPORT	CA	EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	T			

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

Yes

Yes

No

No

No

No

No

No

No

Yes

Yes

No

No

No

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SOPHIE MILLER FOUNDATION	C	5,854,222	FAIR MARKET VALUE
(2) THE SOPHIE MILLER FOUNDATION	E	75,000,000	FAIR MARKET VALUE
(3) THE SOPHIE MILLER FOUNDATION	R	4,379,412	FAIR MARKET VALUE
(4) COMMUNITY HOUSING MANAGEMENT SERVICES	D	116,254	FAIR MARKET VALUE
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 95-1642373
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Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,169,155

Part III

MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV

Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	4,169,155
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No						24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2011 tax year (see instructions)					
43 A mortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 95-1642373
Name: EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

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

4d. Other program services					
(Code	) (Expenses \$	210,560	including grants of \$	) (Revenue \$	60,717)
OTHER PROGRAM SERVICES PROVIDE REDEVELOPMENT OF NEW COMMUNITIES					

Additional Data

Software ID:

Software Version:

EIN: 95-1642373

Name: EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
PROJECT FINANCING COSTS	8,816,354
RESTRICTED CASH AND CASH EQUIVALENTS FOR BOND INDENTURE	4,992,999
OTHER RECEIVABLES	442,556
DEFERRED CHARGES AND OTHER ASSETS	482,594
COSTS OF ACQUIRING INITIAL CONTINUING CARE AGREEMENTS, NET	599,335
RESTRICTED INVESTMENTS FOR BOND INDENTURE	4,119,998
INTEREST IN SOPHIE MILLER FOUNDATION	13,806,664
PROJECT DEVELOPMENT COSTS	7,583,905
OTHER ASSETS	13,505
DUE FROM RELATED PARTY - SOPHIE MILLER FOUNDATION	5,664
INTEREST IN COMMUNITY HOUSING MANAGEMENT SERVICES	368