

Form **990-T**

EXTENDED TO MAY 15, 2020

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A ☐ Check box if address changed		Print or Type	Name of organization (☐ Check box if name changed and see instructions.) EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS	D Employer identification number (Employees' trust, see instructions) 95-1642373
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions 605 E. HUNTINGTON DRIVE, NO. 207	E Unrelated business activity code (See instructions)
C Book value of all assets at end of year 209,974,594.			City or town, state or province, country, and ZIP or foreign postal code MONROVIA, CA 91016	
F Group exemption number (See instructions) ▶			G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **N/A** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶ ☐ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **CHARLES RAHILLY** Telephone number ▶ **626-403-5400**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

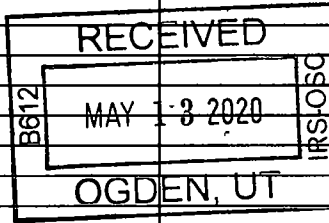
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	0.
32	Unrelated business taxable income. Subtract line 31 from line 30	32	0.

ENVELOPE POSTMARK DATE MAY 08 2020

SCANNED SEP 21 2020

03 Received in

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FOOTNOTES

STATEMENT 1

THE ORGANIZATION MADE A 6/30/19 ESTIMATE PAYMENT AS WELL AS A 6/30/19 EXTENSION PAYMENT BASED ON THE CALCULATED QUALIFIED TRANSPORTATION FRINGE BENEFITS INCOME (WHICH WAS REQUIRED TO BE REPORTED AS UNRELATED BUSINESS INCOME), BUT WHICH HAS SINCE BEEN RETROACTIVELY REVERSED IN ACCORDANCE WITH THE SIGNING OF THE "FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020" ON DECEMBER 20, 2019. AS A RESULT, THE ORGANIZATION IS ONLY FILING THE 6/30/19 FORM 990-T TO REQUEST REFUND OF THESE PAYMENTS.