

DORFMAN ABRAMS MUSIC, LLC
21-00 ROUTE 208 SOUTH
FAIR LAWN, NEW JERSEY 07410

EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.
305 SEVENTH AVENUE
NEW YORK, NY 10001

|||||

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CLIENT'S COPY

Filing Instructions

Prepared for:

EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.
305 SEVENTH AVENUE
NEW YORK, NY 10001

Prepared by:

DORFMAN ABRAMS MUSIC, LLC
21-00 ROUTE 208 SOUTH
FAIR LAWN, NEW JERSEY 07410

2007 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

2007 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

NEW YORK FORM CHAR500 SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUALS.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.	D Employer identification number 13-3709095
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 305 SEVENTH AVENUE	E Telephone number 212 675-1000
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10001	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.EPISCOPALSOCIALSERVICES.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **35,443,987.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	892,177.	
	c Indirect public support (not included on line 1a)	1c	610,000.	
	d Government contributions (grants) (not included on line 1a)	1d	23,949,648.	
	e Total (add lines 1a through 1d) (cash \$ 25,451,825. noncash \$)	1e		25,451,825.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		9,559,441.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		3,024.
	6 a Gross rents SEE STATEMENT 1	6a	4,500.	
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c		4,500.	
7 Other investment income (describe)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	192,600.		
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c		192,600.	
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		232,597.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		35,443,987.	
Expenses	13 Program services (from line 44, column (B))	13	31,722,424.	
	14 Management and general (from line 44, column (C))	14	3,797,535.	
	15 Fundraising (from line 44, column (D))	15	783,125.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		36,303,084.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-859,097.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,531,382.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		720,111.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,392,396.	

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page 2

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	693,200.	312,350.	380,850.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	200,587.	180,528.	20,059.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	15,967,300.	15,014,549.	644,957.	307,794.
27 Pension plan contributions not included on lines 25a, b, and c	592,840.	543,533.	37,720.	11,587.
28 Employee benefits not included on lines 25a - 27	3,201,224.	2,948,547.	189,278.	63,399.
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies				
34 Telephone	355,771.	247,066.	108,370.	335.
35 Postage and shipping				
36 Occupancy	1,895,142.	1,519,341.	370,150.	5,651.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	355,618.	228,332.	127,286.	
42 Depreciation, depletion, etc. (attach schedule)	698,520.	479,508.	219,012.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	12,342,882.	10,248,670.	1,699,853.	394,359.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	36,303,084.	31,722,424.	3,797,535.	783,125.

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

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

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page **3**

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,688,989.
b SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,697,085.
c SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	12,525,344.
d SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,187,773.
e Other program services (attach schedule) SEE STATEMENT 10	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,623,233.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	31,722,424.

Form **990** (2007)

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page 4

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	753,558.	45	46,526.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	4,967,534.			
	b Less: allowance for doubtful accounts	324,892.			
			4,247,225.	47c	4,642,642.
	48 a Pledges receivable	528,951.			
	b Less: allowance for doubtful accounts	30,000.			
			397,900.	48c	498,951.
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		508,739.	53	375,996.
54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	13,452,287.				
b Less: accumulated depreciation STMT 11	6,242,323.				
		7,261,753.	57c	7,209,964.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 12)		220,646.	58	228,244.	
59 Total assets (must equal line 74). Add lines 45 through 58		13,389,821.	59	13,002,323.	
Liabilities	60 Accounts payable and accrued expenses	3,590,864.	60	4,088,219.	
	61 Grants payable		61		
	62 Deferred revenue		62	90,000.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	6,025,966.		64b	5,952,815.
	65 Other liabilities (describe ▶ SEE STATEMENT 13)	2,241,609.		65	1,478,893.
	66 Total liabilities. Add lines 60 through 65		11,858,439.	66	11,609,927.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,349,885.	67	1,171,668.	
	68 Temporarily restricted	181,497.	68	220,728.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,531,382.	73	1,392,396.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		13,389,821.	74	13,002,323.

Form 990 (2007)

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page **6**

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 26		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c	X
If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LUIS RODRIGUEZ 305 7TH AVENUE NEW YORK, NY 10001	0.	196,630.	3,957.	0.

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 15		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

Form **990** (2007)

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page 7

Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>76,576.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0.</u>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u>0.</u>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	511
91 a	The books are in care of THE ORGANIZATION Telephone no. <u>212 675-1000</u>		
	Located at <u>305 SEVENTH AVENUE, NEW YORK, NY</u> ZIP + 4 <u>10001</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country <u>N/A</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page **8**

Part VI	Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/>				
and enter the amount of tax-exempt interest received or accrued during the tax year 92		N/A		

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					9,559,441.
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities			14	3,024.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16		4,500.
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	192,600.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS REVENUE			01	232,597.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		428,221.	9,563,941.
105 Total (add line 104, columns (B), (D), and (E))					9,992,162.

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93F	MEDICAL, DENTAL AND MENTAL HEALTH SERVICES WERE PROVIDED TO CHILDREN RESIDING IN FOSTER BOARDING HOMES, GROUP HOMES AND INTERMEDIATE CARE FACILITIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities <i>(See the instructions.)</i>				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts <i>(See the instructions.)</i>		Yes	No
	(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Form **990** (2007)

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Form 990 (2007)

13-3709095 Page **9**

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here	Signature of officer _____ Date _____ OFFICER Type or print name and title _____												
Paid Preparer's Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature</td> <td style="width: 10%;">Date</td> <td style="width: 15%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 35%;">Preparer's SSN or PTIN (See Gen. Inst. X)</td> </tr> <tr> <td>Firm's name (or yours if self-employed), address, and ZIP + 4</td> <td colspan="2">EIN</td> <td>Phone no.</td> </tr> <tr> <td>DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410</td> <td colspan="2"></td> <td>(201) 796-9100</td> </tr> </table>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.	DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410			(201) 796-9100
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)										
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.										
DORFMAN ABRAMS MUSIC, LLC 21-00 ROUTE 208 SOUTH FAIR LAWN, NEW JERSEY 07410			(201) 796-9100										

Form **990** (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization	EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.	Employer identification number	13 3709095
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ZARIN MOODY 305 7TH AVENUE, NEW YORK, NY 10001	PSYCHOLOGIST 35.00	128,376.	8,516.	
REGINA LAMB-AMATO 305 7TH AVENUE, NEW YORK, NY 10001	PEDIATRICIAN 35.00	122,097.	9,563.	
JULIO GORGA 305 7TH AVENUE, NEW YORK, NY 10001	PHYSICIAN/PEDIATR. 35.00	92,531.	2,776.	
EVELYN ECCLES 305 7TH AVENUE, NEW YORK, NY 10001	CONTROLLER 35.00	92,555.	16,064.	
RICHARD ANNEMONE 305 7TH AVENUE, NEW YORK, NY 10001	PROGRAM DIRECTOR 35.00	93,840.	16,102.	
Total number of other employees paid over \$50,000	50			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
L & S MAINTENANCE 526 DUTCH NECK RD, EAST WINDSOR, NJ 08520	CONSULTANT	345,048.
ROSIN STEINHAGEN MENDEL 801 SECOND ST, NEW YORK, NY 10017	LEGAL	135,983.
DENTISTRY IN MOTION 41 CAMERON ROAD, SADDLE RIVER, NJ 07458	DENTAL	115,025.
MARY JANE SCLAFANI 111 JOHN STREET, NEW YORK, NY 10038	LEGAL	108,582.
CLAUDIA VAZQUEZ 230 7TH ST, BROOKLYN, NY 11215	PSYCHIATRIST	70,625.
Total number of others receiving over \$50,000 for professional services	5	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

EPISCOPAL SOCIAL SERVICES

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>126,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 16	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

EPISCOPAL SOCIAL SERVICES

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	978,542.	1,049,731.	3,716,921.	959,131.	6,704,325.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	28669098.	23808310.	22046243.	23235055.	97,758,706.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,349,222.	87,185.	51,052.	208,989.	3,696,448.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	235,474.	46,762.	SEE STATEMENT 17 416,160.	332,289.	1,030,685.
23 Total of lines 15 through 22	33232336.	24991988.	26230376.	24735464.	109190164.
24 Line 23 minus line 17	4,563,238.	1,183,678.	4,184,133.	1,500,409.	11,431,458.
25 Enter 1% of line 23	332,323.	249,920.	262,304.	247,355.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 228,629.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,431,458.
d Add: Amounts from column (e) for lines: 18 3,696,448. 19 _____ 22 1,030,685. 26b _____					26d 4,727,133.
e Public support (line 26c minus line 26d total)					26e 6,704,325.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.6480%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

EPISCOPAL SOCIAL SERVICES

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

EPISCOPAL SOCIAL SERVICES

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		126,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			126,000.

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

SEE STATEMENT 18

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.

Employer identification number

13-3709095

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.	Employer identification number 13-3709095
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EPISCOPAL MISSION SOCIETY 305 7TH AVENUE NEW YORK, NY 10001	\$ 610,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NYC - ADMIN FOR CHILDREN'S SERVICES 150 WILLIAM ST NEW YORK, NY 10038	\$ 14,405,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NYC DEPARTMENT OF EDUCATION 52 CHAMBERS ST NEW YORK, NY 10007	\$ 5,224,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NYC DEPARTMENT OF JUVENILE JUSTICE 110 WILLIAM ST NEW YORK, NY 10038	\$ 1,836,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	US DEPT OF HEALTH AND HUMAN SERVIES 200 INDEPONDANCE AVE SW WASHINGTON, DC 20201	\$ 761,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS	L				105,682.				105,682.			0.	
2	VEHICLES	VARIOUS	SL	3.00		HY16	331,598.				331,598.	205,188.		49,346.	254,534.
3	BUILDINGS	VARIOUS	SL	40.00		HY16	778,238.				778,238.	77,748.		19,456.	97,204.
4	BUILDINGS	VARIOUS	SL	25.00		HY16	5,617,038.				5,617,038.	2,429,204.		216,824.	2,646,028.
5	COMPUTERS	VARIOUS	SL	5.00		HY16	758,230.				758,230.	536,577.		55,453.	592,030.
6	EQUIPMENT	VARIOUS	SL	10.00		HY16	173,791.				173,791.	104,124.		15,102.	119,226.
7	FURNITURE AND FIXTURES	VARIOUS	SL	5.00		HY16	1,441,723.				1,441,723.	1,222,052.		53,246.	1,275,298.
8	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	7.00		HY16	303,081.				303,081.	303,081.		0.	303,081.
9	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	10.00		HY16	2,447,299.				2,447,299.	537,262.		244,729.	781,991.
10	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00		HY16	25,952.				25,952.	25,952.		0.	25,952.
11	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	10.00		HY16	112,530.				112,530.	92,615.		4,105.	96,720.
12	VEHICLES	06/30/06	SL	5.00		HY16	15,053.				15,053.			3,011.	3,011.
13	BUILDINGS	06/30/07	SL	40.00		HY16	179,711.				179,711.			5,865.	5,865.
14	COMPUTERS	06/30/07	SL	5.00		HY16	8,216.				8,216.			2,738.	2,738.
15	EQUIPMENT	06/30/07	SL	10.00		HY16	15,980.				15,980.			1,598.	1,598.
16	LEASEHOLD IMPROVEMENTS	06/30/07	SL	10.00		HY16	8,000.				8,000.			800.	800.
17	VEHICLES	04/01/07	SL	5.00		HY16	31,234.				31,234.			6,247.	6,247.
19	BUILDING - MORRIS AVE	VARIOUS	NC	25.00		HY	500,000.				500,000.	10,000.		20,000.	30,000.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	COMPUTERS	VARIOUS	SL	5.00		HY16	20,876.				20,876.			0.	
21	EQUIPMENT	VARIOUS	SL	10.00		HY16	5,569.				5,569.			0.	
22	FURNITURE AND FIXTURES	VARIOUS	SL	5.00		HY16	195,142.				195,142.			0.	
23	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	10.00		HY16	254,841.				254,841.			0.	
24	BUILDINGS	VARIOUS	SL	40.00		HY16	108,071.				108,071.			0.	
25	WIP	VARIOUS	SL	40.00		HY16	14,432.				14,432.			0.	
	* TOTAL 990 PAGE 2 DEPR						13452287.				13452287.	5,543,803.		698,520.	6,242,323.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
SUB-LEASE OFF. SPACE TO OTHER 501(C)(3) IN NYC	1	4,500.
	3	
TOTAL TO FORM 990, PART I, LINE 6A		4,500.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
NIGHT AT THE THEATER	192,600.		192,600.		192,600.
TO FM 990, PART I, LINE 9	192,600.		192,600.		192,600.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
CURTAILMENT GAIN ON DEFINED BENEFIT PLAN FREEZING	720,112.
ROUNDING	-1.
TOTAL TO FORM 990, PART I, LINE 20	720,111.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRANSPORTATION AND WORKERS' EXPENSES ALLOWANCES	326,405.	319,523.	6,817.	65.
ACTIVITIES-CHILDREN	188,787.	188,787.		
TUTORING-CHILDREN	308,010.	308,010.		
OUTSIDE-CAMP FEES	87,301.	87,301.		
PURCHASE OF SERVICES	60,703.	60,703.		
FOOD AND CLOTHING	2,694,025.	2,003,033.	410,080.	280,912.
	546,375.	518,934.	26,418.	1,023.

BEDDING, LINEN AND SUPPLIES	612,688.	506,642.	63,204.	42,842.
UTILITIES	344,161.	268,471.	75,690.	
REPAIRS AND MAINTENANCE	368,680.	275,882.	89,083.	3,715.
OFFICE AND MEDICAL SUPPLIES	591,442.	476,847.	86,799.	27,796.
INSURANCE	461,125.	49,907.	411,218.	
REAL ESTATE TAXES AND ASSESSMENTS	357,227.	357,227.		
PROFESSIONAL FEES	770,039.	471,381.	260,652.	38,006.
FOSTER CARE PAYMENTS AND STIPENDS	3,894,465.	3,894,465.		
CLOTHING PAYMENTS	299,117.	299,117.		
SPECIAL PAYMENTS	162,440.	162,440.		
BAD DEBT EXPENSES	269,892.		269,892.	
TOTAL TO FM 990, LN 43	<u>12,342,882.</u>	<u>10,248,670.</u>	<u>1,699,853.</u>	<u>394,359.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

FOSTER CARE AND ADOPTION

EVERY CHILD DESERVES TO GROW UP IN A LOVING AND NURTURING HOME. ESS PROVIDES SUCH AN ENVIRONMENT FOR SOME 500 CHILDREN WHOSE BIRTH FAMILIES WERE UNABLE TO DO SO BECAUSE OF SUCH PROBLEMS AS DRUG/ALCOHOL USE, ANGER MANAGEMENT ISSUES, UNSAFE HOUSING, POOR PARENTING SKILLS, OR DOMESTIC VIOLENCE. THEY ARE PLACED WITH 325 FAMILIES RECRUITED AND TRAINED BY ESS, WHILE THEIR BIRTH FAMILIES ARE HELPED TO DEAL WITH THE PROBLEMS THAT LED TO PLACEMENT. IN MOST CASES, CHILDREN ARE ABLE TO BE SAFELY REUNITED WITH THEIR PARENTS; OTHERS WILL BE ADOPTED BY THEIR FOSTER FAMILIES, RELATIVES, OR OTHERS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

8,688,989.

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY RESIDENCES FOR THE DEVELOPMENTALLY DISABLED IN 1977, ESS OPENED ITS FIRST COMMUNITY RESIDENCE FOR DEVELOPMENTALLY DISABLED INDIVIDUALS, WELCOMING SEVERAL CHILDREN WHO HAD BEEN INSTITUTIONALIZED AT THE WILLOWBROOK SCHOOL IN STATEN ISLAND. THESE YOUNG PEOPLE WERE WELCOMED BY ESS INTO A STRUCTURED, SUPPORTIVE HOME WHERE THEY WERE HELPED TO LIVE AS INDEPENDENTLY AS POSSIBLE, ASSISTED BY COUNSELORS AND OTHER SPECIALISTS. TODAY ESS OPERATES FIVE SUCH RESIDENCES FOR DEVELOPMENTALLY DISABLED ADULTS, SERVING A TOTAL OF 52 PEOPLE. SUPERVISED BY EXPERIENCED AND CARING COUNSELORS, THESE RESIDENTS WORK ON INDEPENDENT LIVING GOALS ESTABLISHED INDIVIDUALLY FOR EACH PERSON. IN ADDITION TO DAY HABILITATION PROGRAMS AND EXCURSIONS, SOME OF THE RESIDENTS HOLD JOBS IN SUPERVISED WORK ENVIRONMENTS. MANY OF THE CHILDREN ESS WELCOMED OVER 25 YEARS AGO ARE NOW ADULTS AND STILL UNDER ITS NURTURING CARE.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
_____	_____
_____	6,697,085.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

EARLY HEAD START

STARTING CHILDREN OUT RIGHT IN LIFE BEGINS EVEN BEFORE THEY ARE BORN. ESS' EARLY HEAD START PROGRAM WORKS WITH EXPECTING LOW-INCOME FAMILIES TO PROMOTE GOOD PRENATAL CARE AND TO HELP NEW PARENTS LEARN HOW TO CARE FOR THEIR BABIES. INFANTS AND TODDLERS UP TO 3 YEARS OF AGE ATTEND CLASSES AT PAUL'S HOUSE, ESS' EARLY CHILDHOOD CENTER IN THE BRONX, THAT FOSTER INTELLECTUAL, EMOTIONAL, AND HEALTHY PHYSICAL GROWTH. IN THE HOME-BASED VERSION OF THE PROGRAM, CASEWORKERS VISIT THE HOMES OF PARTICIPATING FAMILIES TO WORK WITH THE CHILDREN, WHO ALSO ATTEND WEEKLY SOCIALIZATION GROUPS WITH OTHER SAME-AGE CHILDREN. PARENTS ARE OFFERED VARIOUS EDUCATIONAL WORKSHOPS, INCLUDING PRENATAL AND POSTNATAL CARE, NUTRITION, AND COMPREHENSIVE FAMILY SUPPORT SERVICES.

AFTER-SCHOOL PROGRAM

ESS' AFTER-SCHOOL PROGRAM SERVES OVER 1,200 STUDENTS IN TEN PUBLIC ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN NEW YORK CITY. WITH THE GOAL OF HELPING STUDENTS AT ALL LEVELS OF LEARNING ACHIEVE AT THEIR HIGHEST ABILITY, THE PROGRAM NOT ONLY PROVIDES ACADEMIC HELP AND SUPPORT, BUT ALSO ENCOURAGES STUDENTS' PERSONAL DEVELOPMENT. ESS WORKS IN EIGHT ELEMENTARY AND MIDDLE SCHOOLS IN THE SOUTH BRONX AND HARLEM. ACADEMIC SUPPORT AND TUTORING ARE EMPHASIZED BUT THERE ARE ALSO EDUCATIONAL/YOUTH DEVELOPMENT ACTIVITIES WHICH STUDENTS ARE ASSIGNED TO BASED ON THEIR NEED FOR EXTRA ACADEMIC ATTENTION, BEHAVIOR MODIFICATION, AND INTERESTS. THESE ACTIVITIES RANGE FROM THE ARTS TO TECHNOLOGY TO MEDIA TO SPORTS. THE CURRICULAR OFFERINGS ARE FINE TUNED TO MEET THE PARTICULAR NEEDS OF EACH SCHOOL COMMUNITY AND TO BE RESPONSIVE TO THE EDUCATION ENVIRONMENT IN NEW YORK CITY.

PROGRAMS FOCUSED ON HIGH SCHOOL STUDENTS INCLUDE A YOUNG ADULT BOROUGH CENTER (YABC), AN ALTERNATIVE HIGH SCHOOL PROGRAM AT TRUMAN HIGH SCHOOL IN THE BRONX, FOR STUDENTS, 17 TO 21 YEAR OLD, WHO ARE OVERAGE AND UNDER-CREDITED. MOST OF THESE STUDENTS EVENTUALLY DROP OUT OF SCHOOL ALTOGETHER; THE YABC PROGRAM OFFERS EVENING CLASSES FOUR NIGHTS A WEEK SO THAT THESE STUDENTS CAN WORK OR EARN CREDIT FOR INTERNSHIPS DURING THE DAY. WHEN THEY HAVE ACCUMULATED SUFFICIENT CREDITS, THEY ARE GRANTED A REGULAR DIPLOMA FROM THEIR HOME SCHOOL. AND, A YOUTH WORKFORCE DEVELOPMENT PROGRAM IS LOCATED AT STEVENSON HIGH SCHOOL IN THE BRONX TO PROVIDE

IN-SCHOOL ACADEMIC SUPPORT AND CAREER SERVICES FOR JUNIORS AND SENIORS AGES 15-18. THE PROGRAM ASSESSES THE EMPLOYMENT AND WORK READINESS SKILLS OF PARTICIPATING STUDENTS, AS WELL AS THEIR ACADEMIC SKILLS LEVEL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		12,525,344.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE FOUR

CHILDREN'S HEALTH SERVICES

MANY, IF NOT MOST, OF THE CHILDREN ENTERING ESS' FOSTER CARE PROGRAM ARE IN URGENT NEED OF MEDICAL CARE FOR A VARIETY OF REASONS INCLUDING POOR NUTRITION AT HOME, LACK OF MEDICAL ATTENTION, INCOMPLETE FOLLOW-UP BY OVERLOADED COMMUNITY CLINICS, LACK OF MONEY, LACK OF REGULAR SCHOOLING, PRENATAL MATERNAL USE OF NARCOTICS, AND EMOTIONAL TRAUMA OR ABUSE. ESS' MEDICAL CLINICS IN MANHATTAN AND AT PAUL'S HOUSE IN THE SOUTH BRONX PROVIDE A COMPREHENSIVE, HIGH-QUALITY RANGE OF PEDIATRIC MEDICINE, CHILD PSYCHIATRY, CHILD PSYCHOLOGY, AND DENTAL SERVICES FOR ALL OF THEM. THEY RECEIVE A COMPLETE MEDICAL AND MENTAL HEALTH CHECKUP, VACCINATIONS, AND WHATEVER TREATMENTS OR THERAPIES THEY REQUIRE. ESS' MEDICAL STAFF IS COMMITTED TO MAKING SURE THAT EVERY CHILD IN THEIR CARE IS HEALTHY, HAPPY, AND ABLE TO THRIVE PHYSICALLY AND EMOTIONALLY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		2,187,773.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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EXPLANATION

EPISCOPAL SOCIAL SERVICES WAS FOUNDED IN 1831 AS THE PROTESTANT EPISCOPAL CITY MISSION SOCIETY AND HAS A LONG HISTORY OF NON-SECTARIAN SERVICE IN NEW YORK. EACH YEAR WE HELP SOME 5,000 NEW YORKERS IN NEED THROUGH PROGRAMS IN FOSTER CARE AND ADOPTION, EARLY CHILDHOOD EDUCATION, AFTER-SCHOOL PROGRAMS, GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS, AND COMMUNITY RE-INTEGRATION OF THE FORMERLY-INCARCERATED. BY PROVIDING HOPE AND ENCOURAGEMENT TO DISADVANTAGED CHILDREN, FAMILIES, AND INDIVIDUALS, WE SEEK

TO HELP THEM BUILD BETTER LIVES FOR THEMSELVES AND THEIR COMMUNITIES.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 10

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
<p>NETWORK IN THE PRISONS / NETWORK IN THE COMMUNITY RE-ENTERING SOCIETY AFTER SERVING A PRISON TERM IS A DAUNTING TASK - A REALITY UNDERSCORED BY THE FACT THAT NATIONWIDE, OVER 67% OF FORMERLY-INCARCERATED MEN AND WOMEN RETURN TO PRISON. NETWORK IN THE PRISONS AND NETWORK IN THE COMMUNITY HAVE HELPED TO CHANGE THAT PROSPECT FOR HUNDREDS OF FORMER PRISONERS RETURNING TO THE NEW YORK CITY AREA. NETWORK IN THE PRISONS OPERATES VOLUNTARY THERAPEUTIC COMMUNITIES IN NINE NEW YORK STATE MEDIUM- AND MAXIMUM-SECURITY PRISONS WHICH ENCOURAGE INMATES TO DEVELOP STRATEGIES FOR CHANGING THEIR PERSONAL VALUES AND BEHAVIORS, SETTING THE STAGE FOR THEIR EVENTUAL RELEASE. WHEN THEY RETURN TO THEIR FAMILIES AND NEIGHBORHOODS, NETWORK IN THE COMMUNITY MAKES AVAILABLE, EITHER DIRECTLY OR THROUGH LINKAGES WITH OTHER AGENCIES, A RANGE OF RE-ENTRY SERVICES TO HELP THEM SUCCESSFULLY USE THEIR SECOND CHANCE IN LIFE. FROM ANGER MANAGEMENT AND SUBSTANCE ABUSE COUNSELING TO JOB PLACEMENT AND HOUSING ASSISTANCE, NETWORK HELPS PARTICIPANTS DISCOVER, PERHAPS FOR THE FIRST TIME, THEIR CONNECTION WITH THE LARGER SOCIETY; THIS HELPS THEM BECOME STABLE, PRODUCTIVE CITIZENS AND RESPONSIBLE FAMILY MEMBERS. THE RESULT: A THREE-YEAR RECIDIVISM RATE OF ONLY 12%, LESS THAN ONE-FIFTH THE NATIONAL AVERAGE.</p>	<p>0.</p>	<p>1,623,233.</p>

VOLUNTEER SERVICES PROGRAM
 ESS' VOLUNTEER SERVICES PROGRAM GIVES INDIVIDUALS THE CHANCE TO HAVE A DIRECT IMPACT ON THE CHILDREN, FAMILIES, INDIVIDUALS, AND COMMUNITIES THAT NEED A HELPING HAND. BY DONATING THEIR TIME AND SPECIAL SKILLS AND ABILITIES, VOLUNTEERS HELP TO LEVERAGE THE WORK OF PROGRAM STAFF TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF THOSE IN NEED THROUGHOUT THE AGENCY'S RANGE OF PROGRAMS. OPPORTUNITIES EXIST TO SERVE THROUGHOUT MANHATTAN AND THE BRONX AS CLASSROOM ASSISTANTS, OFFICE ASSISTANTS, MENTORS, TUTORS, RECREATION ASSISTANTS, COMPANIONS, EDUCATIONAL PRESENTERS OF WORKSHOPS, AND MORE. IN ADDITION TO INDIVIDUALS, ESS ALSO WELCOMES GROUP VOLUNTEERS SUCH AS CORPORATE DEPARTMENTS, SCOUT TROOPS, FAITH-BASED GROUPS, AND OTHERS. ESS ALSO ACCEPTS STUDENT INTERNS FROM HIGH SCHOOL OR COLLEGE PROGRAMS SEEKING TO RECEIVE CREDIT AND EXPERIENCE IN A CHOSEN FIELD OF

EXPERTISE.

TOTAL TO FORM 990, PART III, LINE E

1,623,233.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	105,682.	0.	105,682.
VEHICLES	331,598.	254,534.	77,064.
BUILDINGS	778,238.	97,204.	681,034.
BUILDINGS	5,617,038.	2,646,028.	2,971,010.
COMPUTERS	758,230.	592,030.	166,200.
EQUIPMENT	173,791.	119,226.	54,565.
FURNITURE AND FIXTURES	1,441,723.	1,275,298.	166,425.
LEASEHOLD IMPROVEMENTS	303,081.	303,081.	0.
LEASEHOLD IMPROVEMENTS	2,447,299.	781,991.	1,665,308.
LEASEHOLD IMPROVEMENTS	25,952.	25,952.	0.
LEASEHOLD IMPROVEMENTS	112,530.	96,720.	15,810.
VEHICLES	15,053.	3,011.	12,042.
BUILDINGS	179,711.	5,865.	173,846.
COMPUTERS	8,216.	2,738.	5,478.
EQUIPMENT	15,980.	1,598.	14,382.
LEASEHOLD IMPROVEMENTS	8,000.	800.	7,200.
VEHICLES	31,234.	6,247.	24,987.
BUILDING - MORRIS AVE	500,000.	30,000.	470,000.
COMPUTERS	20,876.	0.	20,876.
EQUIPMENT	5,569.	0.	5,569.
FURNITURE AND FIXTURES	195,142.	0.	195,142.
LEASEHOLD IMPROVEMENTS	254,841.	0.	254,841.
BUILDINGS	108,071.	0.	108,071.
WIP	14,432.	0.	14,432.
TOTAL TO FORM 990, PART IV, LN 57	13,452,287.	6,242,323.	7,209,964.

FORM 990 OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER ASSETS	220,646.	
PERSONAL ALLOWANCE		3,012.
EXCHANGE ACCOUNT		18,183.
SECURITY DEPOSITS - UTILITIES		16,645.
SECURITY DEPOSITS - RENT		183,761.
SECURITY DEPOSIT - OTHER		6,643.
TOTAL TO FORM 990, PART IV, LINE 58	220,646.	228,244.

FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED PENSION EXPENSE	1,922,383.	1,223,229.
DUE TO GOVERNMENT AGENCIES	285,733.	254,648.
DUE TO AFFILIATES	33,493.	1,016.
TOTAL TO FORM 990, PART IV, LINE 65	2,241,609.	1,478,893.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARSHALL M GREEN 305 7TH AVENUE NEW YORK, NY 10001	CHAIRMAN 2.00	0.	0.	0.
JOHN T ANDREWS, JR. 305 7TH AVENUE NEW YORK, NY 10001	TREASURER 2.00	0.	0.	0.
REV. BERTRAM BENNETT 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
REV. CANON GEORGE BRANDT, JR. 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
ROBERT DAUM 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
DALL FORSYTHE 305 7TH AVENUE NEW YORK, NY 10001	VICE PRESIDENT 2.00	0.	0.	0.
JOHN GRAMMER 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.

JACQUELYN HAMILTON 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
THOMAS M HICKEY 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
JULIA KAHR 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
E. PETER KRULEWITCH 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
MARGARET LANGAN 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
SAMUEL N LEVIN 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
MALCOLM MACKAY 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
STEPHEN S MADSEN 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
DIANA NOURI 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
RABBI JOSEPH POTASNIK 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
THE RT. REV MARK SISK 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
GERARDO E SOTO 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
EILEEN WEBER 305 7TH AVENUE NEW YORK, NY 10001	CFO 35.00	149,615.	8,834.	0.

KERRY HUI 305 7TH AVENUE NEW YORK, NY 10001	ASST EXEC. DIRECTOR 35.00	159,615.	14,873.	0.
ROBERT H GUTHEIL 305 7TH AVENUE NEW YORK, NY 10001	EXECUTIVE DIRECTOR 35.00	199,981.	7,102.	0.
KENNETH M KRAMER 305 7TH AVENUE NEW YORK, NY 10001	PRESIDENT 2.00	0.	0.	0.
ELIZABETH P MUNSON 305 7TH AVENUE NEW YORK, NY 10001	VICE PRESIDENT & SECRETARY 2.00	0.	0.	0.
ROBERT CARMONA 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
DENNIS R COLEMAN 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
ROBERT E FORAN 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
MICHAEL GILLIGAN, PHD 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
ANNE LOWN 305 7TH AVENUE NEW YORK, NY 10001	ASST EXEC. DIRECTOR 35.00	46,308.	0.	0.
CORDELIA MCNISH 305 7TH AVENUE NEW YORK, NY 10001	ASST EXEC. DIRECTOR 35.00	99,231.	7,641.	0.
JOSE MALDONADO 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
DEBORAH SNYDER 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
JENNIFER BREHENY WALLACE 305 7TH AVENUE NEW YORK, NY 10001	BOARD MANAGER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		654,750.	38,450.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 15

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
EPISCOPAL MISSION SOCIETY OF NEW YORK, INC.	X	
SHELTERING ARMS DAY CARE SERVICES, INC.	X	

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 16

SEE PART V-A OFFICERS COMPENSATION

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	235,474.	46,762.	416,160.	332,289.
TOTAL TO SCHEDULE A, LINE 22	<u>235,474.</u>	<u>46,762.</u>	<u>416,160.</u>	<u>332,289.</u>

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 18

TO PROVIDE OPPORTUNITIES TO EDUCATE EXECUTIVE STAFF AND LEGISLATIVE MEMBERS
OF EDUCATIONAL AND SOCIAL WELFARE PROGRAMS THAT AFFECT CHILDREN AND FAMILIES
IN NEW YORK STATE

Depreciation and Amortization 990
(Including Information on Listed Property)

2007

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **67**

Name(s) shown on return EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 13-3709095
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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 the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
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 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2008. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	698,520.

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 2007	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	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 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 2007 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 instr.	22	698,520.
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	

**EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	:	%			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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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?		

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) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2007 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

Part I only

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

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

Type or print	Name of Exempt Organization EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.	Employer identification number 13-3709095
	Number, street, and room or suite no. If a P.O. box, see instructions. 305 SEVENTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001	

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

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

• The books are in the care of ▶ **THE ORGANIZATION**

Telephone No. ▶ **212 675-1000** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

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

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

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

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization **EPISCOPAL SOCIAL SERVICES
OF NEW YORK, INC.**

Employer identification number
13-3709095

Name and title of officer
**ROBERT GUTHEIL
OFFICER**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>35443987</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DORFMAN ABRAMS MUSIC, LLC to enter my PIN 79691
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22061079691
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2007
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2007 and ending (mm/dd/yyyy) 06/30/2008		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 305 SEVENTH AVENUE City or town, state or country and ZIP + 4 NEW YORK, NY 10001	d. Fed. employer ID no. (EIN) 13-3709095 e. NY State registration no. 052050 f. Telephone number 212 675-1000 g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title OFFICER Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$ <u>250.</u>	
c. Total fee	\$ <u>275.</u>	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -

EPISCOPAL SOCIAL SERVICES OF NEW YORK, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)



DORFMAN ABRAMS MUSIC, LLC
*CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS*

November 4, 2008

VIA EMAIL: charities.extensions@oag.state.ny.us

Registration Section
Charities Bureau of the Attorney General
120 Broadway
New York, NY 10271

Reference:	Episcopal Social Services of New York, Inc.
State Registration Number:	052050
Federal ID Number:	13-3709095
Fiscal Year Ended:	June 30, 2008

Dear Sir or Madam:

Please accept this letter as a Request to Extend the Filing of Form CHAR 500 for the above named entity. We hereby request an extension of three months to February 15, 2009 as additional information is needed in order to file a complete and accurate return.

Please email the confirmation of receipt and acceptance of this request to adovidio@dorfman.com.

Sincerely,

Andrew Silverstein, CPA
Member of the Firm

AS/ad/n:/wp/tax/extensionltrs/episcopal socserv08.doc

