## PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 53530

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number AMERICAN FRIENDS OF THE EPISCOPAL Address change DIOCESE OF JERUSALEM Name change 59-6155008 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 25 OLD KINGS HWY NORTH (203)655-35752,460,268. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return DARIEN, CT 06820 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN LENT for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.AFEDJ.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1961 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE HUMANITARIAN AID TO Governance INSTITUTIONS OF THE EPISCOPAL DIOCESE OF JERUSALEM. if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 19 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 2,118,522. 2,004,345. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 8.586. 25.494. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 2,012,931. 2,144,016. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,076,906. 1,647,139. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 335,570. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 361,796. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 176,871. 169,681. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,178,616. 1,589,347. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 423,584. -34,600. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,988,545. 2,098,823. Total assets (Part X, line 16) 2,215. 58,996. 21 Total liabilities (Part X, line 26) 三年 986,330. 039,827 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOHN LENT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SCOTT M. BRENNER P01247233 Paid self-employed Firm's name MARKS PANETH LLP Firm's EIN ▶ 11-3518842 Preparer Firm's address 4 MANHATTANVILLE ROAD Use Only PURCHASE, NY 10577 Phone no. (914)524-9000

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM IS DEVOTED
	TO BUILDING HOPE AND PEACE BY FINANCIALLY SUPPORTING EDUCATION AND
	HEALTHCARE AVAILABLE TO ALL IN THE HOLY LAND AND RAISING AWARENESS IN
	THE UNITED STATES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?  Yes X No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,647,139 . including grants of \$1,647,139 . ) (Revenue \$)
	AFEDJ IS AN INDEPENDENT ORGANIZATION THAT WORKS IN PARTNERSHIP WITH THE
	EPISCOPAL DIOCESE OF JERUSALEM AND ITS MINISTRIES AND INSTITUTIONS. IT
	GENERATES INCREASED AWARENESS OF AND RAISES FUNDS FOR THE SUPPORT OF
	HOSPITALS, SCHOOLS, AND PROGRAMS IN PALESTINE, ISRAEL, LEBANON, SYRIA
	AND JORDAN. THESE INSTITUTIONS WELCOME ALL WHO LIVE IN THESE COUNTRIES.
	140 502
4b	(Code:) (Expenses \$149,502. including grants of \$) (Revenue \$) IN ADDITION TO FUNDING INSTITUTIONS IN THE MIDDLE EAST, AFEDJ WORKS TO
	EDUCATE DONORS AND PROSPECTS IN THE US ABOUT THE VARIOUS NEEDS IN THE
	DIOCESE OF JERUSALEM. THIS IS DONE THROUGH NEWSLETTERS, SPEAKING
	ENGAGEMENTS, WORKSHOPS AND DIOCESAN CONVENTIONS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,796,641.

Form **990** (2020)

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ا ا		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ـ د د ا	Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<sub>V</sub>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l	37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		77	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ا
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Page 4

# AMERICAN FRIENDS OF THE EPISCOPAL

Form 990 (2020) DIOCESE OF JERUSALEM

Part IV Checklist of Required Schedules (continued)

Pa	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
•	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	Х	1

Form 990 (2020) DIOCESE OF JERUSALEM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	5a		X			
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			60		Х			
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a					
b	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			0.5					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		Х			
	If IIVe a II ali al the consequention and if the above of the control of the cont			7b					
С	c Did the organization notity the donor of the value of the goods or services provided?								
	to file Form 8282?			7с		_X_			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u>X</u>			
f	3 , 3 , 1 , 1								
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
^	sponsoring organization have excess business holdings at any time during the year?								
9	3								
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b					
10	Section 501(c)(7) organizations. Enter:			35					
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:		_						
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	I						
c	Enter the amount of reserves on hand	13c	i	-					
	14a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.				265				
				Form	990	(2020)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 18										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 18										
2											
	officer, director, trustee, or key employee?										
3											
·	of officers, directors, trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	<u>5</u>		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
,	more members of the governing body?	7a		x							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15									
а	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l								
	This Section B requests information about policies not required by the internal nevertie Code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100									
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b											
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х								
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CT, AL, AK, AR, CA, CO, DC, FL, GA	,HI	,IL	, KY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)										
	for public inspection. Indicate how you made these available. Check all that apply.	- /									
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JOHN LENT, EXECUTIVE DIRECTOR - (203) 655-3575										
	1051 POST ROAD, DARIEN, CT 06820										

Page 7

## Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	_	l an	uau	liecic	,c.o./.i.usice)		from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 2/ 1888 *********************************		and related
	below	idual	tution	er	Key employee	est co	Je.			organizations
	line)	lh dị	Insti	Officer	Key	High	Former			
(1) JOHN LENT	40.00	<u> </u>								
EXECUTIVE DIRECTOR				Х		<u> </u>		127,878.	0.	17,701.
(2) THE RT. REV. BARRY L. BEISNER	4.00									
DIRECTOR		Х				_		0.	0.	0.
(3) HOLLY J. BOONE	4.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(4) DONALD R. CRAWSHAW	4.00	ļ								
DIRECTOR		Х				_		0.	0.	0.
(5) ELSA J. DELAND	4.00	ļ								
DIRECTOR		Х				_		0.	0.	0.
(6) THE REV. CANON M. DAYTON-WELCH	4.00	ļ								
SECRETARY	4 00	Х		Х		_		0.	0.	0.
(7) THE REV. ANNE E. DERSE	4.00	ļ								
DIRECTOR	4 00	Х			_	┝		0.	0.	0.
(8) MIKE EVANS, MD	4.00	<b>∤</b>								
DIRECTOR	4 00	Х				_		0.	0.	0.
(9) GREG HERRLE	4.00	٠,,							_	_
DIRECTOR CHARLES OF CH	4 00	Х			_	┝		0.	0.	0.
(10) THE RT. REV. D. GUTIERREZ	4.00	х							_	_
(11) THE RT. REV A. HODGES-COPPLE	4.00	^						0.	0.	0.
DIRECTOR	4.00	х						0.	0.	0.
(12) ELIZABETH KEESEE HENRY	4.00	^			_	┢		0.	0.	•
DIRECTOR	4.00	x						0.	0.	0.
(13) MATTHEW JOHNSON	4.00					$\vdash$			•	•
DIRECTOR	4.00	х						0.	0.	0.
(14) ENDICOTT PEABODY	4.00									
BOARD VICE CHAIR		x		х				0.	0.	0.
(15) THE REV. CANON NICHOLAS PORTER	4.00	1							•	
DIRECTOR		Х						0.	0.	0.
(16) THE RT. REV GREG RICKEL	4.00	1								
BOARD CHAIR		Х		Х				0.	0.	0.
(17) LISA SAMS	4.00									
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2020)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	3) (C)						(D)	(E)			(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable			timated
	hours per week		, unles cer an					compensation from	compensation from related			ount of other
	(list any	tor						the	organizations			oensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)		fr	om the
	related	stee c	truste		au au	pensa		(W-2/1099-MISC)			•	anization
	organizations below	ual tru	tional		ploye	st com						d related Inizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	IIIZations
(18) ROBIE WHITE	4.00									$\top$		
TREASURER		Х		Х				0.	0	١.		0.
(19) PENELOPE WINDER	4.00											
DIRECTOR		Х						0.	0	•		0.
(20) ROBERT B. DRUMHELLER	4.00	l										•
BOARD VICE CHAIR (OUTGOING)	4 00	Х		X				0.	0	-		0.
(21) SOLOMON OWAYDA	4.00	₹.						0.	0			٥
DIRECTOR (OUTGOING) (22) CHRISTOPHER HAYES	4.00	Х						0.	U	+		0.
DIRECTOR (OUTGOING)	4.00	Х						0.	0			0.
(23) JOHN NASIR	4.00							0.	0			· ·
DIRECTOR (OUTGOING)	4.00	Х						0.	0	١.١		0.
										Ť		
										$\perp$		
								105 050		$\dashv$	4.	7 504
1b Subtotal								127,878.			1.	7,701.
c Total from continuation sheets to Part VII								127,878.		) .	1 -	<u>0.</u> 7,701.
d Total (add lines 1b and 1c)							<u> </u>	· · · · · · · · · · · · · · · · · · ·		•		/,/UI·
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot ilmited to th	ose	liste	a ac	ove	e) wn	io re	eceived more than \$100,	000 of reportable			1
compensation from the organization												Yes No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	mpl	ove	e. or	hia	nhest compensated empl	lovee on			
line 1a? If "Yes," complete Schedule J for si											3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		[	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5	X
Section B. Independent Contractors												
Complete this table for your five highest con										ısati	on fro	m
the organization. Report compensation for t	ne calendar ye	eare	nain	ig w	ith C	or wi	tnin		ear.		(C	-1
Name and business	address	NO	ONE	C.				<b>(B)</b> Description of s	ervices	Cc		nsation
							$\dashv$					
_							$\dashv$					
2 Total number of independent contractors (in	ncludina hut na	ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ŭ	111			(							
, , , , , , , , , , , , , , , , , , , ,	F										-orm (	990 (2020)

Form 990 (2020) DIOCESE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to anv lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							00000010 0 12 0 1 1
nts		Federated campaigns 1a		-			
ira Ou		Membership dues1b		-			
s, ( Am		Fundraising events 1c		-			
a iit	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)					
ioi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 2,	118,522.				
ÖĘ	g	Noncash contributions included in lines 1a-1f					
Sor	h	Total. Add lines 1a-1f		2,118,522.			
<u> </u>			Business Code				
	2 a						
je							
er, ne	b						
n S	C						
ar Be	d						
Program Service Revenue	е	·					
۵.		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		92.			92.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		I. Niet wentel in service ou (less)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 341,654.	(, 5	-			
		-		-			
	L.	Less: cost or other basis					
n l		and sales expenses 76 316, 252.		-			
Revenue		Gain or (loss) 7c 25,402.		25 402			25 402
		Net gain or (loss)	<b></b>	25,402.			25,402.
her	8 a	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events	<b></b>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
			<b>&gt;</b>				
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b		-			
		Net income or (loss) from sales of inventory					
-+		Net income of (loss) from sales of inventory	Business Code				
SI	44 -		Business odde				
eo ne	11 a			<del> </del>			
llar (en	b						
Miscellaneous Revenue	C						
Ξ	0	All other revenue					
		Total revenue See instructions		2,144,016.	0.	0.	25,494.
	12	Total revenue. See instructions	<u></u> <u> </u>	₩ , x <del>z z</del> , O T O •	ı	ı •	40,404.

Page 10

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

secti	ion 501(c)(3) and 501(c)(4) organizations must comp			ріете соіитп (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,647,139.	1,647,139.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.45 500	40 674	22.116	
	trustees, and key employees	145,580.	43,674.	29,116.	72,790.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 000	40.556	22 522	EC 22.
7	Other salaries and wages	159,000.	48,576.	33,500.	76,924.
8	Pension plan accruals and contributions (include	14 200	2 602	2 226	F 500
	section 401(k) and 403(b) employer contributions)	14,309.	3,693.	3,026.	7,590. 10,844.
9	Other employee benefits	20,777.	5,606.	4,327.	10,844.
10	Payroll taxes	22,130.	6,125.	4,567.	11,438.
11	Fees for services (nonemployees):				
а	Management				
b					
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	F 700		F 700	
f	Investment management fees	5,780.		5,780.	
g	Other. (If line 11g amount exceeds 10% of line 25,	62.066	1.00	24 520	27 250
	column (A) amount, list line 11g expenses on Sch O.)	62,066.	169.	24,538.	37,359.
12	Advertising and promotion	40 E00	27 050	2 765	17 605
13	Office expenses	48,508.	27,058.	3,765.	17,685.
14	Information technology				
15	Royalties	22 002	0 101	A E C 1	0 101
16	Occupancy	22,803. 5,222.	9,121. 1,773.	4,561.	9,121. 2,519.
17	Travel	3,444.	1,113.	930.	4,519.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	3,655.		3,655.	
22	Depreciation, depletion, and amortization	2,798.	779.	560.	1,459.
23	Other expanses Itemize expanses not sourced	4,130.	113.	300.	1,433.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  MISCELLANEOUS	9,905.	1,623.	6,751.	1,531.
a b	DUES & SUBSCRIPTIONS	8,944.	1,305.	3,640.	3,999.
	DOED & BOBSCKIIIIONS	0,,,,,,,,,	1,303.	3,040.	3,333.
c d					
	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	2,178,616.	1,796,641.	128,716.	253,259.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,110,010•	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120,110•	433,437.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIII 30F 98-2 (A5C 958-720)				Form <b>990</b> (2020)

Form 990 (2020)
Part X Balance Sheet

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X I			(D)
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			534,663.	1	516,272.
	2	Savings and temporary cash investments			478,965.		481,889.
	3	Pledges and grants receivable, net			82,907.	3	15,213.
	4	Accounts receivable, net			4	119.	
	5	Loans and other receivables from any current	officer, director,				
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲¥	9	Prepaid expenses and deferred charges			4,427.	9	5,936.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	25,045.			
	b	Less: accumulated depreciation	. 10b	13,259.	14,496.	10c	11,786.
	11	Investments - publicly traded securities			871,087.	11	1,065,608.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,000.	15	2,000.	
	16	Total assets. Add lines 1 through 15 (must ed	3)	1,988,545.	16	2,098,823.	
	17	Accounts payable and accrued expenses		2,215.	17	2,676.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
န္	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
iab		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	ed third p	parties		24	56,320.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			0.015	25	F0 006
	26	Total liabilities. Add lines 17 through 25			2,215.	26	58,996.
,		Organizations that follow FASB ASC 958, c	heck her	e ▶ \ <u>X</u>			
Š		and complete lines 27, 28, 32, and 33.			1 100 000		1 016 445
lan	27				1,102,027.	27	1,216,445.
B	28	Net assets with donor restrictions			884,303.	28	823,382.
ğ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
F F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
SSe	30	Paid-in or capital surplus, or land, building, or				30	
اپّ	31	Retained earnings, endowment, accumulated			1 006 333	31	0 000 005
8	32	Total net assets or fund balances			1,986,330.	32	2,039,827.
	33	Total liabilities and net assets/fund balances			1,988,545.	33	2,098,823.

Ра	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	144	1,0	<u> 16.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	178	3,6	16.			
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,	039	9,8	27.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	Э.	_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit T						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h					

032012 12-23-20

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN FRIENDS OF THE EPISCOPAL

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

DIOCESE OF JERUSALEM 59-6155008 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

59-6155008 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1179971.	1461597.	1805688.	2004345.	2118522.	8570123.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1179971.	1461597.	1805688.	2004345.	2118522.	8570123.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2070227.
6	Public support. Subtract line 5 from line 4.						6499896.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1179971.	1461597.	1805688.	2004345.	2118522.	8570123.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	145.	602.	194.	370.	92.	1,403.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		16,463.	7,075.			23,538.
11	<b>Total support.</b> Add lines 7 through 10						8595064.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	75.62 %
	Public support percentage from 2019					15	83.03 %
16a	<b>33 1/3</b> % <b>support test - 2020.</b> If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	~		• • •	-		▶□
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		•		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· <b>▶</b>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Calledar year (or fiscal year beginning in)  1. Giffs, grants, contributions, and membership best received. (i) On not include any "unusual grants.")  2. Gross receipts from admissions, more trainables sold or services per admission, more trainables and the services of the organization's tax exemple purpose of gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues level of for the organization's trainable section 513  5. The value of services of facilities furnished by a governmental unit to the organization without change to the organization of securities bears, received to greate of \$0.000 to the organization of \$0.000 to the organizati	Section	on A. Public Support	siow, piease comp	olete Part II.)				
1. Giffs, grants, contributions, and membership beer received, (Do not include any "unusual grants.").  Girass receipts from admissions, merchandise sold or services per formed, or actitities turnished in any activity that is related to the organization's tax-ewempt purpose 3. Girass receipts from activities that are not an ununlated trade or business under section 513.  4. Tax revenues level of the organization is the half of the property of		• • • • • • • • • • • • • • • • • • • •	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
include any *unusual grants.*)  2 Gross rescripts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's take-warmy burpose  3 Gross rescripts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levela for the organization's benefit and of their paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and of their paid to or expended on this behalf  6 Total. Add lines 1 through 5  7 A amounts included on lines 1, 2, and 3 received from disqualified persons burnous that the form disqualified persons burnous the form disqualified persons burnous that the form was personal to the form disqualified persons burnous that the form was personal to the form disqualified persons burnous that the form was personal to the form the form was personal to					. ,			, ,
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merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization is developed by the propose of the pro	inc	lude any "unusual grants.")						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization is developed by the propose of the pro	<b>2</b> Gro	oss receipts from admissions,						
any activity that is related to the organization's tax-exempt purpose of congration to star-exempt purpose of congrations tax-exempt purpose of the organization's therefore the congration is started to the congratization's benefit and either paid to or expended on its behalf or congratization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization without charge of Total, Add lines 1 through 5 and 3 received from disqualified persons by America scalarities furnished by a governmental unit to the organization without charge of Total, Add lines 1 through 5 and 3 received from disqualified persons by America scalarities and the congration of the congratication of the congr	me	rchandise sold or services per-						
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## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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n 990 or 99	0-EZ	2020

	rt IV   Supporting Organizations (continued)			ago <b>o</b>
	1.1 C C (GOMENTAGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
300	tion 6. Type it oupporting organizations		V	
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	<i>,</i> 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	s). Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

59-6155008 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 c From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

## AMERICAN FRIENDS OF THE EPISCOPAL

Schedule A (Form 990 or 990-EZ) 2020 DIOCESE OF JERUSALEM

59-615<u>5008 Page 8</u>

Part V	Part IV, Se	<b>nental</b> lection A, I	<b>information.</b> Provide the explanations remes 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11	quired by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
		, lines 5, 6		1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, d 6. Also complete this part for any additional information.
SCHE	DULE A,	PART	II, LINE 10, EXPLANATI	ON FOR OTHER INCOME:
FUNDI	RAISING			
2017		\$	16,463.	
2018	AMOUNT:	\$	7 075	

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization

Organization type (check one):

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM

**Employer identification number** 

59-6155008

Filers of:	Section:				
Form 990 or 990-l	EZ X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
sections any one	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; m 990-EZ, line 1. Complete Parts I and II.				
contribu literary, o	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.				
year, cor is check purpose	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the intributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,  Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively, charitable, etc., contributions totaling \$5,000 or more during the year				
but it <b>must</b> answe	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), er "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sn't 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM

Employer identification number

59-6155008

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$60,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$300,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ <u>102,290.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$89,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM

Employer identification number

59-6155008

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7_		\$50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8_		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM

Employer identification number

59-6155008

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-   -   -   \$	
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- -	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	

Employer identification number Name of organization AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM 59-6155008

	Use duplicate copies of Part III if additional	snace is needed	less for the year. (Enter this info. once.)
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, al	(e) Transfer of gift	Relationship of transferor to transferee
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM

**Employer identification number** 59-6155008

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferring
Part	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft	*	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or terminated by th	e organization during the tax
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ease	ment is located	-
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	Organizations Maintaining Collections of A		tner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its finance		
	If the organization elected, as permitted under FASB ASC 958,	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		al gain, provide
	the fellowing and a section of the least of the land of the land of the least of th	0.050 1.1. 1.11 11	
	the following amounts required to be reported under FASB ASC	_	
а	the following amounts required to be reported under FASB ASC  Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X	_	

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply):  a	Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tre	asures, or Othe	r Simil	ar Assets	(contin	ued)	
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other record	s, check any of the f	ollowing that make s	significar	nt use of its	•	,	
b Scholarly research e Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds anterther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  1c Amount  C Beginning balance  1d Amount  1d E Beginning balance  2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?  Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  B Beginning of year balance  1a Beginning of year balance  883, 057, 745, 293, 816, 320, 968, 748, 793, 625, 68, 074, 69, 67, 67, 747, 747, 747, 747, 747, 747,		collection items (check all that apply):								
c	а	Public exhibition	d	l Loan or excl	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part V  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b if "Yes," explain the arrangement in Part XIII and complete the following table:    C	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.    Is the organization an angust, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.    Is the organization an angust, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.    Is the organization and the arrangement in Part XIII and complete the following table:    Is the organization and the arrangement in Part XIII and complete the following table:    Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and the part XIII and complete the following table:   Is the organization and programs   Is the organization and the part XIII and complete the following table:   Is the organization and programs   Is the org	С	c Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's coll	ections and explair	n how they further th	e organization's exe	mpt purp	oose in Part	XIII.		
Part V   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproted an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X   III   Yes   X   No   If "Yes = Explain the arrangement in Part XIII and complete the following table:    C	5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	r assets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escribing the season of the season		to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organization	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or		
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1e		reported an amount on Form 990, Part	X, line 21.							
Management in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodial	n or other intermed	iary for contributions	or other assets not	included	t	_		
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance		on Form 990, Part X?						Yes	X No	
C   Beginning balance   1d	b									
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Ves. "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds and India Funds India Fun								Amount		
E   Stributions during the year   1   E   1	С	Beginning balance				10	;			
E   Stributions during the year   1   E   1	d	Additions during the year				10	ı			
Finding balance   11							)			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_									
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four yea	2a					ility?	<u></u>	Yes	☐ No	
1a   Beginning of year balance   883,057.   745,293.   816,320.   968,748.   973,625.	b									
1a Beginning of year balance       883,057.       745,293.       816,320.       968,748.       973,625.         b Contributions       110,783.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       7,947.       8,047.       8,047.       7,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.       1,947.	Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years back	
b Contributions	1a	Beginning of year balance	883,057.	745,293.	816,320.		968,748.		973,625.	
Color   Net investment earnings, gains, and losses   111,191.   143,403.   -39,397.   128,685.   68,074.	_		110,783.				7,947.			
e Other expenditures for facilities and programs 33,467. 5,639. 31,630. 289,060. 72,951.  f Administrative expenses g End of year balance 1,071,564. 883,057. 745,293. 816,320. 968,748.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 87.9100 % b Permanent endowment ▶ 76 c Term endowment ▶ 12.0900 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	С		111,191.	143,403.	-39,397.		128,685.		68,074.	
e Other expenditures for facilities and programs 33,467. 5,639. 31,630. 289,060. 72,951.  f Administrative expenses g End of year balance 1,071,564. 883,057. 745,293. 816,320. 968,748.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 87.9100 % b Permanent endowment ▶ 76 c Term endowment ▶ 12.0900 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	d	Grants or scholarships								
and programs 33,467, 5,639, 31,630, 289,060, 72,951,  f Administrative expenses g End of year balance 1,071,564, 883,057, 745,293, 816,320, 968,748.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 87,9100 % b Permanent endowment ▶ 12.0900 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Cleasehold improvements d Equipment e Other 25,045, 13,259, 11,786.										
g End of year balance			33,467.	5,639.	31,630.		289,060.		72,951.	
g End of year balance	f									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 87.9100 %  b Permanent endowment ▶ 12.0900 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations			1,071,564.	883,057.	745,293.		816,320.		968,748.	
a Board designated or quasi-endowment ▶ 87.9100 %  b Permanent endowment ▶ 3/8.0900 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations 3a(ii) X 3a(ii) X  b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation  1a Land 5 Buildings c Leasehold improvements d Equipment 5 Leasehold improvements d Equipment 6 Other 13, 259. 11, 786.		-	nt year end balance	e (line 1g, column (a)	) held as:	•				
b Permanent endowment    c Term endowment    12.0900 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations    (ii) Related organizations    3a(ii)    X  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property    (a) Cost or other	а	Board designated or quasi-endowment	87.9100	%	•					
c Term endowment ▶ 12.0900 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment  c Other  25,045. 13,259. 11,786.	_	-	%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  3a(ii) X  3a(ii) X  3a(ii) X  3a(ii) X  3b	С	Term endowment ▶ 12.0900 %								
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations										
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	За	Are there endowment funds not in the possess	sion of the organiza	ation that are held an	d administered for t	he organ	ization			
(ii) Unrelated organizations  (iii) Related o			· ·			Ü		Γ	Yes No	
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  b Buildings  c Leasehold improvements  d Equipment  e Other  25,045.  13,259.  11,786.								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  25,045.  13,259.  11,786.								3a(ii)	X	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Coepreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  25,045.  13,259.  11,786.	b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedule R?						
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  25,045.  13,259.  11,786.									•	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Equipment  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other	Par									
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Equipment  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other		Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other       25,045.       13,259.       11,786.		Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value								
b Buildings c Leasehold improvements d Equipment e Other 25,045. 13,259. 11,786.	10	Land	`		(-=:/5.)	- 12. 231411				
c Leasehold improvements       4 Equipment         d Equipment       25,045.       13,259.       11,786.										
d Equipment										
e Other 25,045. 13,259. 11,786.			I							
11 -21			I	2	5 045	13	259.	11	786	
				*	•					

	ENDS OF THE		
Schedule D (Form 990) 2020 DIOCESE OF J	ERUSALEM	!	59-6155008 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	10.,		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(5) (6) (7) (8) (9)

59-6155008 Page 4

Schedule D (Form 990) 2020 DIOCESE OF JERUSALEM				155008	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.		
Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1 Total revenue, gains, and other support per audited financial statements			1	2,289,	<u>761.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments	2a	88,097.			
<b>b</b> Donated services and use of facilities	2b	63,428.			
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d			2e	151,	
3 Subtract line 2e from line 1			3	2,138,	<u>236.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,780.			
<b>b</b> Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b			4c		780.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	2,144,	<u>016.</u>
Part XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per l	Return	) <b>.</b>	
Complete if the organization answered "Yes" on Form 990, Part IV, li					
Total expenses and losses per audited financial statements			1	2,236,	<u> 264.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
a Donated services and use of facilities	2a	63,428.			
<b>b</b> Prior year adjustments	2b				
c Other losses	2c				
d Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d			2e		428.
3 Subtract line 2e from line 1			3	2,172,	<u>836.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,780.			
<b>b</b> Other (Describe in Part XIII.)	4b			_	
c Add lines 4a and 4b			4c		780.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	2,178,	616.
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $$	4; Part IV, lines 1b a	nd 2b; Part V, line 4	l; Part X	, line 2; Part XI,	,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.			
PART V, LINE 4:					
THE ORGANIZATION'S ENDOWMENT CONSISTS OF	INDIVIDUAL	FUNDS WHI	CH W	IERE	
ESTABLISHED FOR A VARIETY OF PURPOSES.					
PART X, LINE 2:					
THE ORGANIZATION EVALUATES ALL SIGNIFICAN	<u>T TAX POSI</u>	TIONS AS R	REQUI	RED BY	
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNI	TED STATES	OF	AMERICA	•
AS OF DECEMBER 31, 2020, THE ORGANIZATION	DOES NOT	BELTEVE TH	гат т	т нас	
AD OF DECEMBER 31, 2020, THE ORGANIZATION	DOES NOT	DEDIEVE II.	ואו ז	I IIAS	
TAKEN ANY POSITIONS THAT WOULD REQUIRE TH	E RECORDIN	G OF ANY A	ridd	IONAL T	AX
LIABILITY NOR DOES IT BELIEVE THAT THERE	ARE ANY UN	REALIZED T	'AX E	BENEFITS	
THAT WOULD EITHER INCREASE OR DECREASE WI	THIN THE N	EXT YEAR.			

## AMERICAN FRIENDS OF THE EPISCOPAL

Schedule D (Form 989) 2020 DIOCESE OF JERUSALEM 59-6155008 Page 5 Part XIII Supplemental Information (continued)	Schedule D	(Form 990) 2020	DIOCESE OF	JERUSALEM	59-6155008	Page 5
	Part XIII	Supplemental Infori	mation <sub>(continued)</sub>			
	_					

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM

**Employer identification number** 

59-6155008 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

the granteesr eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		 Form 990, Part I\	/, line 14b.		33 <sub>P</sub>	oto ii tilo organizationi anoworoa	. 55 5
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.  3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices in the region in the regio	1						
United States  1 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region  (c) Number of offices in the region  (b) Number of offices in the region  (c) Status as, fundraising, programs service, describe specific type of service(s) in the region  THE ORGANIZATION  RECIPIENTS IN THE BRISCOPAL  (c) Faculty (Company of the region of the							
United States  1 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region  (c) Number of offices in the region  (b) Number of offices in the region  (c) Status as, fundraising, programs service, describe specific type of service(s) in the region  THE ORGANIZATION  RECIPIENTS IN THE BRISCOPAL  (c) Faculty (Company of the region of the							
Activities per Region. (The following Part I, line 8 table can be duplicated if additional space is needed.)  (a) Region (b) Number of Coffices of foles in the region of Cose in the region of the region of Cose in the re	2	For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance ou	tside the
(a) Region (b) Number of offices in the region offices in the region offices in the region offices in the region of service(s) in the region of servic		United States.					
offices in the region offices in the region in the region in the region of the region	3						
agents, and in the region in t		(a) Region	· ·	(c) Number of employees	1		
contractors in the region in t				agents, and		, , ,	
In the region  THE ORGANIZATION PROVIDES FUNDING TO ASSIST THE EPISCOPAL DIOCESS OF JERUSALEM, 1,647,139.  1,647,139.  3 a Subtotal  b Total from continuation sheets to Part I  c Totals (add lines 3a)			in the region	contractors			
AIDDLE EAST  0 0 REGION  REGION  1,647,139.  3 a Subtotal  5 Total from continuation sheets to Part I sheets to Part I sheets to Part I sheets to Part I sheets a Cartesian State of San Subtosal State State				in the region		-	In the region
ARANTS TO RECIPIENTS IN THE ASSIST THE EPISCOPAL 1,647,139.  IDDLE EAST 0 0 REGION DIOCESE OF JERUSALEM, 1,647,139.							
### AIDDLE EAST 0 0 REGION DIOCESE OF JERUSALEM, 1,647,139.    3 a Subtotal							
3 a Subtotal 0 0 0 1,647,139.  b Total from continuation sheets to Part I 0 0 0 0.  c Totals (add lines 3a	ממדו	T.P ₽እሮጥ	١	0			1 647 139
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a	1100	TE EAST	0	0	REGION	DIOCESE OF DERUSALEM,	1,047,139.
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
b Total from continuation sheets to Part I 0 0 0 0 0. c Totals (add lines 3a							
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and 3b)		· ·	0	0			1,647,139.

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

Schedule F (Form 990) 2020

59-6155008

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	, , ,		HUMANITARIAN AID TO HOSPITALS, SCHOOLS, REHAB CENTERS, AND			assistance	assistance	арргаізаі, оппет)
		MIDDLE EAST	CLINICS.	1647139.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	ns listed above that are r	ecognized as charities by the f	oreign country, ı	recognized as a tax			
			or counsel has provided a sect			<b>&gt;</b>		1
3 Enter total number of	other organizations of	or entities						0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

## AMERICAN FRIENDS OF THE EPISCOPAL

Schedule F (Form 990) 2020 DIOCESE OF JERUSALEM
Part IV Foreign Forms

59-6155008

Page 4

Wenthousenization all C transferor of property to a favoign comparation during the tay year? If IIV		
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Corporation (see Instructions for Form 926)	Yes	X No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Yes	X No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
Fund (see Instructions for Form 8621)	Yes	X No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
the organization may be required to file Form 8865. Return of U.S. Persons With Respect to Certain		
	Yes	X No
1 oranger i artificialipo (oco instructiono for 1 orini ocoo)		
Did the organization have any operations in or related to any boycotting countries during the tax year? If		
"Yes." the organization may be required to separately file Form 5713. International Boycott Report (see		
	Yes	X No
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)  Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign  Corporation (see Instructions for Form 926)  Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)  Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Tyes  Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  Tyes  Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2020

#### DIOCESE OF JERUSALEM Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
EACH TRANSFER TO THE DIOCESE OF JERUSALEM INCLUDES A MEMO FROM AFEDJ
OUTLINING WHICH OF THE HUMANITARIAN PURPOSES THE FUNDS ARE TO BE USED
FOR. THE DIOCESE RETURNS A RECEIPT TO AFEDJ WHICH THE ORGANIZATION KEEPS
ON FILE WHICH REFLECTS THE INSTITUTIONAL ACCOUNT WHICH HAS BEEN CREDITED.
REPRESENTATIVES OF THE ORGANIZATION VISIT THE INSTITUTIONS WHICH HAVE
RECEIVED FUNDS EACH YEAR, TALK TO THE DIRECTORS, MEET THOSE WHO HAVE BEEN
HELPED AND BRING THEIR STORIES BACK TO DONORS.
PART I, LINE 3, COLUMN (E):
REGION: MIDDLE EAST
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION PROVIDES
FUNDING TO ASSIST THE EPISCOPAL DIOCESE OF JERUSALEM, WHICH CONSISTS OF
MORE THAN 27 PARISHES. THE DIOCESE OWNS AND OPERATES MORE THAN TWO DOZEN
HUMANITARIAN INSTITUTIONS - SCHOOLS, HOSPITALS, CLINICS, CENTERS FOR
CHILDREN WITH DISABILITIES, AND HOMES FOR THE ELDERLY - IN PALESTINE,
ISRAEL, JORDAN, AND LEBANON.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM

**Employer identification number** 59-6155008

FORM 990, PART VI, SECTION A, LINE 1:

THE CHAIRPERSON, VICE CHAIRPERSON(S), SECRETARY, TREASURER, AND OTHER CURRENT TRUSTEES RECOMMENDED BY THE VICE CHAIRPERSON AND ELECTED BY THE BOARD SHALL SERVE AS THE MEMBERS OF THE EXECUTIVE COMMITTEE. EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS, AND THE POWER TO FILL VACANCIES ON THE BOARD OR ANY COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT, REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE AND MEMBERS OF THE AUDIT COMMITTEE, DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL TRUSTEES, OFFICERS AND SENIOR STAFF BY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. EACH TRUSTEE IS ASKED TO COMPLETE A CERTIFICATION OF AGREEMENT WITH THE POLICY AND DISCLOSE ANY KNOWN CONFLICTS OF INTEREST UPON HIS OR HER ELECTION OR RE-ELECTION TO THE BOARD AND ANNUALLY THEREAFTER. ALL CERTIFICATIONS ARE REVIEWED BY THE BOARD AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY AN INDEPENDENT BOARD AFTER COMPARABLE DATA HAS BEEN REVIEWED.

Name of the organization	AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM	Employer identification number 59-6155008
FORM 990, PART	VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CT, AL, AK, AR, CA	A,CO,DC,FL,GA,HI,IL,KY,ME,MD,MA,MI,MS,NV,NH,N	J,NY,NC,ND,OH,OK
OR, PA, RI, SC, TN	I,UT,VA,WA,WV,WI	
FORM 990, PART	VI, SECTION C, LINE 19:	
THE ORGANIZATI	ON MAKES ITS FORM 990 AVAILABLE ON GUIDESTAR	.ORG. IN
ADDITION, THE	EXEMPTION LETTER AND FORM 990, AS WELL AS TH	E AUDITED
FINANCIAL STAT	EMENTS, ARE AVAILABLE UPON WRITTEN REQUEST T	O 25 OLD KINGS
HWY. NORTH, SU	UITE 13, DARIEN, CT 06820.	
FORM 990, PART	XII, LINE 2C:	
THE PROCESS HA	AS NOT CHANGED FROM THE PRIOR YEAR.	