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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



A For the 2022 calendar year, or tax year beginning and ending D Employer identification number в Check if applicable: C Name of organization AMERICAN FRIENDS OF THE EPISCOPAL Address change DIOCESE OF JERUSALEM, INC. _____Name _____change 59-6155008 Doing business as Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final 25 OLD KINGS HIGHWAY NORTH, SUITE 13 (203)655 - 3575termin-ated 2,787,184. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended DARIEN, CT 06820 H(a) Is this a group return Applica-F Name and address of principal officer: EILEEN SPENCER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? __Yes L__No Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. See instructions 4947(a)(1) or 527 (insert no.) WWW.AFEDJ.ORG J Website: 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 FINANCIAL SUPPORT TO Activities & Governance DIOCESE OF JERUSALEM AND ITS HUMANITARIAN INSTITUTIONS 2 Check this box ot if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 3 3 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 23 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 2,604,136. 2,573,330. 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 9 1,554. 116,771. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,605,690. 2,690,101. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,141,469. 1,507,132. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 390,515. 463,074. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 117,084. 89,690. 16a Professional fundraising fees (Part IX, column (A), line 11e) 125,266. **b** Total fundraising expenses (Part IX, column (D), line 25) 255,774. 188,504. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 2,837,572. 2,315,670. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 374,431. 231,882. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 1,966,877. 2,073,779. Total assets (Part X, line 16) 20 9,200. 1,933. Total liabilities (Part X, line 26) 21 Net / 964,944. 2,064,579. 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.

Sign	Signature of officer			Date		
-	EILEEN SPENCER, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	JENNIFER COATES			self-employed P02247728		
Preparer	Firm's name LUTZ AND CARR, CP			Firm's EIN 13-1655065		
Use Only	Firm's address 551 FIFTH AVENUE,	SUITE 400				
	NEW YORK, NY 1017	6		Phone no. 212 - 697 - 2299		
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No		
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

	i	AMERICAN FRIEN	DS OF THE EPI	SCOPAL		
		DIOCESE OF JER	-		59-6155008	Page 2
Pa		rogram Service Accor	•			
	Check if Schedule O	contains a response or note	e to any line in this Part III			
1	Briefly describe the organiz					
		LIVES OF THE V				
		RT OF THE EPIS			AND ITS SCHO	OLS,
	HOSPITALS, AN	D CENTERS FOR (CHILDREN WITH	DISABILITIES.		
2	Did the organization under	take any significant program	services during the year	which were not listed on the		
	prior Form 990 or 990-EZ?				Yo	es 🛛 No
		w services on Schedule O.				
3	Did the organization cease	conducting, or make signific	cant changes in how it cor	nducts, any program service	es? L Y	es X No
	If "Yes," describe these ch	anges on Schedule O.				
4	Describe the organization's	s program service accomplis	hments for each of its three	ee largest program services,	as measured by expension	ses.
	Section 501(c)(3) and 501(c)(4) organizations are requir	red to report the amount o	f grants and allocations to o	thers, the total expense	s, and
	revenue, if any, for each pr					
4a	(<u>\$ 1,507,132</u>		1,507,132.) (Re		0.)
		NDEPENDENT ORG				
		CESE OF JERUSA				
		REASED AWARENE				
		HOOLS, AND PRO				
	AND JORDAN. T	HESE INSTITUTI	ONS WELCOME A	LL WHO LIVE IN	THESE COUNT	RIES.
		406 024				
4b	(Code:) (Expenses		including grants of \$		venue \$)
		O FUNDING INST				
		S AND PROSPECT				THE
		RUSALEM. THIS			, SPEAKING	
	ENGAGEMENTS,	WORKSHOPS AND	DIOCESAN CONV	ENTIONS.		
40) (5	•	
4c	(Code:) (Expenses	\$	including grants of \$) (Re	venue \$)
<u></u>	Other presson and des (D					
4d	Other program services (De	,			١.	
-	(Expenses \$	including grants of	^{f\$} 34,066.) (Revenue \$)	
4e	Total program service expe	mses 1,9	57,000.			000 (0000)
0.5 -					Forn	n 990 (2022)
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	AMERICAN	FRIENDS	OF T	HE EPISCOPAL						
Form 990 (2022)	DIOCESE (OF JERUS	ALEM,	INC.						
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	X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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			
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

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Form	990 (2022) DIOCESE OF JERUSALEM, INC. 59-615	5008	Р	age 4
Pa	t IV Checklist 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	00		x
23	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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			
	Schedule K. If "No," go to line 25a	24a		X
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
	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			x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	000	х	1
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
r al	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע וו סטופטעוב ט טטווגמווז א ובשטטושב טו ווטנפ נט אוזץ ווויפ ווו נווזא ראול ע	<u></u>	Yes	No
1~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	6	res	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	ō		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	Х	
23200	(garibing) withings to prize withers :			(2022)
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Form	990 (2022) DIOCESE OF JERUSALEM, INC. 59-6155	008	Р	age 5
Par				
			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 returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See instructi	ions.			
	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	1a	19			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any othe	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direct superv	vision			
	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	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, o	or			
	persons other than the governing body?			7b		X

	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х

Section B. Policies	(This Section B requests information about policies no	ot required by the Internal Revenue Code.)
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			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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			
		TTT	TT	T7 T 7

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)s only) available
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Own request Other (explain on Schedule O)
40	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	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 EILEEN SPENCER - (203) 655-3575
	25 OLD KINGS HIGHWAY NORTH, SUITE 13, DARIEN, CT 06820
23200	6 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2022)
	7

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Form 990 (2022)

Form 990 (2022)	DIOCEPE	Or	UERUSALEM ,	THC.		59-0	010000	o Page
Part VI	Governance,	Management,	, and	d Disclosure. For ea	ach "Yes'	" response to lines 2 through	7b below, a	nd for a "No	" response

X

Form 990 (2022)	DIOCESE	OF JI	ERUSALEM,	INC.	59-61
Part VII Compensation	of Officers,	Directo	ors, Trustees,	Key Employees	, Highest Compensated
Employees, ar	nd Independe	ent Con	tractors		

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

DIOCESE OF JERUSALEM, INC.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			(0))			(D)	(E)	(F)
Name and title	Average	(da	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	d ual t	Institutional trustee	-	Key employee	Highest compensated employee	er	100011207		organizations
	line)	Indivi	In stitu	Officer	Key e	Highe emplo	Former			
(1) JOHN LENT	40.00									
EXECUTIVE DIRECTOR (THROUGH NOVEMBER				Х				138,300.	0.	12,447.
(2) EILEEN SPENCER	40.00									
EXECUTIVE DIRECTOR (FROM AUGUST 2022				Х				53,333.	0.	5,575.
(3) THE RT. REV GREG RICKEL	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) ENDICOTT PEABODY	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) HOLLY J. BOONE	4.00									
SECRETARY		Х		Х				0.	0.	0.
(6) THE REV. CANON M. DAYTON-WELCH	4.00									
SECRETARY (THROUGH MAY 2022)		Х		Х				0.	0.	0.
(7) ROBIE WHITE	4.00									
TREASURER		Х		Х				0.	0.	0.
(8) THE RT. REV. BARRY L. BEISNER	4.00								_	_
DIRECTOR (THROUGH MAY 2022)		Х						0.	0.	0.
(9) JOANNE BLAKEMORE	4.00									-
DIRECTOR		Х						0.	0.	0.
(10) E. WILLIAM CATTAN, JR.	4.00									-
DIRECTOR		Х						0.	0.	0.
(11) DONALD R. CRAWSHAW	4.00									
DIRECTOR		X						0.	0.	0.
(12) JANE DELAND	4.00									
DIRECTOR	4 00	X						0.	0.	0.
(13) THE REV. ANNE E. DERSE	4.00									0
DIRECTOR	4 00	X						0.	0.	0.
(14) MIKE EVANS, MD	4.00									0
DIRECTOR (THROUGH MAY 2022)	4 00	X						0.	0.	0.
(15) THE RT. REV. DANIEL GUTIERREZ	4.00									0
DIRECTOR	4 00	X						0.	0.	0.
(16) ELIZABETH KEESEE HENRY	4.00									
DIRECTOR	4 00	X				<u> </u>	 	0.	0.	0.
(17) GREG HERRLE	4.00								_	
DIRECTOR		Х						0.	0.	0.
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AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM. INC.

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Form 990 (2022) DIOCESE (OF JERUS	SAI	JE₩	1,	II	NC	•		59-6155	800	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	verage ours per box, ur			rson	than is bot	h an	from	(E) Reportable compensation from related	Esti amo o	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orgai and	ensation m the nization related izations
(18) THE RT. REV ANNE E. HODGES-COPP DIRECTOR	4.00	x						0.	0.		0.
(19) MATTHEW JOHNSON DIRECTOR	4.00	x						0.	0.		0.
(20) THE REV. CANON NICHOLAS PORTER DIRECTOR	4.00	x						0.	0.		0.
(21) SUHAIL QUMRI DIRECTOR	4.00	x						0.	0.		0.
(22) THE REV. JUDY QUICK DIRECTOR	4.00	x						0.	0.		0.
(23) LISA SAMS DIRECTOR	4.00	x						0.	0.		0.
(24) PENNY WINDER DIRECTOR	4.00	x						0.	0.		0.
								4.0.4 (2.0.0)			
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							191,633. 0. 191,633.	0. 0. 0.		,022. 0. ,022.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportable		1
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•			-		•	3	Yes No
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	mpe	ensa	atior	n and	d ot	her compensation from	the organization	4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			ted organization or indivi		5	X
Section B. Independent Contractors						-				I	
1 Complete this table for your five highest co the organization. Report compensation for	-	-								ation fro	om
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices C	(C) compens	
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	niteo	d to		se li: 0	stec	d above) who received m	nore than		

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Form 990 (2022)

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC.

Pa	rt V	/111							
			Check if Schedule O contains a respo	nse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	<u> </u>
						Total revenue	Related or exempt		Revenue excluded
								business revenue	
6 0									sections 512 - 514
ants	1		Federated campaigns 1a						
รัฐ			Membership dues 1b						
μţs,			Fundraising events 1c						
ilan ilan			Related organizations 1d						
Sin',			Government grants (contributions) 1e						
er :		f	All other contributions, gifts, grants, and	2					
<u>ģ</u>			similar amounts not included above 1f		573,330.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f						
<u>a O</u>		h	Total. Add lines 1a-1f			2,573,330.			
	_				Business Code				
/ice	2	а							
ue j		b							
e ve		с							
gra Re		d							
Program Service Revenue		e 4							
_			All other program service revenue						
_	3		Total. Add lines 2a-2f						
	0		other similar amounts)			11,052.			11,052.
	4		Income from investment of tax-exempt bo			11,0520			11/0320
	5		Royalties	•					
	Ŭ		(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
	·		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securit		(ii) Other				
			assets other than inventory 7a 202,80	2.					
		b	Less: cost or other basis						
ne			and sales expenses 7b 97,08	33.					
Revenue		с	Gain or (loss) 7c 105,71	.9.					
Be			Net gain or (loss)		•	105,719.			105,719.
Jer	8		Gross income from fundraising events (not						
đ			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		с	Net income or (loss) from fundraising ever	nts					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming activities	s					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold	10b					
_		С	Net income or (loss) from sales of invento	ry					
sn					Business Code				
e e	11								<u> </u>
ven		b							<u> </u>
Miscellaneous Revenue		C							<u> </u>
Ē			All other revenue						
	10		Total. Add lines 11a-11d			2,690,101.	0.	0.	116,771.
00000	12		Total revenue. See instructions			• ± ∪ ± , ∪ ∪ ∪ , ⊥∪ ± •			Form 990 (2022)
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AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

	990 (2022) DIOCESE OF	JERUSALEM, II		59-61	55008 Page 10
	t IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must com		or organizations must a	mploto column (A)	
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGCO	general expenses	скропосо
•	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	1,507,132.	1,507,132.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	211,016.	147,711.	52,754.	10,551.
6	Compensation not included above to disqualified		,	- , -	
Ū	persons (as defined under section 4958(f)(1)) and				
	normal described in section $40\Gamma0(s)(0)(D)$				
7	Other salaries and wages	174,866.	85,943.	80,180.	8,743.
8	Pension plan accruals and contributions (include	_/ _/ 0000			0,,100
0	section 401(k) and 403(b) employer contributions)	15,663.	7,896.	6,984.	783.
9	Other employee benefits	33,032.	19,196.	12,184.	1,652.
9 10	Payroll taxes	28,497.	17,098.	9,974.	1,425.
		20,497.	17,050.	5,5740	1,423.
11	Fees for services (nonemployees):				
a L	Management				
		11,751.	7,050.	4,113.	588.
	Accounting	11,751.	7,050.	4,113.	500.
	Lobbying	89,690.			89,690.
	Professional fundraising services. See Part IV, line 17	6,085.		6,085.	09,090.
f	Investment management fees	0,005.		0,005.	
g	Other. (If line 11g amount exceeds 10% of line 25,	63,674.	38,205.	22,286.	3,183.
	column (A), amount, list line 11g expenses on Sch 0.)	05,074.	50,205.	22,200.	5,105.
12	Advertising and promotion	62,158.	36,570.	22,542.	3,046.
13	Office expenses	02,130.	50,570.	22, 542.	5,040.
14	Information technology				
15	Royalties	20,092.	12,055.	7,032.	1,005.
16		35,304.	21,183.	12,356.	1,765.
17	Travel	55,504.	21,103.	12,550.	1,705.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	3,205.	1,923.	1,122.	160.
22	Depreciation, depletion, and amortization	3,205.	2,022.	1,122.	160.
23		3,309.	4,042.	1,1/9.	T00.
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 O.				
а	amount, list line 24e expenses on Schedule 0.) OUTSIDE SERVICES	22,186.	13,312.	7,765.	1,109.
a b	MICELLANEOUS EXPENSE	14,509.	8,705.	5,078.	726.
D D	BANK FEES	13,441.	8,065.	4,704.	672.
d		,	-,		••=•
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,315,670.	1,934,066.	256,338.	125,266.
26	Joint costs. Complete this line only if the organization	, -,	, ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	. ,				- 000 (*****

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Check if Schedule O contains a response or note to any line in this Part X ... Cash - non-interest-bearing

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC.

	1	Cash - non-interest-bearing			290,025.	1	596,445.
	2	Savings and temporary cash investments			435,345.	2	430,045.
	3	Pledges and grants receivable, net			36,668.	3	132,231.
	4	Accounts receivable, net		0.	4	0.	
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in seo	ction 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
◄	9	Prepaid expenses and deferred charges			13,260.	9	9,342.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,045. 19,670.			
	b	Less: accumulated depreciation	10b	19,670.	8,580.	10c	5,375. 898,263.
	11	Investments - publicly traded securities		1,180,999.	11	898,263.	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		0.	14	0.	
	15	Other assets. See Part IV, line 11			2,000.	15	2,078.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	1,966,877.	16	2,073,779.
	17	Accounts payable and accrued expenses			1,933.	17	9,200.
	18	Grants payable				18	0.
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	cer, director,				
abilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			1 0 2 2	25	0.000
	26			77	1,933.	26	9,200.
ŝ		Organizations that follow FASB ASC 958, che	ck her	e X			
nces		and complete lines 27, 28, 32, and 33.			1 200 021		1 221 207
ala	27	Net assets without donor restrictions		1,386,921.	27	1,331,207.	
d B	28	Net assets with donor restrictions		578,023.	28	733,372.	
5		Organizations that do not follow FASB ASC 9	58, che	eck here			
Net Assets or Fund Bala		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated in			1 064 044	31	
ž	32	Total net assets or fund balances			1,964,944.	32	2,064,579.
	33	Total liabilities and net assets/fund balances		1,966,877.	33	2,073,779.	

(B)

End of year

Form **990** (2022)

(A)

Beginning of year

Form 990 (2022)

Part X Balance Sheet

AMERICAN	FRI	ENDS	OF	THE	EPISCOPAL	
DTOODOD (<u>ъ т</u>		T T134			

Form	1 990 (2022) DIOCESE OF JERUSALEM, INC.	59-61	L55008	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,31		
3	Revenue less expenses. Subtract line 2 from line 1	3			31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,964		
5	Net unrealized gains (losses) on investments	5	-274	4,7	96.
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	2,064	4,5	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 on Schedul	e O.			
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 reviewe	d 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 separat	te 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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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		HEDULE A n 990) Complete if the organization is a section 501(c)(3) organization or a section										
Depa	rtment o	f the Treasury		494	47(a)(1) nonexempt cha ttach to Form 990 or Fo	ritable tru	ust.			Open to Public		
		nue Service			Form990 for instruction			formation.		Inspection		
Nar	ne of t	he organizati			DS OF THE EP	ISCOP	AL			identification number		
Pa	rt I	Reason			USALEM, INC. (All organizations must c	omplete ti	his nart) S	See instruction		9-6155008		
					For lines 1 through 12, c				15.			
11e			•		on of churches described		,					
2	H	,		,	Attach Schedule E (Forn		// // // //	',~,')·				
3	\square						γ _b γ ₁ γ _Δ γ _i	ii)				
4												
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
				Complete Part II.)								
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	l unit or from f	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		-			(1)(A)(vi). (Complete Par	-						
9		-	-	-	in section 170(b)(1)(A)(-		-	-		
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or		
10		university:			the sec 0.0 d /00/							
10		-		•	than 33 1/3% of its sup of to certain exceptions;	-			-	•		
					(less section 511 tax) fr					•		
				mplete Part III.)			.0000 0040		gamzation			
11				•	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		-	-	-	ively for the benefit of, to	•			arry out the	e purposes of one or		
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
		lines 12a thro	ugh 12d that	describes the type c	of supporting organizatio	n and con	nplete line:	s 12e, 12f, an	d 12g.			
а		Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving		
			-		gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
		٦ [˘]		complete Part IV, Se								
b		••		•	l or controlled in connec		• •	•		U U		
			0		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
c		¬ ~	. ,	t complete Part IV,	g organization operated	in connoc	tion with	and functions	lly intograt	od with		
, c	L		-		b). You must complete I		,		iny integration	eu with,		
d			0	. , .	porting organization oper			-	rted organi	zation(s)		
-		••	-		zation generally must sat				•			
		requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D	, and Part	V.				
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
					nally integrated support	ing organi	zation.					
		er the number										
<u>ç</u>		/ide the followid i) Name of support i) Name of support i) Name of support ii) Name		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the orga	inization listed	(v) Amount o	fmonoton	(vi) Amount of other		
	(organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
		•			above (see instructions))	165	NO					
Tota	al									 		

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

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Schedule A (Form 990) 2022	DIOCESE	OF	JERUSALEM,	INC.	•	59-6155
Part II	Support Schedule for	or Organizati	ons	Described in Se	ections	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1805688.	2004345.	2118522.	2604136.	2573330.	11106021.
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	1805688.	2004345.	2118522.	2604136.	2573330.	11106021.
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)						1989763.
6	Public support. Subtract line 5 from line 4.						9116258.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1805688.	2004345.	2118522.	2604136.	2573330.	11106021.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	194.	370.	92.	1,772.	11,052.	13,480.
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.)	7,075.					7,075.
11	Total support. Add lines 7 through 10						11126576.
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 fi				501(c)(3)	
	organization, check this box and stor	bhere			·		
Sec	ction C. Computation of Publ		rcentage				
-	Public support percentage for 2022 (column (f))		14	81.93 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	82.13 %
	33 1/3% support test - 2022. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•			
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
_							(Form 990) 2022

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AMERICAN	FRIENDS	OF	THE	EPISCOPAL

DIOCESE OF JERUSALEM, INC. 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.)

	r year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gif	fts, grants, contributions, and							
me	embership fees received. (Do not							
inc	clude any "unusual grants.")							
me for any	oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose							
	oss receipts from activities that							
	e not an unrelated trade or bus-							
	ess under section 513							
4 Ta	x revenues levied for the organ-							
	ation's benefit and either paid to expended on its behalf							
5 Th	e value of services or facilities							
	nished by a governmental unit to e organization without charge							
	tal. Add lines 1 through 5							
	nounts included on lines 1, 2, and							
	received from disqualified persons							
	ounts included on lines 2 and 3 received							
fron exc	on other than disqualified persons that seed the greater of \$5,000 or 1% of the ount on line 13 for the year							
	Id lines 7a and 7b							
8 Pu	Iblic support. (Subtract line 7c from line 6.)							
	on B. Total Support							
alenda	r year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)) 2022	(f) Total
9 An	nounts from line 6							
div sec	oss income from interest, vidends, payments received on curities loans, rents, royalties, d income from similar sources							
b Uni	related business taxable income							
•	ss section 511 taxes) from businesses quired after June 30, 1975							
c Ad	d lines 10a and 10b							
11 Ne act wh	et income from unrelated business tivities not included on line 10b, nether or not the business is gularly carried on							
12 Otl or	her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)							
I3 Tot	tal support. (Add lines 9, 10c, 11, and 12.)							
		a argonization's fi	and the second state to all	Counting on Calls 1 and		501(c)(3	3) organizat	ion,
14 Fir	r st 5 years. If the Form 990 is for th	e organization s n	rst, secona, thira,	fourth, or fifth tax	year as a section (
che	eck this box and stop here							<u></u>
che								L
che Sectio	eck this box and stop here	ic Support Pe	rcentage		-			<u>%</u>
che Sectio 15 Pu	eck this box and stop here on C. Computation of Publ	ic Support Pe ine 8, column (f), c	rcentage livided by line 13,	column (f))				
cho Sectio 15 Pu 16 Pu	eck this box and stop here on C. Computation of Publ iblic support percentage for 2022 (I	ic Support Pe ine 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15	column (f))		15		
che Sectio 15 Pu 16 Pu Sectio	eck this box and stop here on C. Computation of Publ iblic support percentage for 2022 (I iblic support percentage from 2021 on D. Computation of Invest	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom	rcentage livided by line 13, III, line 15 e Percentage	column (f))		15		%
Chi Sectio 15 Pu 16 Pu Sectio 17 Inv	eck this box and stop here on C. Computation of Publ ublic support percentage for 2022 (I ublic support percentage from 2021 on D. Computation of Investive vestment income percentage for 20	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom 22 (line 10c, colur	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l	column (f))		15 16		%
cho Sectio 15 Pu 16 Pu Sectio 17 Inv 18 Inv	eck this box and stop here on C. Computation of Publ iblic support percentage for 2022 (I iblic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 20	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 22 (line 10c, colur 2021 Schedule A,	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	5, and line 1	% % %
Cha Section 15 Pu 16 Pu Section 17 Inv 18 Inv 19a 33	eck this box and stop here on C. Computation of Publ iblic support percentage for 2022 (I ublic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 2 vestment income percentage from 2 vestment income percentage from 2	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom 22 (line 10c, colur 2021 Schedule A, organization did r	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 ot check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than 3	15 16 17 18 3 1/3%		% % 7 is not
cha Sectic 15 Pu 16 Pu Sectic 17 Inv 18 Inv 19a 33 mc b 33	eck this box and stop here on C. Computation of Publ ablic support percentage for 2022 (In blic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 2 1/3% support tests - 2022. If the ore than 33 1/3%, check this box an 1/3% support tests - 2021. If the	ic Support Pe ine 8, column (f), c Schedule A, Part Stment Incom 22 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by I Part III, line 17 ot check the box organization quali ot check a box or	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s a line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	15 16 17 18 33 1/3% tion ore than	n 33 1/3%, a	%
chi Sectic 15 Pu 16 Pu 16 Pu 17 Inv 17 Inv 18 Inv 19a 33 mo b 33 line	eck this box and stop here on C. Computation of Public ablic support percentage for 2022 (1 ablic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 2 a 1/3% support tests - 2022. If the ore than 33 1/3%, check this box and a 1/3% support tests - 2021. If the e 18 is not more than 33 1/3%, check	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 22 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n ck this box and st	rcentage livided by line 13, lll, line 15 e Percentage nn (f), divided by l Part III, line 17 ot check the box organization quali ot check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	15 16 17 18 33 1/3% tion ore than orted or	n 33 1/3%, a ganization	and
chi Sectic 15 Pu 16 Pu Sectic 17 Inv 18 Inv 19a 33 mc b 33 line 20 Pri	eck this box and stop here on C. Computation of Public ablic support percentage for 2022 (In blic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 2 vestment income percentage for 20 vestment income perce	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 22 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n ck this box and st	rcentage livided by line 13, lll, line 15 e Percentage nn (f), divided by l Part III, line 17 ot check the box organization quali ot check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	1516171833 1/3%orted ororted orstructio	1 33 1/3%, a ganization ns	% % 7 is not and
chi Sectic 15 Pu 16 Pu Sectic 17 Inv 18 Inv 19a 33 mo b 33 line	eck this box and stop here on C. Computation of Public ablic support percentage for 2022 (In blic support percentage from 2021 on D. Computation of Invest vestment income percentage for 20 vestment income percentage from 2 vestment income percentage for 20 vestment income perce	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 22 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n ck this box and st	rcentage livided by line 13, lll, line 15 e Percentage nn (f), divided by l Part III, line 17 ot check the box organization quali ot check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	1516171833 1/3%orted ororted orstructio	1 33 1/3%, a ganization ns	% % % % 7 is not

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

1

Yes No

Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC. Schedule A (Form 990) 2022 Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 **Part VI** 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, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 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 Section D. All Type III Supporting Organizations Yes No

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
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?	
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).	
3 By reason of the relationship described on 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	
supported organizations played in this regard. 3	

Section E. Type III Functionally Integrated Supporting Organizations

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c Limit The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see
--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.
- b Did the activities described on 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

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3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

AMERICAN FRIENDS OF THE EPISCOPAL -----

Sche Par	dule A (Form 990) 2022 DIOCESE OF JE		nizotiono	5	9-6155008 Page 7
		(a)(s) supporting Orga	anizations (continu	ued)	0
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported			
	organizations, in excess of income from activity	as of supported organization		2	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpos	es of supported organization	15	4	
4 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VII)		4 5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		'	
U	(provide details in Part VI). See instructions.	ne organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
-	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

13310920 759420 12441

	(Form 990) 2022	AMERICAI DIOCESE						5	9-6155008 _{Pa}
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	5.1 Provid 1, 2, 3b, 3c, 4b, 4 0, lines 2 and 3; Pa	de the c, 5a, irt IV, S	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	equired 1a, 11b, 1c, 2a, 1	by Part II, lir and 11c; P 2b, 3a, and	art IV, Section I 3b; Part V, line	ne 17a or 17 B, lines 1 an 1; Part V, Se	o; Part III, line 12; d 2; Part IV, Section C, ection B, line 1e; Part V
32028 12-09-2	759420 12441		_		21				chedule A (Form 990) E EPI 12441_

(Form 990)	Comp	plemental Financia blete if the organization answere ine 6, 7, 8, 9, 10, 11a, 11b, 11c, 11 Attach to Form 990	d "Yes" on Form 990, Id, 11e, 11f, 12a, or 12b.		2022 Open to Public
Department of the Treasury Internal Revenue Service	Go to www.i	irs.gov/Form990 for instructions		on.	Inspection
Name of the organizati		RIENDS OF THE EPI	SCOPAL		r identification numb
		JERUSALEM, INC.			59-6155008
	ations Maintaining D n answered "Yes" on Form	Oonor Advised Funds or Of 1990. Part IV. line 6.	ther Similar Funds of	or Accounts.	Complete if the
			advised funds	(b) Funds ar	nd other accounts
1 Total number at er	nd of year				
	f contributions to (during y				
3 Aggregate value of	f grants from (during year)				
4 Aggregate value a	t end of year				
-		onor advisors in writing that the as			
		e organization's exclusive legal co			🕒 Yes 📖 N
-	-	ors, and donor advisors in writing t		-	
		fit of the donor or donor advisor, o	<i>y</i> 1 1	8	
Part II Conserv					🔄 Yes 🔄 N
		omplete if the organization answere		int IV, line 7.	
		by the organization (check all that a		historically impo	stant land area
	f natural habitat	example, recreation or education)	Preservation of a	, ,	
	of open space			Certified Historic	Siluciule
		tion held a qualified conservation of	contribution in the form of	f a conservation	easement on the last
day of the tax year	•				at the End of the Tax Ye
				2a	
		ements			
		tified historic structure included in			
		d in (c) acquired after July 25,2006			
historic structure li	sted in the National Regist	ter		2d	
		d, transferred, released, extinguish			ng the tax
year					
4 Number of states	where property subject to	conservation easement is located			
		egarding the periodic monitoring, i			
violations, and enf	orcement of the conservat	tion easements it holds?			🕒 Yes 🔛 N
6 Staff and voluntee	r hours devoted to monito	ring, inspecting, handling of violati	ons, and enforcing conse	rvation easemer	nts during the year
	<u> </u>				
7 Amount of expens	es incurred in monitoring, i	inspecting, handling of violations,	and enforcing conservation	on easements du	uring the year
0 Dava analy announ			seconds of continue 170/h		
		on line 2(d) above satisfy the requi			Yes N
		ports conservation easements in it			
	-	e text of the footnote to the organiz			e the
	ounting for conservation each	-		its that describe	
		collections of Art, Historica	al Treasures, or Oth	ner Similar A	ssets.
	•	d "Yes" on Form 990, Part IV, line a	•		
1a If the organization	elected, as permitted und	er FASB ASC 958, not to report in	its revenue statement an	d balance sheet	works
•	· •	sets held for public exhibition, edu			
service, provide in	Part XIII the text of the for	otnote to its financial statements th	nat describes these items	s.	
b If the organization	elected, as permitted und	er FASB ASC 958, to report in its r	evenue statement and ba	alance sheet wor	rks of
art, historical treas	ures, or other similar asset	ts held for public exhibition, educa	tion, or research in furthe	rance of public s	service,
provide the followi	ng amounts relating to the	se items:			
(i) Revenue inclue	ded on Form 990, Part VIII	, line 1		\$	
(ii) Assets include	ed in Form 990, Part X			\$	
2 If the organization	received or held works of	art, historical treasures, or other si	milar assets for financial g	gain, provide	
		d under FASB ASC 958 relating to			
		e 1			
LHA For Paperwork Re	eduction Act Notice, see	the Instructions for Form 990.		Sche	edule D (Form 990) 20
232051 09-01-22		27			

Sche		N FRIENDS (OF JERUSA		SCOPAL		59-61	55008	Page 2		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts(continu	ued)		
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.			
5	During the year, did the organization solicit or		•	-						
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No No		
Par	t IV Escrow and Custodial Arran						line 9, or			
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributior	ns or other assets no	ot included		_			
	on Form 990, Part X?						Yes	🗌 No		
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:							
							Amount			
с	Beginning balance				1c					
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo						Yes	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	III					
Par										
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	years back		
1a	a Beginning of year balance 1,217,459. 1,071,564. 883,057. 745,293.									
	Contributions		100,000.	110,783.						
	c Net investment earnings, gains, and losses -175,079. 158,752. 111,191. 143,40339,39									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	106,723.	112,857.	33,467.	.	5,639.		31,630.		
f	Administrative expenses									
	End of year balance	935,657.	1,217,459.	1,071,564.	. 8	83,057.		745,293.		
	Provide the estimated percentage of the curr	,				,				
	Board designated or quasi-endowment	87.8980	%	-//						
b	Permanent endowment	%								
c	Term endowment 12.1020									
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the					
	organization by:						Г	Yes No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations							X		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered), Part IV, line 11a. S	See Form 990, Part >	X, line 10.					
	Description of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·		Accumulate	be	(d) Book	value		
		basis (investr	• •		epreciation		(4) 2001	Value		
1a	Land		,	· · · · ·						
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		2	5,045.	19,6	70.	5	375.		
	Add lines 1a through 1e. (Column (d) must en				_,,,		5	375.		
		,	,	/			-			

Schedule D (Form 990) 2022

232052 09-01-22

AMERICAN FRIENDS OF THE EPISCOPAL

Part VII Investments - Other Securities.			9-0155008 Page
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on 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 en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) Contal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		5.

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...

Schedule D (Form 990) 2022

232053 09-01-22

	AMERICAN FRIENDS OF THE E	PISCOPA	AL			
Sche	dule D (Form 990) 2022 DIOCESE OF JERUSALEM, INC	•		59-	6155008	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,534	,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-274,796. 125,690.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	-149	
3	Subtract line 2e from line 1			3	2,684	,016.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,085.			
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c	6	,085.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,690	,101.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	th Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	2,435	<u>,275.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	125,690.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,690.
3	Subtract line 2e from line 1			3	2,309	,585.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,085.			
b	Other (Describe in Part XIII.)	4b			-	
С	Add lines 4a and 4b			4c		,085.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,315	,670.
	rt XIII Supplemental Information.					
Dura	als the subscriptions were donal for Deat II. Brace O. F. and O. Deat III. Brace As and A. De					

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

PART XIII

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS WHICH WERE

ESTABLISHED FOR A VARIETY OF PURPOSES.

232054 09-01-22

Schedule D (Form 990) 2022

13310920 759420 12441

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
	rm 990)			answered "Yes" on Form 990, Part IV			2022
	tment of the Treasury al Revenue Service	Gotow	ww.irs.gov/Forn	Attach to Form 990. n990 for instructions and the latest	information	l l	Open to Public Inspection
	e of the organization				intormation.	Employer	identification number
	ERICAN FRIEN			AL		F0 641	
	OCESE OF JE			tside the United States. Comple		59-61	
Га	Form 990, Par			iside the Onited States. Compa	ete if the organ	lization answ	ered "Yes" on
1	For grantmakers. Do	bes the organization		ds to substantiate the amount of its gr			
	the grantees' eligibilit	y for the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	X Yes No
•		actibe in Dart V th	organization'a	presedures for monitoring the use of it	a granta and a	ther excitor	as outside the
2	United States.	escribe in Part V the	e organization s	procedures for monitoring the use of it	s grants and o	ther assistan	ice outside the
3		(The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (
		offices in the region	agents and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service e specific typ	, for and
		in the region	contractors in the region	recipients located in the region)		(s) in the regi	Investments
			In the region		THE ORGANIZ	ATION	
					PROVIDED FU		
				GRANTS TO RECIPIENTS IN THE	ASSIST THE	EPISCOPAL	
MIDI	DLE EAST	0	0	REGION	DIOCESE OF	JERUSALEM	. 1,507,132.
	Subtotal	0	(1,507,132.
b	Total from continuation sheets to Part I						0.
с	Totals (add lines 3a						
	and 3b)	0	0				1,507,132.

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

Schedule F (Form 990) 2022

232071 10-17-22

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

59-6155008

Schedule F (Form 990) 2022

Part II 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)
			FINANCIAL SUPPORT TO HOSPITALS, SCHOOLS, REHAB CENTERS, AND					
		MIDDLE EAST	CLINICS.	1507132.	WIRE TRANSFERS	0.		
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a sec	tion 501(c)(3) ed	quivalency letter	►		1

Schedule F (Form 990) 2022

232073 10-17-22

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

59-6155008

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.

Schedule F (Form 990) 2022

i art ill cari be duplicated il a	uullional space is neede	u.					
(a) Type of grant or assistance	(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	1						

Schedule F (Form 990) 2022

Page 3

Schedu	AMERICAN FRIENDS OF THE EPISCOPAL le F (Form 990) 2022 DIOCESE OF JERUSALEM, INC.	59-6155008	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	Yes	X No
2	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
3	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)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 8865, <i>Return of U.S. Persons With Respect to Certain Foreign Partnerships</i> (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

AMERICAN FRIENDS OF THE EPISCOPAL

Schedule F (Form 990) 2022 DIOCESE OF JERUSALEM, INC.	59-6155008	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounti investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method (estimated number of recipients), as applicable. Also complete this part to provide any additional inform	d); and Part III, column (c)
PART V		
PART I, LINE 2:		
EACH TRANSFER TO THE DIOCESE OF JERSUSALEM INCLUDES A MEMO	FROM AFEDJ	
OUTLING WHICH OF THE HUMANITARIAN PURPOSES THE FUNDS ARE T	O BE USED	
FOR. THE DIOCESE RETURNS A RECEIPT TO AFEDJ WHICH THE ORGA	NIZATION	
KEEPS ON FILE WHICH REFLECTS THE INSTITUTIONAL ACCOUNT WHI	CH HAS BEEN	
CREDITED. REPRESENTATIVES OF THE ORGANIZATION VISIT ALL OF	THE MAJOR	
INSTITUTIONS AND MOST OF THE SMALLER INSTITUTIONS WHICH HA	VE RECEIVED	
FUNDS EACH YEAR, TALK TO THE DIRECTORS, MEET THOSE WHO HAV	E BEEN HELPE	D
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.

232075 10-17-22

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	sing or Gaming	Activ	rities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$					or if the	2022
Department of the Treasury		Attach to Form 990	or For	m 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru						Inspection
Name of the organization		N FRIENDS OF THE 1		COP	PAL			entification number
		OF JERUSALEM, INC					59-615	
	complete this par	 Complete if the organization answ t. 	ered "\	(es" o	n Form 990, Part IV,	line 17	'. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions I email solicitations itations Dicitations on have a written o ted in Form 990, F D highest paid indi	s f X Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclu profess	non-g gover aising ding o sional 1	overnment grants rnment grants events fficers, directors, tru fundraising services	stees, ?	X Ye	
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (oi	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
LAPA FUNDRAISING	- 601		Yes	No				
KAPPOCK ST, SUITE	5G, BRONX,	FUNDRAISING SERVICES		Х	0.		89,690	-89,690.
Total				I			89,690	89,690.
or licensing.		DC , FL , GA , HI , IL , KY						

PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

AMERICAN FRIENDS OF THE EPISCOPAL

			OF JERUSALE			6155008 Page 2
Ра	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
						col. (c)
ē			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts				
	2	Lass: Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_					
ŝ	5	Noncash prizes				
suse	6	Rent/facility costs				
Direct Expenses						
ŠČTE	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	nrt I	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses						
Expenses	3	Noncash prizes				
ĸ						
Direc	4	Rent/facility costs				
	_					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor			│	
	ľ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	F ord	tor the state(s) is which the experimentian condu	unto goming optivition			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		· ·				
		ere any of the organization's gaming licenses re		-	year?	Yes No
b) If "	Yes," explain:				
2320	82 10)-27-22			Sche	dule G (Form 990) 2022

37 2022.04020 AMERICAN FRIENDS OF THE EPI 12441__1

Sch	edule G (Form 990) 2022	AMERICAN DIOCESE					COPAL	5	9-61	55008	B Page 3
-	Does the organization conduct gar									Yes	
	Is the organization a grantor, bene	ficiary or trustee	of a tr	rust, or a memb	er of a	partnership o	r other entit	y formed	-		
	to administer charitable gaming?								L	Yes	└── No
	Indicate the percentage of gaming	•							1		
	The organization's facility									13a	%
	An outside facility									13b	%
14	Enter the name and address of the Name	e person who pre	epares	the organizatio	n's gar	ning/special e	events dook	s and records	5:		
	Address										
4-									Г		
	Does the organization have a cont					ation receives	s gaming re	venue?	L	Yes	L No
k	If "Yes," enter the amount of gamin	0	ved by	y the organization	on S	§	;	and the amou	int		
	of gaming revenue retained by the										
c	: If "Yes," enter name and address of	of the third party:	:								
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	\$									
	Description of services provided										
	Director/officer	Employee			pender	t contractor					
17	,				,						
é	Is the organization required under								Г	Yes	
L	retain the state gaming license?								^L		
Ľ	organization's own exempt activitie	-		w to be distribut \$		other exempt	organization	is or spent in	line		
Pa	rt IV Supplemental Inforr	nation. Provide	e the e	explanations rec	-	•		s (iii) and (v); a	nd Part	III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provid	le any additiona	l inforn	nation. See in:	structions.				
SC	HEDULE G, PART I,	LINE 2B,	LI	ST OF T	EN H	IGHEST	PAID	FUNDRAI	SERS	:	
(I) NAME OF FUNDRAIS	ER: LAPA	A FU	INDRAISI	NG						
(1) ADDRESS OF FUNDF	AISER: 6	501	KAPPOCK	ST.	SUITE	5G. B	RONX. N	IY 1	0463	
<u>`</u>	<u>,</u>				,	00112					
	RT IV										
SC	HEDULE G, PART I,	LINE 2B,	LI	ST OF TH	HE T	'EN HIGH	IEST P.	AID FUN	IDRAI	SERS	:
<u>(</u> т) NAME OF FUNDRAIS	ER: LAPA	ान् /	INDRATST	NG						
2320	3 10-27-22		0					<u>,</u>	chedule	G (Form	990) 2022
_020					38					- (

Schedu	ule G (Form 990)				JERUSAL	EM,	INC.			59	-615	5008	Pa
Part	IV Suppler	nent	al Information (con	tinued)									
(T)	ADDRESS	OF	FUNDRAISER:	601	KADDOCK	сm	GIITUR	50	BRONY	NV	101	63	
<u> </u>	ADDRESS	01	FONDIALDER.	001	KAI I OCK	51,	DOLLE	56,	DICOUX,	INI	TOF	05	
											Sched	dule G (F	orm
32084 (04-01-22					39							
						A							

SCI	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
•	,	Compensated Employees		20		•
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	AMERICAN FRIENDS OF THE EPISCOPAL	Employer id	lentificatio	on nu	mber
		DIOCESE OF JERUSALEM, INC.	59-6	15500	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization?	S			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee Written employment contract				
		ompensation consultant Compensation survey or study				
	X Form 990 of o	her organizations X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
		e payment or change-of-control payment?				X
		eive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
		ation?		5 b		X
		r 5b, describe in Part III.				
	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the n					37
						X
		ation?		6b		Х
		r 6b, describe in Part III.				
	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		ies 5 and 6? If "Yes," describe in Part III		7		X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)	2022

232111 10-18-22

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOHN LENT	(i)	138,300.	0.	0.	12,447.	0.	150,747.	0.	
EXECUTIVE DIRECTOR (THROUGH NOVEMBER	ii) [0.	0.	0.	0.	0.	0.	0.	
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
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	(i)								
	ii)								
	(i)								
(ii)							 	

Page 2

59-6155008

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2022

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN FRIENDS OF THE EPISCOPAL Name of the organization

.....

Employer identification number
59-6155008

(d)

DIOCESE OF JERUSALEM, INC. Part I **Types of Property** (2) (h) Т Т т

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termin	ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	v				573	T T T T T T T T T T T T T T T T T T T	
9	Securities - Publicly traded	X	5	208,254.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82							
	c .		·				Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rei	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		Х
	Does the organization hire or use third parties							
	contributions?		0			32a		х
h	If "Yes," describe in Part II.					<u>u</u>		_
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice. see	the Instruc	tions for Form 99	0.	Schedule N	l (Forr	n 990)	2022

13310920 759420 12441

Part II Supplemental Infor is reporting in Part I, colu this part for any additiona	mation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization mn (b), the number of contributions, the number of items received, or a combination of both. Also complete al information.
32142 09-09-22	Schedule M (Form 990)
10000 050400 40444	44 2022 04020 NYEDICIN EDIENDO OF THE EDI 12441
10920 759420 12441	2022.04020 AMERICAN FRIENDS OF THE EPI 12441_

59-6155008 Page 2

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC.



59-6155008

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

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, AND 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 REQUIRED 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.

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

Schedule O (Form 990) 2022

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2022.04020 AMERICAN FRIENDS OF THE EPI 12441__1

Name of the organization	AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.	Employer identification number $59-6155008$
FORM 990, PAR	T VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CT, AL, AK, AR, C	A, CO, DC, FL, GA, HI, IL, KY, ME, MD, MA, MI, MS, NV, NH,	NJ, NY, NC, ND, OH, OK
OR, PA, RI, SC, TI	I, UT, VA, WA, WV, WI	

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON GUIDESTAR.ORG. IN

ADDITION, THE EXEMPTION LETTER AND FORM 990, AS WELL AS THE AUDITED

FINANCIAL STATEMENTS, ARE AVAILABLE UPON WRITTEN REQUEST TO 25 OLD KINGS

KWY. NORTH, SUITE 13, DARIEN, CT 06820.

232212 10-28-22