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.

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

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

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identifi	cation number		
ć		AMERICAN FRIENDS OF THE EPISCOPAL				
	Addres	DIOCESE OF JERUSALEM, INC.				
	□Name □chang □Initial		59-61550			
	return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 25 OLD KINGS HIGHWAY NORTH, SUITE 13	te E Telephone numbe (203)655			
	termin ated		G Gross receipts \$	6,289,804.		
	Ameno		H(a) Is this a group re			
	Applic tion	F Name and address of principal officer:EILEEN SPENCER	for subordinates			
	pendir	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No			
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5		list. See instructions		
	Websit		H(c) Group exemption			
				√I State of legal domicile: FL		
		Summary		<u> </u>		
		Briefly describe the organization's mission or most significant activities: $\frac{PROVIDE}{PROVIDE}$	INANCIAL SUP	PORT TO		
Governance	-	DIOCESE OF JERUSALEM AND ITS HUMANITARIAN INS	STITUTIONS			
rna	2	Check this box if the organization discontinued its operations or disposed of mo	ore than 25% of its net a	ssets.		
Š	1	Number of voting members of the governing body (Part VI, line 1a)	ı	19		
		Number of independent voting members of the governing body (Part VI, line 1b)		19		
οğ		Total number of individuals employed in calendar year 2024 (Part V, line 2a)		4		
iţie		Total number of volunteers (estimate if necessary)		22		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
	 	Net difference business taxable income from our office of the first income income from the first income inc	Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)	5,135,421.	4,078,513.		
Jue			0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,955.	98,183.		
Re		-	0.	0.103.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,184,376.	4,176,696.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,405,191.	3,606,070.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	3,000,070.		
		Benefits paid to or for members (Part IX, column (A), line 4)	510,784.	598,537.		
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	74,088.	0.		
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 55,165.	74,000.	0.		
Ä		<u> </u>	269,458.	347,835.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,259,521.	4,552,442.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	924,855.	-375,746.		
_ s	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year		
Net Assets or Fund Balances		-	3,118,985.	2,805,086.		
SSE	20	Total assets (Part X, line 16)	24,502.	34,266.		
let A	21	Total liabilities (Part X, line 26)	3,094,483.	2,770,820.		
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	3,034,403.	2,110,020.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	amonta and to the heat of m	v knowledge and balief it is		
			·	y knowledge and belief, it is		
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa				
٥.		Signature of officer	6/26/25 Date			
Sig			Duto			
Hei	re	EILEEN SPENCER, EXECUTIVE DIRECTOR Type or print name and title				
			Date Check	PTIN		
Da!		Preparer's signature Preparer's signature	if			
Pai		JENNIFER COATES	self-employ	P02247728 3-1655065		
	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN 1	2-1022002		
USE	Only	Firm's address 551 FIFTH AVENUE, SUITE 400	, o1	2 607 2200		
_		NEW YORK, NY 10176	Phone no. 2 1	2-697-2299		
		RS discuss this return with the preparer shown above? See instructions		Yes No		
LH/	A For	Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24		Form 990 (2024)		

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TRANSFORMING LIVES OF THE VULNERABLE AND DISPLACED IN THE MIDDLE EAST
	THROUGH SUPPORT OF THE EPISCOPAL DIOCESE OF JERUSALEM AND ITS SCHOOLS,
	HOSPITALS, AND CENTERS FOR CHILDREN WITH DISABILITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,606,070 • including grants of \$ 3,606,070 •) (Revenue \$
	AFEDJ IS AN INDEPENDENT ORGANIZATION THAT COLLABORATES WITH THE
	EPISCOPAL DIOCESE OF JERUSALEM AND ITS HUMANITARIAN INSTITUTIONS. IT
	GENERATES INCREASED AWARENESS OF AND RAISES FINANCIAL SUPPORT FOR THE
	DIOCESE AND ITS SCHOOLS, HOSPITALS AND CENTERS FOR CHILDREN WITH
	DISABILITIES IN PALESTINE, ISRAEL, LEBANON, SYRIA, AND JORDAN.
4b	(Code:) (Expenses \$ 559,390 • including grants of \$) (Revenue \$)
	IN ADDITION TO PROVIDING FINANCIAL SUPPORT FOR THE EPISCOPAL DIOCESE OF
	JERUSALEM AND ITS HUMANITARIAN INSTITUTIONS, AFEDJ WORKS TO EDUCATE
	STAKEHOLDERS IN THE U.S. ABOUT THE WORK AND ONGOING NEEDS OF THE
	DIOCESE, INCLUDING THROUGH DIGITAL AND PRINT COMMUNICATIONS, SPEAKING
	ENGAGEMENTS, AND WORKSHOPS.
4c	(Code:) (Expenses \$
4-1	Other magrees and issa (Describe on Calcabula O.)
40	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,165,460.
-10	Form 990 (2024)

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	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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	X	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		v	
	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			.
	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,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	admostic government on rat in, column (n), into 1: in 100, complete denotation, rates rand in	<u> </u>	1	

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Form 990 (2024)

Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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		X
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See 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			l
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
0.4	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
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_~	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		- 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

432004 12-10-24

Form **990** (2024)

DIOCESE OF JERUSALEM, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х			
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 transa	ction?	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 second se							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute							
	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 ser		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	•			37			
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X			
f	, , , , , , , , , , , , , , , , , , ,							
g	1 1 2/							
h	, , , , , , , , , , , , , , , , , , , ,							
8	,							
0	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		9a					
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:		90					
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:	100						
а	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	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						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see 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	t income?	16		Х			
	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 ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

432005 12-10-24

Form **990** (2024)

Page 6

v

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

					Δ
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 1	.9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	₁₆ 1	.9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass		· —		Х
6	Did the organization have members or stockholders?		. —		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as		. 🖵		
74			7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s		· /a		
b			7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year		. 76		- 25
8			0-	х	
а	The governing body?		٠.	X	
b	Each committee with authority to act on behalf of the governing body?		. <u>8b</u>	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				Ų.
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		1	
				Yes	No
	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 ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
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			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," describe			
	on Schedule O how this was done		. 12c	X	
13	Did the organization have a written whistleblower policy?		. 13	X	
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 approva	al 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	X	
	Other officers or key employees of the organization				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 arranger	nent 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				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CT, AL, AK, AR, C	A,CO,DC,FL,G	A,HI	,IL	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at				
	for public inspection. Indicate how you made these available. Check all that apply.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and fina	ncial	
	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 bo	oks and records			
_0	EILEEN SPENCER - (203) 655-3575	5.15 and 1000rd5			
		06820			
13300	SEE SCHEDULE O FOR FULL LIST OF STATES		Forr	n 990	(2024
الالالات.			1 011	555	,_02-

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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-NEĆ) 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 nei	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any	tor					Ė	from the	from related organizations	other compensation
	hours for	r director				pa		organization	(W-2/1099-MISC/	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ployee	comb		1099-NEC)		and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) EILEEN SPENCER	40.00	=	=	5	×	工业	_			
EXECUTIVE DIRECTOR		1		x				186,771.	0.	29,323.
(2) THE RT. REV GREG RICKEL	4.00									
BOARD CHAIR (THROUGH MAY 2024)		Х		Х				0.	0.	0.
(3) ENDICOTT PEABODY	4.00							_	_	_
VICE CHAIR	4 00	Х		Х				0.	0.	0.
(4) HOLLY J. BOONE	4.00								_	
SECRETARY	4 00	Х		Х				0.	0.	0.
(5) PENNY WINDER	4.00	. ,		\ \					_	_
TREASURER	4.00	Х		Х				0.	0.	0.
(6) THE REV. JONATHAN D. MUSSER TRUSTEE	4.00	x						0.	0.	0.
(7) JOANNE BLAKEMORE	4.00							0.	0.	0.
TRUSTEE	4.00	Х						0.	0.	0.
(8) BUCK BLANCHARD	4.00								•	
TRUSTEE		Х						0.	0.	0.
(9) E. WILLIAM CATTAN, JR.	4.00									
TRUSTEE		Х						0.	0.	0.
(10) DONALD R. CRAWSHAW	4.00									
TRUSTEE		Х						0.	0.	0.
(11) JANE DELAND	4.00									
TRUSTEE		Х						0.	0.	0 .
(12) THE REV. ANNE E. DERSE	4.00								_	_
TRUSTEE	4 00	Х						0.	0.	0 .
(13) THE RT. REV. DANIEL GUTIERREZ	4.00								_	_
TRUSTEE	4.00	Х						0.	0.	0.
(14) ELIZABETH KEESEE HENRY TRUSTEE	4.00	X						0.	0.	0 .
(15) GREG HERRLE	4.00	^					\vdash	0.	· ·	
TRUSTEE	1.00	Х						0.	0.	0.
(16) THE RT. REV ANNE E. HODGES-COPP	4.00	ᢡ					\vdash			
BOARD CHAIR (FROM MAY 2024)		х		x				0.	0.	0 .
(17) JOHN VAN DE WEERT	4.00									
TRUSTEE		Х			l			0.	0.	0.

432007 12-10-24

Form **990** (2024)

59-6155008 DIOCESE OF JERUSALEM, INC. Page 8 Form 990 (2024) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) THE REV. CANON NICHOLAS PORTER 4.00 0. 0. 0. TRUSTEE X (19) SUHAIL QUMRI 4.00 X 0 0. 0. TRUSTEE 4.00 (20) THE REV. JUDY OUICK 0 X 0. 0. TRUSTEE (21) RONALD SZABAT 4.00 X 0 0. TRUSTEE 0. 0. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 29,323. 186,771. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation

Form **990** (2024)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

DIOCESE OF JERUSALEM, INC.

			Check if Schedule O	conta	ains a r	esponse	or note to any lir	ne in this Part VIII			
			CHOCK II COHOGGIO C	301111	unio u i	соронос	or moto to arry in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
(A (A)						_					30000013 012 014
발표			Federated campaigns			1a					
اي ق			Membership dues			1b					
Łŷ,		С	Fundraising events			1c					
a		d	Related organizations			1d					
ini		е	Government grants (contr	ibuti	ions)	1e					
rior		f	All other contributions, gifts,	grant	ts, and						
the			similar amounts not included	abov	/e	1f	4,078,513.				
<u> </u>		a	Noncash contributions included in	lines	1a-1f	1g \$	39,551.				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f				-	4,078,513.			
_		-					Business Code	, ,			
as l	2	_					540555 5545				
ķ											
šel		b									
E S		С									
Program Service Revenue		d									
Š		е									
ъ			All other program service								
$\overline{}$		g	Total. Add lines 2a-2f								
	3		Investment income (include	ding	divider	nds, inter	est, and				
			other similar amounts)					42,995.			42,995.
	4		Income from investment of	of tax	k-exem	pt bond	proceeds				
	5		Royalties	<u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				· L				
			Gross amount from sales of	,		curities	(ii) Other				
	•	u	assets other than inventory	7a		68,296	` '				
		h	Less: cost or other basis	/ a	-,-	,,,,,,,	•				
<u>o</u>		D		7.	2 1	13 100					
e E		_	and sales expenses			13,108 55,188					
Revenue			· /					FF 100			FF 100
E.			Net gain or (loss)					55,188.			55,188.
ther	8	а	Gross income from fundraising	ng ev	-						
0			including \$			of					
			contributions reported on		,						
			Part IV, line 18								
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	Iraising	events					
	9	а	Gross income from gamin	g ac	tivities	. See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing act	ivities					
			Gross sales of inventory, I								
			and allowances				a				
		h	Less: cost of goods sold								
			Net income or (loss) from			·····					
_		Ŭ	THE INCOME OF (1000) ITOM	Juice	0 01 1111	critory	Business Code				
snc	11	2					546666 6646				
ne		a b									
Miscellaneous Revenue		C									
R			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					4,176,696.	0.	0.	98,183.
								_, _, _, , , , , , , ,			

Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 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				
_	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	3,606,070.	3,606,070.		
	individuals. See Part IV, lines 15 and 16	3,000,070.	3,000,070.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	216,090.	129,656.	75,633.	10,801
_	trustees, and key employees	210,090.	129,030.	13,033.	10,001
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	202 062	175,836.	102 570	11 656
7	Other salaries and wages	293,062.	1/3,030.	102,570.	14,656
8	Pension plan accruals and contributions (include	21 122	10 674	7 202	1 050
_	section 401(k) and 403(b) employer contributions)	21,123. 32,774.	12,674. 19,664.	7,393.	1,056 1,639
9	Other employee benefits				1,639
10	Payroll taxes	35,488.	21,293.	12,421.	1,//4
11	Fees for services (nonemployees):				
а	Management				
b	Legal	20 001	10 752	11 500	1 (1)
С	Accounting	32,921.	19,753.	11,522.	1,646
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17			F 650	
f	Investment management fees	5,650.		5,650.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	-1 101		1= 01=	
13	Office expenses	51,186.	30,713.	17,915.	2,558
14	Information technology				
15	Royalties				
16	Occupancy	18,569.	11,142.	6,499.	928
17	Travel	59,598.	30,614.	17,860.	11,124
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,603.	962.	561.	80
23	Insurance	3,406.	2,044.	1,192.	170
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	OUTSIDE SERVICES	115,758.	69,455.	40,515.	5,788
b	BANK FEES	25,263.	15,157.	8,843.	1,263
С	DUES AND SUBSCRIPTIONS	20,350.	12,209.	7,123.	1,018
d	MICELLANEOUS EXPENSE	13,281.	7,968.	4,649.	664
е	All other expenses	250.	250.		
25	Total functional expenses. Add lines 1 through 24e	4,552,442.	4,165,460.	331,817.	55,165
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)				

Form **990** (2024)

Form 990 (2024)

Part X | Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		740,915.	1	1,023,747	
	2	Savings and temporary cash investments			1,163,819.	2	483,860
	3	Pledges and grants receivable, net	88,222.	3	54,381		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantia	l contributor, or 35%			
		controlled entity or family member of any of t	hese pe	rsons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ŕ	9	Prepaid expenses and deferred charges			1,451.	9	11,516
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	25,045.			
	b	Less: accumulated depreciation			2,170.	10c	567
	11	Investments - publicly traded securities		1,120,330.	11	1,228,937	
	12	Investments - other securities. See Part IV, lir	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	2,078.	15	2,078		
	16	Total assets. Add lines 1 through 15 (must e		3,118,985.	16	2,805,086	
	17	Accounts payable and accrued expenses	24,502.	17	34,266		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I	V of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer of	ficer, director,			
≣		trustee, key employee, creator or founder, su	bstantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pe	rsons		22	
_	23	Secured mortgages and notes payable to un	related t	hird parties		23	
	24	Unsecured notes and loans payable to unrela	ated thir	d parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D			0.4 500	25	24 266
	26	Total liabilities. Add lines 17 through 25			24,502.	26	34,266
ý		Organizations that follow FASB ASC 958, or	check h	ere X			
nce		and complete lines 27, 28, 32, and 33.			0 210 121		0 150 000
<u>a</u>	27	Net assets without donor restrictions	2,312,131.	27	2,152,009		
g B	28	Net assets with donor restrictions			782,352.	28	618,811
Ē		Organizations that do not follow FASB ASC	C 958, c	heck here			
고 교		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 004 402	31	0 770 000
ž	32	Total net assets or fund balances			3,094,483.	32	2,770,820
	33	Total liabilities and net assets/fund balances			3,118,985.	33	2,805,086

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)		1,17			
2	Total expenses (must equal Part IX, column (A), line 25)	2 4	1,55			
3	Revenue less expenses. Subtract line 2 from line 1	3	-37			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,09			
5	Net unrealized gains (losses) on investments	5	5	2,0	83.	
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	2,77	0,8	20.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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 Schedule	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	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?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2024)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Employer identification number 59-6155008

OMB No. 1545-0047

Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.					
The	organ	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)	, ,,						
3		A hospital or a cooperative		·		(b)(1)(A)(i	ii).					
4	一	A medical research organiz	•				-	the hospital's name				
•		city, and state:	anorr operated in co	njanoson wara noopital	GOOGIIDO			and mospital o marrie,				
5			or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit descri	ned in				
3	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	v	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	X			ntial part of its support f	rom a gov	ernmentai	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	· ·									
8	\vdash	A community trust describe										
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	ge or				
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from o	contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry 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 through 12d that	describes the type o	of supporting organization	n and com	nplete lines	s 12e, 12f, and 12g.					
а		Type I. A supporting orga				•		v aivina				
		the supported organization	•	•								
		organization. You must o			, ,			11 5				
b	. [Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina				
_		control or management of	· ·					-				
		organization(s). You mus			arrio poroc	orio triat ot	ontrol of manage the oal	sportod				
		Type III functionally inte			in connec	tion with	and functionally integrat	ed with				
٠		its supported organizatio					• •	ou with,				
d		Type III non-functionally		-				ization(s)				
٠		• • • • • • • • • • • • • • • • • • • •						. ,				
		that is not functionally int	-	* *	-		·	liveriess				
		requirement (see instruct	•	-								
е	•	☐ Check this box if the orga					a Type I, Type II, Type III					
		functionally integrated, o	* *									
f		er the number of supported of		-1								
		vide the following information (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	'	organization	(11) = 114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No	capport (coo mondono)	capport (coo metractions)				
Total	al											
Tota	al						l	i .				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2118522.	2604136.	2573330.	5135421.	4078513.	16509922.
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	2118522.	2604136.	2573330.	5135421.	4078513.	16509922.
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)						956,792.
6	Public support. Subtract line 5 from line 4.						15553130.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	2118522.	2604136.	2573330.	5135421.	4078513.	16509922.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	92.	1,772.	11,052.	31,543.	42,995.	87,454.
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.)						
11	Total support. Add lines 7 through 10						16597376.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publ						
	Public support percentage for 2024 (I					14	93.71 %
	Public support percentage from 2023					15	87.66 %
16a	33 1/3% support test - 2024. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		*	-	•	VI how the organiz	zation
	meets the facts-and-circumstances to	•			•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2024

Schedule A (Form 990) 2024

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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	/) 2222	41.2004		(n 2222	() 000 ((0 =
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	S					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	S					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.				<u> </u>	504()(0)	<u>l</u>
14 First 5 years. If the Form 990 is for	trie organization's f	, , ,	•	•	()()	ion,
check this box and stop here Section C. Computation of Pul	hlic Support D					L
15 Public support percentage for 2024	•••		column (f)		15	Ç
16 Public support percentage from 20. Section D. Computation of Inv					16	
17 Investment income percentage for					17	(
					18	
18 Investment income percentage fror19a 33 1/3% support tests - 2024. If the						
more than 33 1/3%, check this box	-					17 13 1101
b 33 1/3% support tests - 2023. If the line 18 is not more than 33 1/3%, c	ne organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation If the organization						<u>-</u>

432023 01-14-25

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 disqualified 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.)

	Yes	No
1		
2		
3a		
3b		
30	,	
30	:	
4a		
70		
4b		
40		
5a		
5b 5c		
30		
6		
7		
,		
8		
9a		
9b		
90		
90		
10:	a	
10l	orm 990	2024

Pa	rt IV Supporting Organizations (continued)		- 10	ige c
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		.03	.,,,
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
·	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	tion of Type i supporting organizations		Yes	No
1	Did the governing hady, members of the governing hady officers esting in their official canacity, or membership of any or		162	NO
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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	-		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type it supporting organizations		V	NI.
_	Was a said to state a said to be discounted to be about the state of t		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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	·).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2024

instructions).

	t V Type III Non-Functionally Integrated 509		anizations (continu	(10d)	0 0133000 Page 7
	on D - Distributions	(a)(a) aupparting a.g.	COILLING	<u>Jea)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	Curront rour
	Amounts paid to perform activity that directly furthers exempt	 			
_	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets	ос от опростои отдиншино		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	 e		
	(provide details in Part VI). See instructions.	g		8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ns	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
a	a From 2019				
b	From 2020				
c	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				

Schedule A (Form 990) 2024

d Excess from 2023e Excess from 2024

Part VI	Cumplemental Information Design and the second of the seco
Pait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section F. lines 1c, 2a, 2h, 3a and 3h: Part V. line 1: Part V. Section R. line 1e: Part V.
	Costing D lines C and 0, and 0, acting October D lines 0, 5, and 0, 4, acting by the control by line 16, Falt V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	
-	
-	
-	
-	
-	

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM TNC.

Employer identification number 59-6155008

Pai	rt I Organizations Maintaining Donor Advised	•	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation easements during the year
•	Describes a second to the control of		I-)/4)/D//)
8	Does each conservation easement reported on line 2d above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets
. a.	Complete if the organization answered "Yes" on Form 9		Allor Olimiai Aloootoi
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
	of art, historical treasures, or other similar assets held for publ	, ,	
	service, provide in Part XIII the text of the footnote to its finance	· ·	•
h	If the organization elected, as permitted under FASB ASC 958		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	oxination, education, or recourse in rais	noralise of pablic convice,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		·
_	the following amounts required to be reported under FASB AS	,	
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		·

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

Schedule D (Form 990) (Rev. 12-2024)

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar /	Assets(co	ontinue	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply).							
а	a Public exhibition d Loan or exchange program							
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	empt purpose	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Ye	s	No
Pa	rt IV Escrow and Custodial Arran		te if the organization	answered "Yes" on	Form 990, Pa	rt IV, 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	diary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?					L Ye	s l	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
						Am	ount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	• • • • • • • • • • • • • • • • • • • •				1f			
	Did the organization include an amount on Fo		·			L Ye	s Į	No
	If "Yes," explain the arrangement in Part XIII.						l	
Pa	rt V Endowment Funds Complete if							
		(a) Current year	(b) Prior year		(d) Three years			ars back
	Beginning of year balance	1,164,940.	935,657.	, ,	1,071,			83,057.
b	b Contributions 105,000. 100,000. 110,783.							
	c Net investment earnings, gains, and losses 118,736. 130,667175,079. 158,752.						11	11,191.
d	d Grants or scholarships							
е	e Other expenditures for facilities							
	and programs 6,246. 6,384. 106,723. 112,857.						3	33,467.
f	Administrative expenses							
g	End of year balance	1,277,430.	1,164,940.	935,657.	1,217,	459.	1,07	71,564.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	90.0587	_%					
b	Permanent endowment	%						
С	Term endowment 9.9412	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the			
	organization by:					_	Ye	
	(i) Unrelated organizations?						a(i) X	
	(ii) Related organizations?						(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza					<u>3</u>	b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	1						
	Description of property	(a) Cost or of basis (investment)	' '	, ,	Accumulated epreciation	(d) E	Book v	alue
1a	Land							
	Buildings					1		
С	Leasehold improvements					1		
d	Equipment		_					
	Other			5,045.	24,478	•		567.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))				567.

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)DIOCESE OF Part VII Investments - Other Securities	ohkoomhin, i	INC. 59	0-6155008 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col	(R))		
Part X Other Liabilities	. (D))		
Complete if the organization answered "Yes"	on Form 000 Port IV line	a 11a or 11f Soo Form 990 Part V line 2	5
(a) December of lighting	on rollingso, Fait IV, iiile	e Tre Or Tri. See Form 990, Part A, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			1
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		
		o the organization's financial statements	

432053 01-02-25

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) (Rev. 12-2024)

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per R	eturn	1
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total revenue, gains, and other support per audited financial statements _			1	4,275,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		52,083. 51,985.		
b	Donated services and use of facilities		51,985.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				104 060
е	Add lines 2a through 2d			2e	104,068.
3	Subtract line 2e from line 1			3	4,171,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	E 6E0		
а	Investment expenses not included on Form 990, Part VIII, line 7b		5,650.		
b	Other (Describe in Part XIII.)				E 6E0
_	Add lines 4a and 4b			4c	5,650. 4,176,696.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St			5 Dotu	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, li		Expenses per	netu	111
					4,598,777.
1	Total expenses and losses per audited financial statements			1	4,330,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	51,985.		
a	Donated services and use of facilities		31,903.		
D	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)	•		20	51,985.
e	Add lines 2a through 2d			2e 3	4,546,792.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			•	4,540,7524
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,650.		
a h			3,030.		
D	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	5,650.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	4,552,442.
	rt XIII Supplemental Information	(0.)		<u> </u>	1,332,1120
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	A: Part IV lines 1h:	and 2h: Part V line	∕l· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			т, г аг с	Λ, ιιτο Σ, τ αιτ Λι,
	RT XIII	arry additional inform	iation.		
	RT V, LINE 4:				
	E ORGANIZATION'S ENDOWMENT CONSISTS OF	INDIVIDUA	L FUNDS WH	ICH	WERE
	TABLISHED FOR A VARIETY OF PURPOSES.				
-					
-					
-					
-					

SCHEDULE F (Form 990) (Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC.

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

59-6155008

	Form 990, Part IV	/, line 14b.					
1	S ,						
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes X No	
	0 0 ,	Ü	,				
2	For grantmakers Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the	
_	United States.	indo in i dit v tino	o organization o	procedures for mornioning the doc or it	o granto ana otnor acciotance cate	ndo trio	
_		a a fallaccione Dad			d - d \		
3				an be duplicated if additional space is i		(f) Total	
	(a) Region	offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures	
		in the region	employees, agents, and independent	gram services, investments, grants to		for and	
		in the region	I contractors	recipients located in the region)	of service(s) in the region	investments	
			in the region	recipients located in the region)	or service(s) in the region	in the region	
					FINANCIAL SUPPORT FOR	_	
					THE EPISCOPAL DIOCESE OF		
				GRANTS TO RECIPIENTS IN THE	JERUSALEM AND ITS		
w T D T	OLE EAST	0	0		SCHOOLS, HOSPITALS, AND	3,606,070.	
	711 1110 I	,			concert, neer rings, inte	3,000,070.	
3 -	Subtotal	0	0			3,606,070.	
			<u> </u>			3,000,070.	
b	Total from continuation		_			_	
	sheets to Part I	0	0			0.	
С	Totals (add lines 3a						
	and 3b)	0	0			3,606,070.	

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) (Rev. 12-2024) DIOCESE OF JERUSALEM, INC.

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 FOR THE EPISCOPAL DIOCESE					
			OF JERUSALEM AND ITS SCHOOLS, HOSPITALS,	3606070	WIRE TRANSFERS	0.		
		HIDDLE EAST	benoons, nobilians,	3000070.	WIRE TRANSPERS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

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 the 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 the 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 the 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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): REGION: MIDDLE EAST (E) SPECIFIC TYPES OF SERVICES IN REGION: FINANCIAL SUPPORT FOR THE EPISCOPAL DIOCESE OF JERUSALEM AND ITS SCHOOLS, HOSPITALS, AND CENTERS FOR CHILDREN WITH DISABILITIES. PART II, COLUMN (D): REGION: MIDDLE EAST (D) PURPOSE OF GRANT: FINANCIAL SUPPORT FOR THE EPISCOPAL DIOCESE OF JERUSALEM AND ITS SCHOOLS, HOSPITALS, AND CENTERS FOR CHILDREN WITH DISABILITIES

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Employer identification number 59-6155008

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision 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 officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			37
а	1,	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 504/ (10) 504/ (10) 1504/ (100) 11 11 12 10			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	E		х
a	The organization?	5a 5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		-23
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) DIOCESE OF JERUSALEM, INC.

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) EILEEN SPENCER	(i)	186,771.	0.	0.	8,820.	20,503.	216,094.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) (Rev. 12-2024) DIOCESE OF JERUSALEM, INC.	59-6155008	Page 3
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	r Part II. Also complete this part for any additional informa	ation.
	•	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN FRIENDS OF THE EPISCOPAL DIOCESE OF JERUSALEM, INC.

Employer identification number 59-6155008

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	etermin	ning	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1	noncash contribu	ution a	mount	s
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							
9	Securities - Publicly traded	X	9	39,551	.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							
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 28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	n the tay year for o	ontributions				
23	for which the organization completed Form 828		•					
	To which the organization completed from each	50,1 411 4, 5	onee mounewiedg				Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rea	oorted on Part I, lines 1 the	ough 28, that it			
	must hold for at least 3 years from the date of t							
	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 p	oolicy that re	equires the review	of any nonstandard contri	butions?	31		Х
	Does the organization hire or use third parties of							
	contributions?		J	· · · · · ·		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is c	necked,			
	describe in Part II.							

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

Schedule M (Form 990) 2024

AMERICAN FRIENDS OF THE EPISCOPAL

Schedule M	(Form 990) 2024	DIOCESE	OF	JERUSALEM,	INC.		59-6155008	Page 2
Part II	Supplemental	Information	- Prov	ride the information re	guired by Part L line	es 30b 32b and 33	and whether the organiza	ation
	is reporting in Part	I, column (b), the	e num	ber of contributions,	the number of items	received, or a comb	and whether the organization of both. Also com	plete
	this part for any ac	dditional informat	tion.	•		•		
_								

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SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

AMERICAN FRIENDS OF THE EPISCOPAL

DIOCESE OF JERUSALEM, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 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. ANY CONFLICTS IDENTIFIED ARE REVIEWED BY THE BOARD.

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

THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE AFEDJ EXECUTIVE COMMITTEE, WHICH IS COMPRISED SOLELY OF INDEPENDENT TRUSTEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CT,AL,AK,AR,CA,CO,DC,FL,GA,HI,IL,KY,ME,MD,MA,MI,MS,NV,NH,NJ,NY,NC,ND,OH,OK OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON ITS WEBSITE AND 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.

or Pa	perwork	Reduction	Act Notice,	see the	Instructions	for Fo	rm 990	or 990-	EZ