| 7 | 1 | | • | 1 | e LOMB No. 1545-0047 |
|------------|-------------------------|---|---|----------|-------------------------------------|
| Form | 99 | Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Reven | | | |
| | | benefit trust or private foundation) Service ► The organization may have to use a copy of this return to satisf | y state reporting re | equirer | Open to Public ments. Inspection |
| ۹ Foi | r,the 2 | 00 <u>4 calendar year, or tax year beginning</u> , 20 | 04, and ending | | |
| | k if applicat | | | D En | nployer identification number |
| | Address change | use IRS EPISCOPAL RELIEF AND DEVELOPMENT | | 73 | -1635264 |
| · ' | Nam e chai | | Room/suite | E Te | elephone number |
| | Initial retur | See | | | |
| | Final returi Amended | Specific 815 SECOND AVENUE | .L | | 00) 334-7626 |
| | return Applicatioi | Instruction City or town, state or country, and ZIP + 4 | | | thod Cash X Accru |
| | pending | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable | H and I are not any | | Other (specify) |
| | | trusts must attach a completed Schedule A (Form 990 or 990-EZ). | H(a) is this a grou | | |
| G W | ebsite. | ► WWW.ER-D.ORG | H(b) If "Yes," ente | | |
| | | on type (check only one) ► X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527 | H(c) Are all affiliate | | |
| | neck her | | (If "No," attac | h a list | See instructions) |
| | | in need not file a return with the IRS, but if the organization received a Form 990 Package | H(d) Is this a separat organization co | | filed by an a group ruling? Yes X |
| ın | the ma | , it should file a return without financial data Some states require a complete return. | I Group Exemp | | |
| | | · · · | M Check 🕨 | | the organization is not required |
| Gr | ross rec | eipts Add lines 6b, 8b, 9b, and 10b to line 12 11, 573, 447. | to attach Sch | B (For | rm 990, 990-EZ, or 990-PF) |
| Part | R | evenue, Expenses, and Changes in Net Assets or Fund Balances (See page | 18 of the instru | ctions | .) |
| | 1 | Contributions, gifts, grants, and similar amounts received | | | |
| | | Direct public support | <u>9,821,369.</u> | | |
| | | Indirect public support | 200,005. | | |
| | | Government contributions (grants) | | 4 | |
| | | Total (add lines 1a through 1c) (cash \$10,021,374 noncash \$ |) | 1d | 10,021,374 |
| | 1 | Program service revenue including government fees and contracts (from Part VII, line 93 |) | 2 | |
| i | 3 | Membership dues and assessments | | 3 | |
| | | Interest on savings and temporary cash investments | | 4 | |
| | | DECEIVED | • • • • • • • • • • | 5 | 684,336 |
| | | GRENED. 6a | | | |
| | | Less rental expenses | | 6c | |
| ne | | Other Investment viccome describe | · · · · · · · · · · · · · · · · · · · | 7 | 881,177 |
| venue | 8 a | | | + | 001,1,1,1 |
| Rev | | 000EN, U.T | | 1 | |
| | ╎└ᢑ | Less- cost or other basis and sales expenses 8b | | 7 | |
| | с | Gain or (loss) (attach schedule) | | | |
| | | Net gain or (loss) (combine line 8c, columns (A) and (B)) | · · · · <u></u> · · · | 8d | |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, check her | e 🕨 📘 | | |
| | a | Gross revenue (not including \$ of | | | |
| | | contributions reported on line 1a) | | 4 | |
| | | Less. direct expenses other than fundraising expenses | | 4 | |
| | 1 | Net income or (loss) from special events (subtract line 9b from line 9a) | | 9c | |
| | | Gross sales of inventory, less returns and allowances | | - | |
| | | Less cost of goods sold | | 4 | |
| | | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from lin | | | |
| | 11 | Other revenue (from Part VII, line 103) | | | |
| | 12 13 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) Brogram services (from line 44, column (B)) | | | 11,573,447 |
| ŝ | 13 | Program services (from line 44, column (B)) | | | 5,054,557 |
| Expenses | 14 | Fundraising (from line 44, column (D)) | | | <u>769,543</u> 1,055,573 |
| ž | 16 | Payments to affiliates (attach schedule) | | | |
| ш | 17 | Total expenses (add lines 16 and 44, column (A)). | | | 6,879,673 |
| ts | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 4,693,774 |
| sse | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | 1 1 | 12,804,600 |
| Net Assets | 20 | Other changes in net assets or fund balances (attach explanation) | | | |
| ž | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 17,498,374 |
| _ | | Act and Paperwork Reduction Act Notice, see the separate instructions. | | t- | Form 990 (2004 |

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| | | | | 35264 | Page |
|---|---|--|--|---|--|
| Functional Expenses and se | | | (A) Columns (B), (C), and (E table trusts but optional for of | | |
| Do not include amounts reported on line | | (A) Total | (B) Program | (C) Management | (D) Fundraising |
| 6b, 8b, 9b, 10b, or 16 of Part I | | | services | and general | |
| 22 Grants and allocations (attach schedule) | [] | 0 000 550 | 0 000 550 | | |
| (cash \$3,833,558. noncash \$) | 22 | 3,833,558. | 3,833,558. | STMT 2 | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule)25 Compensation of officers, directors, etc. | 24 25 | 151,008. | 72,790. | 34,749. | 12 16 |
| • | 26 | 1,149,123. | 553,906. | 264,426. | <u>43,46</u> 330,79 |
| 26 Other salaries and wages 27 Pension plan contributions | 27 | | | 204,420. | |
| 28 Other employee benefits | 28 | 284,950. | 126,289. | 78,759. | 79,90 |
| 29 Payroll taxes | 29 | 96,642. | 39,197. | 22,415. | 35,03 |
| 30 Professional fundraising fees | 30 | | | | 00700 |
| 31 Accounting fees | 31 | 28,356. | 2,518. | 25,838. | · · · · · · · · · · · · · · · · · · · |
| 32 Legal fees | 32 | 33,661. | | 33,661. | |
| 33 Supplies | 33 | 9,162. | 596. | 2,693. | 5,87 |
| 34 Telephone | 34 | 6,741. | | 2,130. | 4,61 |
| 35 Postage and shipping | 35 | 60,128. | 18,504. | | 41,43 |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | 17,143. | | 16,839. | |
| 38 Printing and publications | 38 | 231,577. | 116,278. | 4,201. | 111,09 |
| 39 Travel | 39 | 201,965. | 80,644. | 75,094. | 46,22 |
| 40 Conferences, conventions, and meetings . | 40 | 34,476. | | 2,122. | 2,09 |
| 41 Interest | 41 | | | <u> </u> | |
| 42 Depreciation, depletion, etc. (attach schedule). | 42 | | | | |
| 43 Other expenses not covered above (itemize) 8 TMT _3_ | 43a | 741,183. | 179,711. | 206,427. | 355,04 |
| b | 43b 43c | | | | |
| C | 430 43d | · | | | |
| d | 43e | | | | |
| e | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► If you are follow | ving SC | | 5,054,557. | 769,543. | |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► If you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these jo (iii) the amount allocated to Management and ger | ving SC campai pint cost neral \$ | DP 98-2. gn and fundraising solid s \$ | citation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount al | gram services? ited to Program services located to Fundraising \$ | .►Yes N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-{D}, carry these totals to lines 13-15 Joint Costs. Check ► | ving SC campar pint cost neral \$ ce Acc | DP 98-2. gn and fundraising solic s \$ omplishments (Se | citation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount al se page 25 of the ins | gram services? ited to Program services located to Fundraising \$ structions.) | .►Yes N \$ |
| Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check | wing SC campain point costs neral \$ ce Acc e? ▶ ourpose cuss ac | DP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca ee page 25 of the ins ar and concise manner not measurable. (Section | gram services? ited to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) | Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(trusts; but optional for |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► | ving SC campai- pint costs heral \$ ce Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ar and concise manner tot measurable. (Section amount of grants and a | gram services? ited to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) | Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(|
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these jo (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p of clients served, publications issued, etc. Dis- organizations and 4947(a)(1) nonexempt charita a STMT_5 | ving SC campai pint cost: heral \$ ce Acc e? ► purpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ar and concise manner tot measurable. (Section amount of grants and a | gram services? ited to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) | Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(1) trusts; but optional for |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these jo (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p of clients served, publications issued, etc. Dision organizations and 4947(a)(1) nonexempt charitata a STMT_5 | ving SC campain pint costs neral \$ ce Acc e? ► purpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the | citation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ear and concise manner not measurable. (Section amount of grants and a | gram services? ited to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) | Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(1 trusts; but optional for others) |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these jo (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p of clients served, publications issued, etc. Dis- organizations and 4947(a)(1) nonexempt charita a STMT _5 | ving SC campai point cost: neral \$ ce Acc e? ► purpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ear and concise manner not measurable. (Section amount of grants and a nd allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) | Program Service Expenses (Required for 501(c)(3) a (4) orgs , and 4947(a)(1 trusts; but optional for others) |
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| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain point costs neral \$ ce Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ear and concise manner not measurable. (Section amount of grants and a nd allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain point costs neral \$ ce Acc e? ► purpose cuss acc able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a) | nd allocations \$ | gram services? | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these jo (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p of clients served, publications issued, etc. Dis- organizations and 4947(a)(1) nonexempt charita a STMT 5 | ving SC campain pint costs campain pint costs c | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ear and concise manner not measurable. (Section amount of grants and a nd allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these po (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt po of clients served, publications issued, etc. Dis- organizations and 4947(a)(1) nonexempt charita a STMT_5 b c | ving SC campai bint cost: heral \$:e Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ear and concise manner not measurable. (Section amount of grants and a nd allocations \$ | gram services? | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these po- (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p of clients served, publications issued, etc. Dis- organizations and 4947(a)(1) nonexempt charita a STMT 5 b c | ving SC campai bint cost: heral \$:e Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | atation reported in (B) Pro ; (ii) the amount alloca ; and (iv) the amount alloca e page 25 of the ins ar and concise manner not measurable. (Section amount of grants and a nd allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) | .► Yes x N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 Joint Costs. Check ► if you are follow Are any joint costs from a combined educational If "Yes," enter (i) the aggregate amount of these po- (iii) the amount allocated to Management and ger Part III Statement of Program Service What is the organization's primary exempt purpose All organizations must describe their exempt p organizations and 4947(a)(1) nonexempt charita a STMT 5 b | ving SC campain bint costs heral \$:e Acc e? ▶ burpose cuss acc ble trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | ind allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain bint costs heral \$:e Acc e? ▶ burpose cuss acc ble trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | ind allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) | .► Yes x N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain bint costs heral \$:e Acc e? ▶ burpose cuss acc ble trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a | nd allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain pint cost: neral \$ ce Acc e? ► ourpose cuss ac able trus | OP 98-2. gn and fundraising solid s \$ omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a (Grants a | and allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number n 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain pint costs neral \$ ce Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a (Grants a (Grants a (Grants a | and allocations \$ and allocations \$ and allocations \$ and allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number h 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) 1,908,321.) | .► Yes X N \$ |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | ving SC campain pint costs neral \$ ce Acc e? ► burpose cuss ac able trus | OP 98-2. gn and fundraising solid s omplishments (Se STMT_4 achievements in a cle hievements that are r ts must also enter the (Grants a (Grants a (Grants a (Grants a (Grants a | and allocations \$ and allocations \$ and allocations \$ and allocations \$ | gram services? ted to Program services located to Fundraising \$ structions.) State the number h 501(c)(3) and (4) llocations to others) 730,358.) 423,816.) 111,247.) 1,908,321.) | .► Yes X N \$ |

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Form 990 (2004)

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| | art IV | | | 1 | 1 |
|-----------------------------|-----------------|---|------------------------------------|-----------|------------------------------------|
| N | lote: | Where required, attached schedules and amounts within the description colarmn should be for end-of-year amounts only. | (A) Beginning of year | | (B) End of year |
| | 45 _\ | Cash - non-interest-bearing | | 45 | |
| | 46 | Savings and temporary cash investments | 3,426,211. | 46 | 4,956,582. |
| | | | | | |
| | 47a | Accounts receivable | | | |
| | b | Less allowance for doubtful accounts 47b | | 47c | |
| | 482 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | 527,863. | 480 | 771,819. |
| | 49 | Grants receivable | 75,000. | | 10,295. |
| | 50 | Receivables from officers, directors, trustees, and key employees | | | |
| | | (attach schedule) | | 50 | |
| | 51a | Other notes and loans receivable (attach | | | |
| ŝ | | schedule) | | | |
| Assets | b | Less: allowance for doubtful accounts 51b | ····· | 51c | |
| As | 52 | Inventories for sale or use | | 52 _ | |
| | 53 | Prepaid expenses and deferred charges | 9,752. | | NONE |
| | 54 | Investments - securities (attach schedule) ▶ Cost FMV | | 54 | |
| | 55a | Investments - land, buildings, and | | | |
| | Ι. | equipment basis | | | |
| | d b | Less: accumulated depreciation (attach | | EEA | |
| | 56 | schedule) | 11,051,632. | 55c | 13,266,148. |
| | | Land, buildings, and equipment: basis 57a 53,287 | | 30 | 13,200,148. |
| | | Less: accumulated depreciation (attach | | | |
| | | schedule) | 37,780. | 57c | 53,287. |
| | 58 | Other assets (describe ► STMT 7) | 422,298. | | 431,222. |
| | | | | | |
| | 59 | Total assets (add lines 45 through 58) (must equal line 74) | 15,550,536. | 59 | 19,489,353. |
| | 60 | Accounts payable and accrued expenses | 190,214. | | 208,114. |
| | 61 | Grants payable | 2,179,594. | | 1,019,198. |
| | 62 | Deferred revenue | , <u>,</u> , | 62 | |
| ties | 63 | Loans from officers, directors, trustees, and key employees (attach | | | |
| Liabilities | | schedule) Tax-exempt bond liabilities (attach schedule) | | 63 64a | |
| Lia | | Mortgages and other notes payable (attach schedule) | ····· | 64b | |
| | 65 | Other liabilities (describe ► STMT 8_) | 376,128. | | 763,667. |
| | 0.5 | | | 0.5 | |
| | 66 | Total liabilities (add lines 60 through 65) | 2,745,936. | 66 | 1,990,979. |
| | Orga | anizations that follow SFAS 117, check here > x and complete lines | | | ······ |
| | { | 67 through 69 and lines 73 and 74. | | | |
| es | 67 | Unrestricted | 8,419,662. | | 11,516,490. |
| anc | 68 | Temporarily restricted | 3,551,388. | | 5,147,673. |
| Bali | 69 | Permanently restricted | 833,550. | 69 | 834,211. |
| Net Assets or Fund Balances | Orga | anizations that do not follow SFAS 117, check here <a>[] and complete lines 70 through 74. | | | |
| - P | 70 | Capital stock, trust principal, or current funds | | 70 | |
| ţs | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| sse | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| μĂ | 73 | Total net assets or fund balances (add lines 67 through 69 or lines | | | |
| Š | | 70 through 72; | 10 004 000 | 72 | 17 400 274 |
| | 74 | column (A) must equal line 19; column (B) must equal line 21) | <u>12,804,600</u> . 15,550,536. | | <u>17,498,374</u> . 19,489,353. |
| | 1 1 1 1 1 1 | Total navnities and her assets / runa balances (aud intes to and (3) · · · · | -000,000,000 | 1 1 7 1 | +2,402,000, |

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

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| audited b Amount on line 1 (1) Donated and use of (2) Prior yea reported Form 990 (3) Losses re line 20, F (4) Other (sp Add amo c Line a m d Amount Form 99 (1) Investme not includ | Financial State Return expenses and lo financial statements s included on line 17, Form 990. services of facilities \$ r adjustments on line 20, 0 \$ eported on Form 990 \$ ecify) \$ unts on lines (1) throw ninus line b s included on line 90 but not on line a | a but not <u>806,346</u> . <u>806,346</u> . <u>bugh (4)</u> ► b <u>c</u> 17, | enses per7,686,019. |
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| Add am | ounts on lines (1) | and (2) > d | |
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| | | | 6,879,673. |
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| | · | ····· | |
| tle and average | (C) Compensation | (D) Contributions to employee benefit plans & | (E) Expense account and other |
| ted to position | -0-) | deferred compensation | allowances |
| | | | |
| | 151,008. | 26,830. | NONE |
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| npensation of r | nore than \$100,000 f | rom your | • |
| • | | · – | Yes X No |
| | 6b, Form (2) Other (sp Add am a Total ex (line c p ployees (List e and average rs per week ed to position | (2) Other (specify) Add amounts on lines (1) Total expenses per line 17 (line c plus line d) · · · · ployees (List each one even e and average (C) Compensation (If not paid, enter | 6b, Form 990\$ (2) Other (specify): |

Form 990 (2004)

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| | 990 (2004) 73-1635264 | | F | Page 5 |
|------|---|------------|------------|-------------|
| | Vi Other Information (See page 28 of the instructions.) | | | No |
| | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | x |
| | Nere any changes made in the organizing or governing documents but not reported to the IRS? | 77 | | x |
| I | f "Yes," attach a conformed copy of the changes. | | | |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | x |
| b | f "Yes," has it filed a tax return on Form 990-T for this year? | 78b | _ N/ | A |
| | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | x |
| 80a | is the organization related (other than by association with a statewide or nationwide organization) through common | | | ł |
| I | membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X | ļ |
| b | f "Yes," enter the name of the organization DOMESTIC & FOREIGN MISSIONARY SOC OF | | | |
| Ę | PISCOPAL CHURCH USA and check whether it is X exempt or nonexempt. | | | ł |
| 81 a | Enter direct and indirect political expenditures See line 81 instructions | | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | x |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | | | |
| | or at substantially less than fair rental value? | 82a | _X_ | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount | | | |
| | as revenue in Part I or as an expense in Part II (See instructions in Part III) | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | х | <u> </u> |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | _X_ | |
| | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | <u>x</u> |
| Ь | If "Yes," did the organization include with every solicitation an express statement that such contributions | | | |
| | or gifts were not tax deductible? | 84b | N/ | <u>A</u> |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | <u>N/</u> | <u>A</u> |
| | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | N/ | A |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | | | |
| | received a waiver for proxy tax owed for the prior year | | | |
| | Dues, assessments, and similar amounts from members | | | |
| | Section 162(e) lobbying and political expenditures | | | |
| | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | | Í |
| | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | | ĺ |
| - | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | <u>85g</u> | N/ | A |
| | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable | | | 1 |
| | estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | <u> N/</u> | A |
| | 501(c)(7) orgs Enter. a Initiation fees and capital contributions included on line 12 | | | |
| | Gross receipts, included on line 12, for public use of club facilities | | | ľ |
| | 501(c)(12) orgs. Enter a Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other | | | |
| | sources against amounts due or received from them.) | | | |
| | partnership, or an entity disregarded as separate from the organization under Regulations sections | | | |
| | | 88 | | |
| 90.2 | 301 7701-2 and 301.7701-3? If "Yes," complete Part IX 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: | 00 | | <u>_x</u> _ |
| | section 4911 ►NONE, section 4912 ►NONE; section 4955 ►NONE | | | 1 |
| | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction | | | |
| | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | | | |
| | | 89b | | x |
| r | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under | | | |
| | sections 4912, 4955, and 4958 | | | NONE |
| Ь | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | NONE |
| | List the states with which a copy of this return is filed SEE ATTACHED | | | 110114 |
| | Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) | 90b | 21 | |
| | The books are in care of ► DOMESTIC&FOREIGN MISSIONARY SO Telephone no ► 800_33 | | | |
| | Located at 815 SECOND AVENUE, NY, NY ZIP +4 10017-45 | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here | | | |
| _ | and enter the amount of tax-exempt interest received or accrued during the tax year | | N/A | |
| | | | | |

Form 990 (2004)

JSA 4E1041 1 000

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| | Analysis of Income-Produc | | ated business ind | | | section 512, 513, or 514 | | (E) |
|---|--|--|---|--|--|---|--|--|
| ndicated. | | (A) | (B) | | (C) | (D) | | Related or exempt function |
| 93 Program | service revenue: | Business code | Amount | Exc | lusion code | Amount | | income |
| | | | | | | | | |
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| f Medicare | Medicaid payments | | | | | | | |
| • | contracts from government agencies | | | | | | | |
| | ship dues and assessments | | | | | | | |
| | a savings and temporary cash investments | ļ | | · · · · · | 14 | 684,336 | 5 | |
| | al income or (loss) from real estate | | | | <u></u> | 004,004 | . | |
| | anced property | | | | | | | |
| | I-financed property | | | | | | - | |
| | income or (loss) from personal property | | | | | | | |
| | vestment income | | | | 18 | 881,177 | 7. | |
| 100 Gain or (Id | oss) from sales of assets other than inventory | L | | | | | | |
| 101 Net inco | ome or (loss) from special events . | | | | | | | |
| 102 Gross pr | ofit or (loss) from sales of inventory | | | | _ | | | |
| | evenue a | | | | | | | |
| | R MISC | | . <u></u> | | 01 | | 0. | |
| | | <u> </u> | | | | | | |
| | | | | | | | | · · · · |
| e 104 Subtota | I (add columns (B), (D), and (E)). | | | | | 1,552,073 | 2 | <u> </u> |
| Note: Line 10 Part VIII Line No. | dd Ime 104, columns (B), (D), and (I 5 plus line 1d, Part I, should equal t Relationship of Activities Explain how each activity for which of the organization's exempt purpo | he amount or to the Acc h income is r | n line 12, Part I omplishment eported in colum | of Exempt | t Purpose VII contribu | ••••• ► | of the ins | |
| Note: <i>Line 10</i> Part VIII Line No. | 5 plus line 1d, Part I, should equal t Relationship of Activities Explain how each activity for which | he amount or to the Acc h income is r | n line 12, Part I omplishment eported in colum | of Exempt | t Purpose VII contribu | ••••• ► | of the ins | structions.) |
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| Note: Line 10 Part VIII Line No. Part VIII Part IX Part IX Na N/A Part X (a) Did the d (b) Did the Note: If "Y Please Sign Here Paid | Information Regarding Trace (A) Information Regarding Taxae (A) Information Regarding Taxae (A) Information Regarding Taxae (A) Information Regarding Taxae (A) Information Regarding Trace (A) Information Regarding Trace Information Regarding Trace Information Regarding Trace Information Regarding Trace Information Regarding Trace (A) Information Regarding Trace Information Regarding | he amount or to the Acc h income is r ses (other the able Subsi nable Subsi Subsi Nable Subsi Nable Su | a line 12, Part I omplishment eported in colum an by providing func- diaries and D (B) Percentage of ownership interest % % Sociated with tiy or indirectly, to partice itums, directly of see instructions rexamined this return claration of prepare | of Exempt n (E) of Part inds for such isregardec (C Nature of Personal E by premiums on or indirectly) | t Purpose VII contribu purposes). t Entities C) f activities Benefit C a personal b | See page 34 of (See page 34 of (D) Total income ontracts (See page | of the instance of the instanc | structions.) iment uctions.) End-of-year assets he instruction |
| Note: Line 10 Part VIII Line No. E ▼ C Part IX Part IX N/A Part X (a) Did the c (b) Did the c (b) Did the c Sign Here | Is plus line 1d, Part I, should equal to Relationship of Activities Explain how each activity for which of the organization's exempt purpo Information Regarding Taxa (A) ame, address, and EIN of corporation, partnership, or disregarded entity Information Regarding Tra organization, during the year, receive a te organization, during the year funder penalties of perjury, I decl and belief, it is true, correct, and Under penalties of perjury, I decl and belief, it is true, correct, and Signature of officer Robert W. Type or print name and title Preparer's signature Firm's name (or yours GRA | he amount or to the Acc h income is r ses (other the able Subsi nable Subsi Subsi Nable Subsi Nable Su | diaries and D (B) Percentage of ownership interest % % % sociated with tiy or indirectly to par- itums, directly of see instructions examined this retur- claration of prepare | of Exempt n (E) of Part inds for such isregardec (C Nature of Personal E by premiums on or indirectly) | t Purpose VII contribu purposes). t Entities C) f activities Benefit C a personal b | See page 34 of (See page 34 of (D) Total income ontracts (See page | of the instance of the instanc | structions.) iment uctions.) End-of-year assets he instruction |

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SCHEDULE A

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(Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information - (See separate instructions.)
MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

,

| Part I Compensation of the Five High (See page 1 of the instructions. List | | | | ors, and Trustees |
|---|--|--|---|--|
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| DONALD HAMMOND 815 SECOND AVENUE | VICE PRESIDENT | | | |
| NEW YORK, NY 10017 | 40 | 121,746. | 25,156. | NONE |
| BRIAN_SELLERS-PETERSEN 815 SECOND AVENUE | WEST COAST REP | | | |
| NEW YORK, NY 10017 | 40 | 79,631. | 28,439. | NONE |
| MARK SPINA 815 SECOND AVENUE | PROGRAM MANAGER | | | |
| NEW YORK, NY 10017 | 40 | 72,077. | 16,812. | NONE |
| MALAIKA_KAMUNANWIRE | MARKETING & PR | 71.077 | 12,020 | |
| NEW YORK, NY 10017 | 40 | 71,077. | 13,032. | NONE |
| SUSAN_HOLMES 815 SECOND AVENUE | SE REGIONAL REP. | | | |
| NEW YORK, NY 10017 | 40 | 71,077. | 24,923. | NONE |
| Total number of other employees paid over \$50,000 | - 4 | | | |
| Part II Compensation of the Five High (See page 2 of the instructions. Lis | est Paid Indepe | ndent Contracto er individuals or fir | rs for Profession ms). If there are no | nal Services ne, enter "None.") |
| (a) Name and address of each independent contractor particular | d more than \$50,000 | (b) Type | of service | (c) Compensation |
| HIGHPOINT SOLUTIONS | | | | |
| 2209 PACIFIC AVENUE, TACOMA, WA 98 | 3402 | CONSULTING | | 286,320. |
| | | | | |
| | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| Total number of others receiving over \$50,000 for professional services | 0 | | | |

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

Schedule A (Form 990 or 990-EZ) 2004

| Par | dule A (Form 990 or 990-EZ) 2004 73-1635264 | | _ | age 2 |
|---|--|--|------------|----------|
| | t III Statements About Activities (See page 2 of the instructions.) | | Yes | No |
| | During the year, has the organization attempted to influence national, state, or local legislation, including any | | | |
| | attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid | | | |
| | or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) | 1 | i | x |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other | | | |
| | organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of | | | ĺ |
| | the lobbying activities | Í | | ľ |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any | | | ł |
| | substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or | | | |
| | with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority | | | |
| | owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining | | | |
| | the transactions) | | | |
| а | Sale, exchange, or leasing of property? | 2a | | <u>x</u> |
| | | | | ļ |
| b | Lending of money or other extension of credit? | 2b | | x |
| | | | | |
| С | Furnishing of goods, services, or facilities? | 2c | | X |
| | | | | |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | <u>2d</u> | _ <u>x</u> | |
| ~ | Transfer of any part of its income or assets? | 2e | 1 | x |
| e Ba | Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how | 20 | | |
| | you determine that recipients qualify to receive payments) | 3a | | x |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | | x |
| 1a | Did you maintain any separate account for participating donors where donors have the right to provide advice | | | |
| | on the use or distribution of funds? | _4a | · · - | x |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | x |
| ar | Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) | | | |
| | organization is not a private foundation because it is: (Please check only ONE applicable box.) | | | |
| he d | A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) | | | |
| | | | | |
| 5 | A school. Section 170(b)(1)(A)(ii). (Also complete Part V) | | | |
| 5 6 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) | | | |
| 5 6 7 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) | | | |
| 5 6 7 8 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) | cíty, | | |
| 5 6 7 8 9 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(V) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, and state | | | |
| 5 6 7 8 9 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) | | ∨). | |
| 5 6 7 8 9 0 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) (Also complete the Support Schedule in Part IV-A) | 1)(A)(I | | |
| 5 6 7 8 9 0 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). An organization operated in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 2000 (Allow) | 1)(A)(I | | |
| 5 6 7 8 9 0 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iv) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). (Also complete the Support Schedule in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) | 1)(A)(I | | |
| 5 6 7 8 9 0 1a 1b | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1 (Also complete the Support Schedule in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) | 1)(A)(i | | |
| 5 6 7 8 9 0 1a 1b | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1 (Also complete the Support Schedule in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross | 1)(A)(I ection | | |
| 5 6 7 8 9 0 1a 1b | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% | 1)(A)(i ection s of | | |
| 5 6 7 8 9 0 1a 1b | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii) An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired section 511 tax) from businesses acquired section 511 tax) | 1)(A)(i ection s of | | |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(ii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% | 1)(A)(i ection s of ired | | |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1 (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquit by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.) | 1)(A)(i ection s of ired | | |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(III) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, and state > An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(III). A norganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(III). An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(III). An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(VI). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(VI) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization | 1)(A)(i ection s of ired | | |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Set 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquit by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See | 1)(A)(i ection s of ired | | |
| he o 5 7 8 9 0 1a 1b 2 3 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) (Also complete the Support Schedule in Part IV-A) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquid by the organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3)) Provide the following information about the supported organizations. (See page 5 of the instructions) (b) Line I (a) Name(s) of supported organization(s) | 1)(A)(i ection s of ired is | | - |
| 5 6 7 8 9 0 1a 1b 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii). Enter the hospital's name, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(iii). (Also complete the Support Schedule in Part IV-A) A community trust. Section 170(b)(1)(A)(iii) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui by the organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization described in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See <u>section 509(a)(3)</u>) Provide the following information about the supported organizations. (See page 5 of the instructions) | 1)(A)(i ection s of ired is | | - |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > | 1)(A)(i ection s of ired is | | |
| 5 6 7 8 9 0 1 1 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > | 1)(A)(i ection s of ired is | | |
| 5 5 7 3 9 1 1 b 2 | A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). Enter the hospital's name, and state > | 1)(A)(i ection s of ired is | | |

 14
 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

 JSA 4E1220 1 000
 Schedule A (Form 990 or 990-EZ) 2004

I.

I.

| Note: You may use the worksheer in the instructions for conventing from the acculation the acch method of accounting includes reserved. (0) (a) 2000 (a) 2000 (a) 2000 (a) 2000 (b) 2002 (c) 2001 (a) 2000 (c) Tesl. 16 Membership fless recoved. (0) (a) 2003 (b) 2002 (c) 2001 (c) 2000 (c) Tesl. 16 Membership fless recoved. (c) | | dule A (Form 950 or 990-EZ) 2004 rt IV-A Support Schedule (Complete only if | you checked a bo | x on line 10. 11. c | <u>73-1635264</u> or 12.) Use cash m | | ntine | Page 3 |
|---|-----|---|--|---|--|---|-----------------------------------|---|
| Calendary year (or fiscal year begrinting h) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | | | | | ming | . |
| 16 Gets, grants, and combutours moved. CO 9, 392, 831 16 Membership free received 9, 392, 831 17 Oras received from payments on securities 9, 392, 831 18 Gets moreal efforts may be available and the securities 9, 392, 831 18 Gets moreal efforts moreal tess 9, 392, 831 19 Net more from intenset value moreal tess 997, 442 19 Net moreal from onealed baseness 997, 442 20 Tax increase from onealed baseness 997, 442 21 Tax increase or facilities furneshed to 997, 442 21 Tax increase or facilities furneshed to 997, 442 21 Tax increase of facilities furneshed to 997, 442 22 Tax increase of facilities furneshed to 997, 442 22 The value of serves or facilities furneshed to 997, 442 22 The value of serves or facilities furneshed to 93, 3 | | | | | | | ,•T | (a) Total |
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| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) (2002) (2001) (2000) c Add. Amounts from column (e) for lines: 15 16 27c 17 20 21 27d 21 and line 27b total 27d 27d c Add: Line 27a total and line 27b total 27c 27d g Public support [(ine 27c total minus line 27d total) | | (2003) (2002) | | (2001) | NOT APPLICA | BLE_ (2000) | | |
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| e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a bried description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | đ | Add. Line 27a total | and line 27b total | | | | 27d | |
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| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a bried description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. | g | | | | | | 27g | % |
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| | 28 | Unusual Grants: For an organization describe prepare a list for your records to show, for | d in line 10, 11, each year, the na | or 12 that rec me of the contrib | eived any unusual outor, the date an | grants during d amount of f | 200 the g | 00 through 2003, grant, and a brief |

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| Sched | ale A (Form 990 or 990-EZ) 2004 | | Page 4 |
| Par | | BLE | |
| | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | Ye | s No |
| | other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | | |
| | | 30 | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during | | |
| ••• | the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | | |
| | | 31 | |
| | If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) | <u> </u> | |
| | | | |
| | | | |
| | | | 1 |
| | | | |
| 22 | Does the organization maintain the following. | | |
| 32 | \$ P | | 1 |
| | | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | 1 |
| | basis? | 32b | - |
| C | | | |
| | | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| | | | } |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) | | |
| | | | |
| | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | Í | 1 |
| | | | |
| а | Students' rights or privileges? | 33a | _ |
| | | } | |
| b | Admissions policies? | <u>33b</u> | |
| | | | |
| С | Employment of faculty or administrative staff? | 33c | _[|
| | | Í | 1 |
| d | Scholarships or other financial assistance? | 33d | |
| | | | |
| е | Educational policies? | 33e | |
| | | | 1 |
| f | Use of facilities? | 33f | |
| | | ļ | |
| g | Athletic programs? | 33g | |
| | | | |
| h | Other extracurricular activities? | 33h | |
| | | | 1 |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| | | | |
| | | | |
| | | ł | |
| | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| | | | } |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| | | ł | ļ |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 | | |
| | of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Schedule A (Form 990 or 990-EZ) 2004

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|-----------|--|--------------------------------|---------------------------------------|-------------------------|---------------------------|-----------------|-----------------|---------|--|
| 1 | edule A (Form 990 or 990- | xpenditures by Elec | ting Public Chariti | | <u>/3-163</u> of the i | | | | Page 5 |
| Pa | | pleted ONLY by an | - | | | | , | - | Г. |
| Ch | eck > a . If the organi | | | | | | | | ol" provisions apply. |
| | | | | | | (| a) | 1 | (b) |
| | | imits on Lobbying | • | urred) | | Affiliate to | ed grou tals | p | To be completed for ALL electing organizations |
| 36 | Total lobbying expendi | | | | 36 | | | | |
| 37 | Total lobbying expendi | | | | 37 | | | | |
| 38 | Total lobbying expendi | | | | 38 | | | | |
| 39 | Other exempt purpose | | | | 39 | | | | |
| 40 | Total exempt purpose | | | | 40 | | | | |
| 41 | Lobbying nontaxable a | mount. Enter the amo | ount from the following | g table - | | | | | |
| | If the amount on line 4 | 40 is - The lo | bbying nontaxable a | mount is - | | | | | |
| | Not over \$500,000 | | the amount on line 40 | | | | | | |
| | Over \$500,000 but not over | | | | | | | | |
| | Over \$1,000,000 but not over | | | | 41 | | | | |
| | Over \$1,500,000 but not over | | | | | | | | |
| 40 | Over \$17,000,000 | \$1,000 | ,000 | · · · · · · · · J | 40 | | | | |
| 42 | Grassroots nontaxable Subtract line 42 from I | | | | 42 43 | | | | |
| 43 44 | Subtract line 42 from 1 | | | | 43 | | | | |
| 44 | Subtract line +1 from 1 | | | | 44 | | | | |
| | Caution: If there is an | amount on either line | 43 or line 44, you mu | st file Form 4720. | | | | | |
| | | | Averaging Period | | 501(h) | | | | |
| | (Some organizati | ons that made a sect | | | • • | of the f | ive colı | umns be | elow. |
| | | See the instruction | ons for lines 45 throug | <u>gh 50 on page 11</u> | of the in | nstructio | ons) | | |
| | | | Lobbying Expend | itures During 4- | Year A | veragir | ıg Per | iod | |
| | Calendar year (or fiscal | (a) | (b) | (c) | | - (| (d) | | (e) |
| | year beginning in) 🕨 | 2004 | 2003 | 2002 | | 2(| 001 | | Total |
| | Lobbying nontaxable | | | | | | | | |
| <u>45</u> | amount | | | ļ | | | | | |
| | Lobbying ceiling amount | | | | | | | ł | |
| <u>46</u> | (150% of line 45(e)) | | | <u> </u> | | | | | |
| 47 | T . 1 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | | | |
| <u>41</u> | Total lobbying expenditures Grassroots nontaxable | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 48 | amount | | | | | | | | |
| 40 | Grassroots ceiling amount | | | | | | | | <u></u> |
| 49 | (150% of line 48(e)) | | | | | | | | |
| | Grassroots lobbying | | | - | | | | | |
| <u>50</u> | expenditures | | | | | | | | |
| Pa | | ctivity by Nonelect | - | | | | | ICABL | |
| | | ing only by organiza | | | | page 1 | <u>11 of t</u> | he inst | ructions.) |
| | ring the year, did the organ | • | | ÷ . | ng any | | Yes | No | Amount |
| | empt to influence public op | - | | - | | | | | |
| a h | Volunteers Paid staff or managem | | | orted on lines of th | rough h | | | | |
| C C | Media advertisemente | rent fincinge compens | sation in expenses rep | ioneu on mes c ll | nouyn n | ···· | | { | |
| | Media advertisements Mailings to members, | legislators, or the publ | | | | •••• | | | |
| e | B • • • • • • • • • • | hed or broadcast state | ments | | •••• | • • • • | [] | | |
| f | Grants to other organi | | | | | | | | |
| g | B | Islators, their staffs, g | overnment officials, c | r a legislative bod | y | | | | |
| | | | | | | | | | |
| - | Rallies, demonstration | | | | | | | | |
| - | Rallies, demonstration Total lobbying expende | | | | | | | | ······································ |
| - | Total lobbying expending If "Yes" to any of the a | tures (Add lines c thro | ough h.) | | | | tivities. | | orm 990 or 990-EZ) 2004 |

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| Sch | edule A (For | m 990 or 990-EZ) 2004 | | 73-1635264 | • | Р | age 6 |
|-----|--------------|---------------------------------|---|--|------------|----------|----------|
| Ра | | | Transfers To and Transactions an See page 11 of the instructions.) | d Relationships With Noncharitab | ole | | |
| 51 | Did the re | porting organization directly | or indirectly engage in any of the follo | owing with any other organization des | cribed ir | n secti | ion |
| | 501(c) of 1 | the Code (other than sectio | n 501(c)(3) organizations) or in sectio | n 527, relating to political organizations | s? | | |
| а | Transfers | from the reporting organization | ation to a noncharitable exempt organiz | zation of: | | Yes | No |
| | (i) Cash | 1 | | | 51a(i) | | x |
| | | | | | a(ii) | | x |
| b | | | | | | | |
| | (i) Sale | s or exchanges of assets w | oth a noncharitable exempt organization | n | b(i) | | x |
| | | | charitable exempt organization | | b(ii) | | x |
| | (iii) Rent | al of facilities, equipment, c | or other assets | | b(iii) | | _x_ |
| | | | | | b(iv) | | <u>x</u> |
| | (v) Loar | ns or loan guarantees | | | b(v) | | <u>x</u> |
| | (vi) Perfe | ormance of services or mer | mbership or fundraising solicitations | | b(vi) | | X |
| C | Sharing of | f facilities, equipment, maili | ng lists, other assets, or paid employee | s | C | | x |
| d | If the answ | er to any of the above is "Yes, | " complete the following schedule. Column | (b) should always show the fair market value | e of the | | |
| | goods, othe | er assets, or services given by | the reporting organization. If the organization | on received less than fair market value in any | , | | |
| | transaction | or sharing arrangement, show | v in column (d) the value of the goods, other | assets, or services received | | | |
| | (a) | (b) | (c) | (d) | | | |
| | Line no | Amount involved | Name of noncharitable exempt organization | Description of transfers, transactions, and st | hanng arra | ngemer | nts |
| | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | ··· •· _ | |
| | N/A | | | | | | <u> </u> |
| | ·=- | | | | | | |

| Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations | | |
|---|-------|------|
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | ▶ Yes | X No |
| If "Yes," complete the following schedule. | | |

| (a) Name of organization | (b) Type of organization | (c) Description of relationship | | |
|-----------------------------|-----------------------------|------------------------------------|--|--|
| | | | | |
| N/A | | | | |
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Schedule A (Form 990 or 990-EZ) 2004

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FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION

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REALIZED AND UNREALIZED GAINS ALLOCATED FROM POOLED INVESTMENT FUNDS WITH AFFILIATE

TOTAL

AMOUNT

881,177. -----881,177.

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STATEMENT 1

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|---|------------------|------------------------|------------------------|---|
| Grantee Organization | Amt Payee/F | <u>Grantee</u> | Name Status/Date | Request Project Title |
| Church of Bangladesh Social Development Programmes | | | | • |
| 54 Johnson Road | | | | |
| P.O Box 1158 | Church of B | angladesh | | , |
| Dhaka-1100 | Social Deve | | angladesh Paid | Emergency assistance in the wake of |
| Dhaka 1100 | Programme | • | | 04 flooding after unusually heavy |
| Bangladesh | 10,000 Request [| | | monsoons |
| | 10,000 11040001 | | | menseene |
| Church of Ceylon - Diocese of Colombo | | | | |
| Bishop's Office | | | Paid | |
| 368/3A, Bauddhaloka Mawatha | Church of C | evion - | Scheduled: | |
| Colombo - 7, 00700 | Diocese of | | | South Asia Tsunami Disaster |
| Sri Lanka | 50,000 Request [| | | Assistance |
| | | | | |
| Church of North India Synod Provincial Secretary's Office) | | | | |
| | | | Paid | |
| General Secretary of the CNI Synod P O. Box 311 16 | Church of M | مسئله إسماده | Scheduled [.] | |
| Pandit Pant Marg | Church of N | | | Courth Aniana Taura David |
| New Delhi 110 001 | Synod | Church of No | | South Asisa Tsunamı Dısaster |
| NDIA | 50,000 Request [| 20040291] Synod | Paid: 12/29/2004 | Assistance |
| Church of South India | | | | |
| C S.I. Centre | | | | |
| No. 5 Whites Road | | | Paid | |
| P.B. No. 688 | | | Scheduled. | |
| Chennai 600 014 | Church of S | outh India | 12/29/2004 | South Asia Tsunami Disaster |
| South India | 50,000 Request [| | | Assistance |
| | | | | |
| Church of the Province of the West Indies | | | | |
| Archbishop's Office | | | | |
| PO Box N-7107 | | e Province of | Paid | |
| Vassau, The Bahamas | the West Inc | lies Church of the | | 04 Emergency assistance following recen |
| Vest Indies | 25,000 Request [| 20040264] the West Ind | les Paid: 10/8/2004 | hurricanes |
| | | | | |
| Church of the Province of the West Indies | | | | |
| Archbishop's Office | | | | |
| 20 Box N-7107 | | e Province of | Paid | |
| lassau, The Bahamas | the West Inc | | | 04 Emergency assistance following recen |
| Vest Indies | 25,000 Request [| 20040264] the West Ind | les Paid: 12/10/2004 | hurricanes |
| | - | | | |
| | Church Wor | d Service - | • | • |
| Church World Service - USA | USA | | | • |
| fain Headquarters | Request | | Paid | |
| 75 Riverside Drive | | | | |
| | [20040001/0 | | | , , , |
| New York, NY 10115 | 10,000 #6815] | USA | Paid: 1/12/2004 | Relief |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|--|---|--|--|---|
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request [20040001/CWS appeal 60,000 #6815] | Church World Service - USA | Paid Scheduled 2/12/2004 Paid: 3/24/2004 | Iran Earthquake in Bam, Emergency Relief |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request 10,000 [20040268/CWS#6629] | Church World Service - USA | Paid Scheduled: 10/26/2004 Paid. 11/1/2004 | in reponse to the tragic school killings in Beslan, Russia |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request 200,000 [20040244/AFSD46] | Church World Service - USA | Paid Scheduled: 11/1/2004 Paid. 11/2/2004 | ACT / CARITAS Darfur Emergency Programme |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request 50,000 [20040235/CWS#6742] | Church World Service - USA | Paid Scheduled [.] 11/18/2004 Paid [.] 11/30/2004 | Emergency assistance following civil strife |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request [20040290/CSW Appeal 100,000 # 6970] | Church World Service - USA | Paid Scheduled. 12/29/2004 Paid [.] 12/29/2004 | South Asia Tsunami Disaster Assistance |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request 25,000 [20040244/AFSD46] | Church World Service - USA | | ACT / CARITAS Darfur Emergency - Programme |
| CORD (Christian Outreach Relief & Development) PO Box 21 Kasulu, Kigoma Region Tanzania | CORD (Christian Outreach Relief & Development) 25,000 Request [20040250] | CORD (Christian Outreach Relief & Development) | Paid Scheduled: 9/10/2004 Paid: 9/21/2004 | - CORD Emergency Refugee Assistance in Chad |

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| Grantee Organization | <u>Amt</u> | Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|---|------------|--|----------------------------------|---|---|
| Diocese of Antsiranana Bishop of Antsiranana Eveche Anglican, BP 278 BP 278, 201 Antsiranana Madagascar | 10,000 | Diocese of Antsiranana Request [20040216] | Diocese of Antsiranana | Paid Scheduled 3/17/2004 Paid: 4/2/2004 | • Emergency relief following Cyclone Gafilo |
| Diocese of Central Florida Diocesan Office 1017 E. Robinson Orlando, FL 32801 | | Diocese of Central Florida Request [20040247] | Diocese of Central Florida | Paid Scheduled. 8/24/2004 Paid: 8/24/2004 | Emergency Assistance following Hurricane Charley |
| Diocese of Central Florida Diocesan Office 1017 E. Robinson Orlando, FL 32801 | | Diocese of Central Florida Request [20040252] | Diocese of Central Florida | Paid Scheduled 9/16/2004 Paid: 9/17/2004 | Emergency Hurricane Charley Relief |
| Diocese of Central Florida Diocesan Office 1017 E. Robinson Orlando, FL 32801 | | Diocese of Central Florida Request [20040252] | Diocese of Central Florida | Paid Scheduled [,] 10/8/2004 Paid, 10/12/2004 | Emergency Hurricane Charley Relief |
| Diocese of Central Florida Diocesan Office 1017 E. Robinson Orlando, FL 32801 | | Diocese of Central Florida Request [20040252] | Diocese of Central Florida | Paid Scheduled: 11/19/2004 Paid [,] 12/6/2004 | Emergency Hurricane Charley Relief |
| Diocese of Central Gulf Coast Diocesan Office 201 N. Baylen Box 13330 Pensacola, FL 32591-3330 | | Diocese of Central Gulf Coast Request [20040254] | Diocese of Central Gulf Coast | Paid Scheduled 9/20/2004 Paid. 9/21/2004 | Emergency Hurricane Ivan Relief, and Camp Happy Sands restoration of services |
| Diocese of Central Gulf Coast Diocesan Office 201 N. Baylen Box 13330 Pensacola, FL 32591-3330 | | Diocese of Central Gulf Coast Request [20040254] | Diocese of Central Gulf Coast | Paid Scheduled: 9/30/2004 Paid: 10/1/2004 | Emergency Hurricane Ivan Relief, and Camp Happy Sands restoration of services |

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| Grantee Organization | ···· | Amt | Payee/Ref | Grantee Name | <u>Status/Date</u> | Request Project Title |
|---|------|----------|--|----------------------------------|--|---|
| Diocese of Central Gulf Coast Diocesan Office 201 N. Baylen Box 13330 Pensacola, FL 32591-3330 | | _ 25,000 | Diocese of Central Gulf Coast Request [20040254] | Diocese of Central Gulf Coast | Paid Scheduled [:] 12/1/2004 Paid 12/10/2004 | Emergency Hurricane Ivan Relief, and Camp Happy Sands restoration of services |
| Diocese of Central Gulf Coast Diocesan Office 201 N. Baylen Box 13330 Pensacola, FL 32591-3330 | | 25,000 | Diocese of Central Gulf Coast Request [20040254] | Diocese of Central Gulf Coast | Paid Scheduled: 12/9/2004 Paid [.] 12/14/2004 | Emergency Hurricane Ivan Relief, and Camp Happy Sands restoration of services |
| Diocese of Dominican Republic Apartado 764 Santo Domingo DOMINICAN REPUBLIC | | 10,000 | Diocese of Dominican Republic Request [20040225] | Diocese of Dominican Republic | Paid Scheduled 5/27/2004 Paid. 6/4/2004 | Emergency Flood relief for western sections of the Dominican Republic |
| Diocese of Dominican Republic Apartado 764 Santo Domingo DOMINICAN REPUBLIC | | 10,000 | Diocese of Dominican Republic Request [20040255] | Diocese of Dominican Republic | Paid Scheduled: 9/20/2004 Paid: 9/21/2004 | Emergency Hurricane Relief following Hurricane Jeanne |
| Diocese of Dominican Republic Apartado 764 Santo Domingo DOMINICAN REPUBLIC | | _ 10,000 | Diocese of Dominican Republic Request [20040255] | Diocese of Dominican Republic | Paid Scheduled [,] 12/3/2004 Paid 12/10/2004 | Emergency Hurricane Relief following Hurricane Jeanne |
| Diocese of Florida Diocesan Office 325 Market Street Jacksonville, FL 32202-2798 | | 5,000 | Diocese of Florida Request [20040271] | Diocese of Florida | Paid Scheduled 11/17/2004 Paid. 11/19/2004 | Emergency Relief following hurricane damage, primarily for migrant workers, also St Paul's, Federal Point |
| Diocese of Florida Diocesan Office 325 Market Street Jacksonville, FL 32202-2798 | | 10,000 | Diocese of Florida Request [20040271] | Diocese of Florida | Paid Scheduled: 12/6/2004 Paid [.] 12/10/2004 | - Emergency Relief following hurricane damage, primarily for migrant workers, also St. Paul's, Federal Point |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|---|--|---------------------|--|--|
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O Box 407139 Ft Lauderdale, FL 33340 | Diocese of Haiti 10,000 Request [20040173] | Diocese of Haiti | Paid Scheduled. 2/3/2004 Paid [.] 2/10/2004 | Emergency assistance following floods and violent civil unrest |
| Diocese of Haiti Diocesan Office c/o Lynx Air P O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haıti 10,000 Request [20040228] | Diocese of Haiti | Paid Scheduled: 6/1/2004 Paid [.] 7/9/2004 | Emergency flood assistance |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 25,000 Request [20040256] | Diocese of Haiti | Paid Scheduled. 9/21/2004 Paid [.] 9/24/2004 | Emergency assistance in Haiti post flooding from Hurricane Jeanne |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 25,000 Request [20040256] | Diocese of Haiti | Paid Scheduled [.] 10/13/2004 Paid. 10/19/2004 | Emergency assistance in Haiti post flooding from Hurricane Jeanne |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 50,000 Request [20040256] | Diocese of Haiti | Paid Scheduled. 11/18/2004 Paid 12/14/2004 | Emergency assistance in Haiti post flooding from Hurricane Jeanne |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 30,000 Request [20040239] | Diocese of Haiti | Paid Scheduled. 7/12/2004 Paid. 7/20/2004 | Emergency Assistance in Northern Haiti |
| Diocese of Honduras Diocesan Office 23 Av 'C' 21 Calle Colonia Trejo San Pedro Sula Cortes Honduras | Diocese of Honduras 10,000 Request [20040266] | Diocese of Honduras | Paid Scheduled. 10/13/2004 Paid: 10/19/2004 | - Emergency Drought Assistance |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | <u>Status/Date</u> | Request Project Title | ., |
|---|---|-------------------------------------|--|---|----|
| Diocese of Jamaica & the Cayman Islands Bishop of Jamaica PO Box 346 Montego Bay, Jamaica West Indies | The Diocese of the Windward Islands 25,000 Request [20040270] | The Diocese of the Windward Islands | Paid Scheduled [,] 12/2/2004 Paid, 12/13/2004 | emergency assistance to Grenada following September hurricanes - Hurricane Ivan | - |
| Diocese of Lexington PO Box 6010 Lexington, KY 40588-0610 | Diocese of Lexington 5,000 Request [20040229] | Diocese of Lexington | Paid Scheduled: 6/2/2004 Paid: 6/22/2004 | Emergency assistance in the wake of severe weather - tornadoes, high winds and heavy rains - in Floyd, Magoffin, Johnson and Martin counties | - |
| Diocese of Mississippi Diocesan Office PO Box 23107 Jackson, MS 39225-3107 | Diocese of Mississippi 5,000 Request [20040253] | Diocese of Mississippi | Paid Scheduled: 9/17/2004 Paid: 9/17/2004 | Emergency Hurricane - Ivan | |
| Diocese of Nebraska Diocesan Office 109 North 18th Street Omaha, NE 68102-4969 | Diocese of Nebraska 5,000 Request [20040227] | Diocese of Nebraska | Paid Scheduled. 6/1/2004 Paid: 6/29/2004 | Emergency tornado assistance | - |
| Diocese of New Jersey Grants Coordinator 808 W. State Street Trenton, NJ 08618-5326 | Diocese of New Jersey 5,000 Request [20040241] | Diocese of New Jersey | Paid Scheduled [,] 7/26/2004 Paid, 8/17/2004 | Emergency assistance in the wake of recent flooding | |
| Diocese of Newark Diocesan Office 31 Mulberry Street Newark, NJ 07102 | Diocese of Newark 900 Request [20040259] | Diocese of Newark | Paid Scheduled 10/15/2004 Paid: 10/19/2004 | Emergency assistance following flood damage from Hurricane | |
| Diocese of Panama PO Box 'R' Balboa Panama | Diocese of Panama 10,000 Request [20040261] | Diocese of Panama | Paid Scheduled. 9/29/2004 Paid: 10/8/2004 | Emergency assistance following a series of floods, hurricane | |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|---|--|---------------------------------|---|--|
| Diocese of Pittsburgh 900 Oliver Building/535 Smithfield Street Pittsburgh, PA 15222-2467 | Diocese of Pittsburgh 5,000 Request [20040260] | Diocese of Pittsburgh | Paid Scheduled. 9/29/2004 Paid. 10/8/2004 | • Emergency assistance in the Øakdale , community following flood damage • from hurricane |
| Diocese of Polynesia Bishop of Polynesia Box 35 Cable Address: Episcopus-Suva Suva Fiji | Diocese of Polynesia 10,000 Request [20040036] | Diocese of Polynesia | Paid Scheduled: 1/20/2004 Paid. 1/27/2004 | Emergency Assistance for Aumi Laulii following cyclone Heta |
| Diocese of Southeast Florida Diocesan Office 525 NE 15 Miami, FL 33132 | Diocese of Southeast Florida 10,000 Request [20040267] | Diocese of Southeast Florida | Paid Scheduled. 10/22/2004 Paid 10/22/2004 | Post-Hurricane Frances and Jeanne Emergency Assistance |
| Diocese of Southeast Florida Diocesan Office 525 NE 15 Miami, FL 33132 | Diocese of Southeast Florida 25,000 _ Request [20040267] | Diocese of Southeast Florida | Paid Scheduled: 11/19/2004 Paid 11/23/2004 | Post-Hurricane Frances and Jeanne Emergency Assistance |
| Diocese of Southwest Florida 7313 Merchant Court Sarasota, FL 34240 | Diocese of Southwest Florida 10,000 Request [20040246] | Diocese of Southwest Florida | Paid Scheduled. 8/24/2004 Paid: 8/24/2004 | emergency assistance in the wake of Hurricane Charley |
| Diocese of SW Florida | 60,000 Diocese of SW Florida | | | ····· |
| Diocese of West Virginia Diocesan Office 1608 Virginia PO Box 5400 E.Charleston, WV 25311-0400 | Diocese of West Virginia 10,000 Request [20040257] | Diocese of West Virginia | Paid Scheduled: 9/24/2004 Paid: 9/24/2004 | - Emergency Hurricane Relief |

| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|---|---|---|---|--|
| Diocese of Western North Carolina 900-B Centre Park Drive Ashville, NC 28805 | Diocese of Western North Carolina 5,000 Request [20040251] | Diocese of Western North Carolina | Paid Scheduled 9/10/2004 Paid. 9/14/2004 | Emergency assistance following Hurricane Frances |
| Episcopal Charities of the Diocese of New York 1047 Amsterdam Avenue New York, NY 10025 | Episcopal Charities of the Diocese of New York 223,196 Request [20030215] | Episcopal Charities of the Diocese of New York | Paid Scheduled. 4/16/2004 Paid: 4/20/2004 | Episcopal Charities' September 11 Fund |
| Episcopal Church in the Philippines Mailing Address PO Box 10321 Broadway Centrum 1102 Quezon City 1102 Philippines | Episcopal Church in the Philippines 50,000 Request [20030451] | Episcopal Church in the Philippines | Paid Scheduled: 9/1/2004 Paid. 9/17/2004 | ECP Community Based Development Program 2004-2006 - Year One |
| Episcopal Church in the Philippines Mailing Address. PO Box 10321 Broadway Centrum 1102 Quezon City 1102 Philippines | Episcopal Church in the Philippines 25,000 Request [20040289] | Episcopal Church in the Philippines | Paid Scheduled. 12/14/2004 Paid: 12/17/2004 | emergency assistance following heavy December typhoons |
| Episcopal Church of the Sudan PO Box 604 Khartoum Sudan | Episcopal Church of the Sudan 6,780 Request [20040218] | Episcopal Church of the Sudan | Paid Scheduled. 4/13/2004 Paid [.] 5/14/2004 | Emergency Assistance to the Diocese of El Obeid for those fleeing violence in Darfur |
| Episcopal Community Services (ECS) PO Box 33168 San Diego, CA 92163-3168 | Episcopal Community Services (ECS) 21,045 Request [20040212] | Episcopal Community Services (ECS) | Paid Scheduled [,] 2/27/2004 Paid: 3/25/2004 | Emergency assistance in the wake of wildfires, second payment |
| Episcopal Community Services Foundation c/o The Episcopal Diocese of Southern Ohio 412 Sycamore Street Cincinnati, OH 45202-4202 | Episcopal Community Services Foundation 2,500 Request [20040265] | Episcopal Community Services Foundation | Paid Scheduled: 10/13/2004 Paid [.] 11/1/2004 | Fmergency Assistance for apartment fire in a Hispanic community in Columbus, Ohio |

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| Grantee Organization | Amt Payee/Ref | <u>Grantee Name</u> | Status/Date | Request Project Title |
|--|--|---|--|--|
| Iglesia Espanola Reformada Episcopal (Spanish Reformed Church) c/ Beneficencia, 18 28004 Madrid SPAIN | Iglesia Espanola Reformada Episcopal (Spanish Reformed Church) 10,000 Request [20040217] | Iglesia Espanola Reformada Episcopal (Spanish Reformed Church) | Paid Scheduled: 3/17/2004 Paid: 4/6/2004 | Emergency assistance following the terroist acts in Madrid on March 11th |
| Igreja Episcopa Anglicana do Brazil (South Western Brazil) Diocese Sul - Ocidental Bishop's Office Caixa Postal 98 Santa Maria, RS Brazil 97001-970 So. America | Igreja Episcopa Anglicana do Brazil (South Western Brazil) 2,000 Request [20040223] | Igreja Episcopa Anglicana do Brazil (South Western Brazil) | Paid Scheduled. 5/17/2004 Paid: 5/28/2004 | Emergency Assistance for Victims of Cyclone Catarina |
| Inter Diocesan Christian Community Services PO Box 2490 Kisumu Kenya | Inter Diocesan Christian Community Services 10,000 Request [20040258] | Inter Diocesan Christian Community Services | Paid Scheduled [.] 9/24/2004 Paid 9/24/2004 | IDCCS, Severe Drought Emergency Assistance |
| New York Disaster Interfaith Services 22 Cortlandt Street, 20th Floor New York, NY 10007 | New York Disaster Interfaith Services 290,000 Request [20040242] | New York Disaster Interfaith Services | Paid Scheduled. 2/20/2004 Paid. 8/24/2004 | Health needs of recovery workers |
| St George Memorial Church Baghdad Iraq | A. Khudairi Trading Company (AKZU) 16,900 Request [20040288] | St. George Memorial Church | Paid Scheduled: 12/9/2004 Paid 12/20/2004 | Provision of a generator and anti-truck bomb barriers to enable the church to continue its outreach services |
| The Diocese of Northern Mexico Simon Bolivar 2005 Norte Colonia Mitra Centro, Monterrey 64460 Mexico | Diocese of Northern Mexico 5,000 Request [20040219] | Diocese of Northern Mexico | Paid Scheduled: 4/19/2004 Paid: 4/30/2004 | Emergency Assistance to the Diocese of Northern Mexico for flooding in Piedras Negras |
| The Diocese of the Windward Islands PO Box 502 St. Vincent West Indies | The Diocese of the Windward Islands 10,000 Request [20040270] | The Diocese of the Windward Islands | Paid Scheduled: 10/29/2004 Paid: 11/12/2004 | - emergency assistance to Grenada following September hurricanes - Hurricane Ivan |

| Episcopal Relief Development | | | | /3-1635264 |
|---|--|---|---|--|
| Grantee Organization | <u>Amt Payee/Ref</u> | Grantee Name | Status/Date | Request Project Title |
| The Diocese of the Windward Islands PO Box 502 St. Vincent West Indies | Diocese of Jamaica & the Cayman Islands 25,000 Request [2004028] | Diocese of Jamaica & the | Paid Scheduled. 12/1/2004 Paid: 12/13/2004 | Emergency assistance following Hurricane Ivan |
| Disaster Relief Total | 1,908,321 | | | |
| | | | | |
| Anglican Church of Tanzania (ACT) PO Box 899 Dodoma Tanzania, East Africa | Anglican Church of Tanzania (ACT) 10,000 Request [20040236 | Anglican Church of 6} Tanzania (ACT) | Paid Scheduled 6/29/2004 Paid. 7/8/2004 | Emergency assistance following the fire in the Diocesan school complex in Dodoma - FRAUDULENT, SEE FILE |
| Anglican Church of Tanzania (ACT) PO Box 899 Dodoma Tanzania, East Africa CREDHO | Anglican Church of Tanzania (ACT) 50,000 Request [20030444 | Anglican Church of 8] Tanzania (ACT) | Paid Scheduled: 10/1/2004 Paid: 10/6/2004 | Diocesan Community Development Programmes 2004-2006 |
| Apdo. Postal 2091, 47 Av. Sur y 12 Calle Poniente No. 175 Colonia Flor Blanc San Salvador El Salvador | Asociacion El Mangle 22,000 Request [20050264 | | Paid Scheduled 11/6/2004 Paid: 12/17/2004 | Construction of Sanitary Infrastructure and Family Solid Waste Management in Salinas del Potrero County |
| Diocese of Kigeme PO Box 67 Gikondo, Rwanda Central African Republic | Diocese of Kigeme 41,000 Request [2003026] | 7/79] Diocese of Kigeme | Paid Scheduled: 5/8/2003 Paid. 3/30/2004 | Assistance Programme of the Gishwat Forest Displaced Persons Settled in the District of Mushubi in Gikongoro Province |
| Ecumenical Church Loan Fund PO Box 22886 Nakivubo Kampala Uganda | Ecumenical Church L Fund Request 250,000 [20040276/20050013 | Ecumenical Church Loan | Paid Scheduled 11/29/2004 Paid: 12/17/2004 | support of ECLOF's micro credit |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | <u>Status/Date</u> | Request Project Title |
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| Haiti Outreach Mission 25656 Island Lake Drive Novi, MI 48374 | Haiti Outreach Mission 10,233 Request [20040269] | Haiti Outreach Mission | Paid Scheduled. 10/27/2004 Paid: 11/1/2004 | Delivery of rice to victims of Hurricane Jeanne and their families |
| Haiti Outreach Mission 25656 Island Lake Drive Novi, MI 48374 | Haiti Outreach Mission 9,125 Request [20040269] | Haiti Outreach Mission | Paid Scheduled: 12/1/2004 Paid. 12/10/2004 | Delivery of rice to victims of Hurricane Jeanne and their families |
| Inter Diocesan Christian Community Services PO Box 2490 Kisumu Kenya | Inter Diocesan Christia Community Services Request 163,000 [20040280/20050006] | n Inter Diocesan Christian Community Services | Paid Scheduled. 11/6/2004 Paid: 11/30/2004 | Value Added Project (Food security program) |
| Mercy Corps International International Headquarters 3015 SW 1st Ave Portland, Oregon 97201 | Mercy Corps International 125,000 Request [20040224] | Mercy Corps International | | Food security for at-risk children amongst the IDP and returnee populations of Khanaqin & Moqadiyah, Iraq and enhancing capacity of local Iraqì NGOs to deliver medical & social services |
| Mercy Corps International International Headquarters 3015 SW 1st Ave Portland, Oregon 97201 Food Security Total: | Mercy Corps International 50,000 Request [20040224] 730,358 | Mercy Corps International | | Food security for at-risk children amongst the IDP and returnee populations of Khanaqin & Moqadiyah, Iraq and enhancing capacity of local Iraqi NGOs to deliver medical & social services |
| African Medical Mission c/o Umtata General Hospital PO Box 5014 Umtata 5100 Umtata, Transkei 5100 South Africa | African Medical Missior Request 30,000 [20040274/20050001] | n African Medical Mission | Paid Scheduled. 11/6/2004 Paid. 12/6/2004 | • Itipini Health Clinic, Diocese of St John's |

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| Grantee Organization | <u>Amt</u> | Payee/Ref | Grantee Name | <u>Status/Date</u> | Request Project Title |
| Coalition of Anglican Children's Homes (COACH) PO Box 1131 Johannesburg South Africa | | Coalition of Anglican Children's Homes (COACH) Request [20030447] | Coalition of Anglican Children's Homes (COACH) | Paid Scheduled. 11/5/2003 Paid: 1/9/2004 | REARABILWE ('We Are Answered') |
| Coalition of Anglican Children's Homes (COACH) PO Box 1131 Johannesburg South Africa | | Coalition of Anglican Children's Homes (COACH) Request [20030447] | Coalition of Anglican Children's Homes (COACH) | Paid Scheduled. 11/16/2004 Paid: 11/30/2004 | REARABILWE ('We Are Answered') |
| Mindolo Ecumenical Foundation PO Box 21493 Kitwe Zambia | 19 <u>,</u> 000 | Mindolo Ecumenical Foundation Request [20030227] | Mindolo Ecumenical Foundation | Paid Scheduled. 7/6/2004 Paid [.] 7/8/2004 | Orphan Care Support |
| | 10,000 111,247 | Siempre Unidos | Siempre Unidos | Paid: | HIV-AIDS program; Honduras |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | 20,000 | Church World Service - USA Request [20040262] | Church World Service - USA | Paid Scheduled 9/28/2004 Paid. 10/6/2004 | CWS All Our Children Campaign support |
| Diocese of Haiti Diocesan Office c/o Lynx Air P O. Box 407139 Ft. Lauderdale, FL 33340 | 30,000 | Diocese of Haiti Request [20040238] | Diocese of Haiti | Paid Scheduled: 7/12/2004 Paid [.] 7/20/2004 | Emergency needs for the Hospital St Croix, Leogane |

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| Grantee Organization | Am | t <u>Payee/Ref</u> | Grantee Name | <u>Status/Date</u> | <u>Request Project Title</u> |
|--|---------|---|-------------------------------------|--|---|
| Diocese of Liberia PO Box 10-0277 Monrovia 10 1000 Liberia | 6,014 | Diocese of Liberia Request 4 [20040273/20050015] | Diocese of Liberia | Paid Scheduled: 11/6/2004 Paid. 12/14/2004 | Start up costs for Health Clinic at Bromley Mission, Monrovia |
| Episcopal Diocese of Jerusalem 20 Nablus Road, PO Box 19122 Jerusalem 91191 Israel | 75,000 | Episcopal Diocese of Jerusalem Request 0 [20040285/20050011] | Episcopal Diocese of Jerusalem | Paid Scheduled. 11/6/2004 Paid [.] 12/10/2004 | Gaza & Nablus mobile health clinics |
| Episcopal Diocese of New York Diocesan Office 1047 Amsterdam Avenue New York, NY 10025 | 5,000 | Episcopal Diocese of New York Request [20040245] | Episcopal Diocese of New York | Paid Scheduled. 8/12/2004 Paid: 8/23/2004 | International Anglican Women's Network, The Clergy Wives Project |
| Integrated Community Development P.O. Box 22037 Kitwe Zambia | 20,000 | Diocese of Katanga (Kinshasa) Request 0 [20020472/70*] | Integrated Community Development | Paid Scheduled. 10/14/2004 Paid: 10/19/2004 | Integrated Community Devleopment Project - HIV/AIDS, Malaria |
| Water Missions International PO Box 31258 Charleston, SC 29417 | 50,000 | Water Missions International Request 0 [20040278/20050004] | Water Missions International | Paid Scheduled: 11/6/2004 Paid. 12/6/2004 | installation of clean water systems in the Dominican Republic and Haiti |
| Zambia Anglican Council PO Box 3201000 Plot 6F, Bishop's Road Kabulonga, Lusaka Zambia | 51,564 | Zambia Anglican Council 4 Request [20040243] | Zambia Anglican Council | Paid Scheduled: 10/14/2004 Paid: 10/19/2004 | Integrated Health Program HIV/AIDS, and Malaria |
| Zambia Anglican Council PO Box 3201000 Plot 6F, Bishop's Road Kabulonga, Lusaka Zambia | 166,238 | Vestergaard Frandsen Request [20040243] | Zambia Anglican Council | Paid Scheduled: 11/30/2004 Paid: 12/6/2004 | Integrated Health Program HIV/AIDS, and Malaria |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
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| Primary Health Total | 423,816 | | | • |
| | - | | | . • |
| American Refugee Committee International 430 Oak Grove Street, Suite 204 Minneapolis, MN 55403 | American Refugee Committee International 25,000 Request [20030467] | American Refugee Committee International | Paid Scheduled: 12/22/2003 Paid 1/9/2004 | American Refugee Committee International - Emergency Relief in Liberia |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Diocese of Haiti Request 25,000 [20040235/CWS#6742] | Church World Service - USA | Paid Scheduled. 6/2/2004 Paid. 6/29/2004 | Emergency assistance following civil strife |
| Church World Service - USA Main Headquarters 475 Riverside Drive New York, NY 10115 | Church World Service - USA Request 25,000 [20040244/AFSD46] | Church World Service - USA | Paid Scheduled: 8/10/2004 Paid: 8/23/2004 | ACT / CARITAS Darfur Emergency Programme |
| Cuttington College | 20,000 Cuttington College | Cuttington College | Paid. 4-04-2004 | Support For Cuttington University College |
| Cuttington College Diocese of Belize | 40,000 Cuttington College | Cuttington College | Paid: 9-28-2004 | Support For Cuttington University College |
| 25 Southern Foreshore PO Box 535 Belize City Belize City Belize | Diocese of Belize 15,000 Request [20040178] | Diocese of Belize | Paid Scheduled [,] 2/3/2004 Paid; 2/10/2004 | Caye Caulker Housing Program, " Belize - one additional house |

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| Grantee Organization | Amt Payee/Ref | <u>Grantee Name</u> | Status/Date | Request Project Title | |
|--|---|---------------------|--|---|---|
| Diocese of Belize 25 Southern Foreshore PO Box 535 Belize City Belize City Belize | Diocese of Belize 15,000 Request [20040178] | Diocese of Belize | Paid Scheduled 2/18/2004 Paid: 2/27/2004 | Caye Caulker Housing Program, Belize - one additional house | |
| Diocese of Bor Diocesan Office P.O.Box 52802 c/o NSCC Nairobi Kenya | Diocese of Bor 8,085 Request [20040002] | Diocese of Bor | Paid Scheduled [,] 1/6/2004 Paid, 1/12/2004 | Kakuma scholarships for young Sudanese refugees | |
| Diocese of Bor Diocesan Office P O.Box 52802 c/o NSCC Nairobi Kenya | Diocese of Bor 8,085 Request [20040220] | Diocese of Bor | Paid Scheduled [.] 5/6/2004 Paid: 5/18/2004 | Kakuma scholarships for young Sudanese refugees | |
| Diocese of Bor Diocesan Office P.O.Box 52802 c/o NSCC Nairobi Kenya | Diocese of Bor _ 8,085 Request [20040220] | Diocese of Bor | Paid Scheduled. 8/26/2004 Paid: 9/7/2004 | Kakuma scholarships for young Sudanese refugees | - |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft Lauderdale, FL 33340 | Diocese of Haiti 17,333 Request [20040221] | Diocese of Haiti | Paid Scheduled. 5/3/2004 Paid: 5/18/2004 | Haiti Program Officer Year Two (March 2004 through February 2005) | |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 17,333 Request [20040221] | Diocese of Haiti | Paid Scheduled: 9/3/2004 Paid: 9/17/2004 | Haiti Program Officer Year Two (March 2004 through February 2005) | - |
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti Request 10,000 [20040279/20050005] | Diocese of Haiti | Paid Scheduled: 11/6/2004 Paid [.] 12/14/2004 | 3 year commitment for training conducted by Oge Beauvoir focusing on project management, program evaluation and community development | • |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | Status/Date | Request Project Title |
|---|---|---------------------------|---|--|
| Diocese of Haiti Diocesan Office c/o Lynx Air P.O. Box 407139 Ft. Lauderdale, FL 33340 | Diocese of Haiti 5,295 Request [20030466] | Diocese of Haiti | Paid Scheduled 6/30/2004 Paid: 7/9/2004 | School and equipment at Les Cayes, BTI - Tecina |
| Diocese of Honduras Diocesan Office 23 Av 'C' 21 Calle Colonia Trejo San Pedro Sula Cortes Honduras | Diocese of Honduras 65,000 Request [20040213] | Diocese of Honduras | Paid Scheduled. 3/9/2004 Paid: 4/6/2004 | Diocese of Honduras Faith Hope & Joy electricity system and school building repair |
| Hope Africa PO Box 1932 Capetown South Africa | Hope Africa 40,000 Request [20030408] | Hope Africa | Paid Scheduled: 1/15/2004 Paid: 1/13/2004 | Continuation of Capacity Development of the Social Development Office of the Diocese of Cape Town in Patnership with the ERD for Year 3 of 4. |
| Jerusalem 2000 Lambeth Palace London SE1 7JU United Kingdom | Jerusalem 2000 58,609 Request [20040210] | Jerusalem 2000 | Paid Scheduled. 2/24/2004 Paid: 3/5/2004 | St Saviour's School, Zerka - a Jerusalem 2000 project |
| Jerusalem 2000 Lambeth Palace London SE1 7JU United Kingdom | Jerusalem 2000 79,599 Request [20040237] | Jerusalem 2000 | Paid Scheduled: 7/6/2004 Paid [.] 8/6/2004 | Ahıl Arab Hospital, Gza & St. Savior's School, Zerka |
| Jerusalem 2000 Lambeth Palace London SE1 7JU United Kingdom | Jerusalem 2000 91,391 Request [20040237] | Jerusalem 2000 | Paid Scheduled 10/12/2004 Paid. 10/14/2004 | Ahil Arab Hospital, Gza & St Savior's School, Zerka |
| Mercy Corps International International Headquarters 3015 SW 1st Ave Portland, Oregon 97201 | Mercy Corps International 46,000 Request [20040215] | Mercy Corps International | Paid Scheduled. 3/10/2004 Paid: 4/2/2004 | Reestablishment of Esfikhan - Community Health House in Bam, Iran (Kerman Province) 2nd payment - Bam, Iran. Additonal Funding for Recovery Operations |

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| Grantee Organization | Amt Payee/Ref | Grantee Name | <u>Status/Date</u> | Request Project Title |
|--|---|--------------------------|---|---|
| Mercy Corps International International Headquarters 3015 SW 1st Ave Portland, Oregon 97201 | Mercy Corps International 40,000 Request [20040215] | Mercy Corps Internationa | Paid Scheduled. 11/18/2004 I Paid 11/30/2004 | Reestablishment of Esfikhan Community Health House in Bam, Iran (Kerman Province) 2nd payment - Bam, Iran Additonal Funding for Recovery Operations |
| Rehab Total | 659,816 | | | |
| A) ~ | | | | |
| Total Grants Paid | 3,833,558 | | | |

73-1635264

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|--------------------------|----------|---------------------|---------------------------|------------------|
| | | | | |
| CONSULTANTS | 480,612. | 156,119. | 51,109. | 273,384. |
| TRUST FUND MANAGEMENT | 74,915. | , | 74,915. | |
| RESOURCES | 1,174. | | 818. | 356. |
| MAILING LISTS | 50,717. | 15,463. | | 35,254. |
| COMPUTER SOFTWARE | 11,828. | 3,178. | 279. | 8,371. |
| BANK CHARGES | 35,798. | | 35,798. | |
| DONATION PROCESSING FEES | 22,051. | | 22,051. | |
| ADVERTISING | 35,322. | 100. | 1,592. | 33,630. |
| PROVISION FOR BAD DEBTS | 8,100. | | 8,100. | |
| CONTINUING EDUCATION | 19,925. | 4,201. | 11,674. | 4,050. |
| MISCELLANEOUS EXPENSE | 741. | 650. | 91. | · |
| | | | | |
| TOTALS | 741,183. | 179,711. | 206,427. | 355,045. |
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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EPISCOPAL RELIEF AND DEVELOPMENT CORP (ERD) IS A COMPASSIONATE RESPONSE OF THE EPISCOPAL CHURCH TO HUMAN SUFFERING IN THE WORLD. HEARING GOD'S CALL TO SEEK AND SERVE CHRIST IN ALL PERSONS AND TO RESPECT THE DIGNITY OF EVERY HUMAN BEING, ERD SERVES TO BRING TOGETHER THE GENEROSITY OF EPISCOPALIANS AND OTHERS WITH THE NEEDS OF THE WORLD. ERD'S MAJOR PROGRAMS IN COMMUNITIES AROUND THE WORLD FOCUS ON FOOD SECURITY, PRIMARY HEALTH CARE, HIV/AIDS CARE PROGRAM, AND EMERGENCY RELIEF AND REBUILDING.

STATEMENT 4

73-1635264

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

| ITEM | I DESCRIPTION | GRANTS AND ALLOCATIONS | EXPENSES |
|----------|--|---------------------------|------------|
| A | ERD'S FOOD SECURITY PROGRAM PROVIDES FAMILIES ACCESS TO SECURE, HEALTHY FOOD SOURCES FOR SURVIVAL. | 730,358. | 1,083,617. |
| в | ERD'S PRIMARY HEALTH CARE PROGRAM PROVIDES HEALTH CARE TO THOSE IN NEED INCLUDING ESTABLISHING FREE MEDICAL CLINICS, SUPPORTING NUTRITION PROGRAMS FOR CHILDREN, AND TRAINING HEALTH WORKERS TO CARE FOR EXPECTANT MOTHERS. | 423,816. | 855,373. |
| с | ERD'S HIV/AIDS CARE PROGRAM HELPS FIGHT THE GLOBAL HIV/AIDS CATASTROHE THROUGH EDUCATION, HOME CARE, PREVENTION TRAINING AND COMMUNITY-BASED HEALTH CARE. | 111,247. | 179,878. |
| D | ERD'S EMERGENCY RELIEF AND REBUILDING PROGRAM PROVIDES CRITICAL ASSISTANCE, SUCH AS FOOD, CLEAN WATER, AND SHELTER AFTER DISASTERS AROUND THE WORLD AND IN THE U.S. | 2,568,137. | 2,935,689. |

TOTAL

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3,833,558. 5,054,557.

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STATEMENT 5

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FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION

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INVESTMENTS HELD BY DFMS

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TOTALS

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ENDING BOOK VALUE

13,266,148. -----13,266,148.

STATEMENT 6

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FORM 990;" PART IV - OTHER ASSETS

DESCRIPTION

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BENEFICIAL INTEREST IN TRUSTS OTHER RECEIVABLES

TOTALS

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ENDING BOOK VALUE

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411,102. 20,120. 431,222.

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STATEMENT 7

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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

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ACCRD POST-RETRMT BENEFITS/PEN DUE TO DFMS

TOTALS

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ENDING BOOK VALUE

164,777. 598,890.

763,667.

STATEMENT 8

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | AND. OTHER |
|--|---------------------------------------|--------------|---|------------|
| RT. REV. HARRY BROWN BAINBRIDGE III 815 SECOND AVENUE NEW YORK, NY 10017 | CHAIRMAN 1 HR | NONE | NONE | NONE |
| REV. DR. WILLIAM ROBERT ABSTEIN II 815 SECOND AVENUE NEW YORK, NY 10017 | VICE CHAIR 1 HR | NONE | NONE | NONE |
| SANDRA SWAN 815 SECOND AVENUE NEW YORK, NY 10017 | PRESIDENT 40 HRS | 151,008. | 26,830. | NONE |
| REV. CANON DAVID W. PERRY 815 SECOND AVENUE NEW YORK, NY 10017 | SECRETARY 1 HR | NONE | NONE | NONĘ |
| PATRICIA MORDECAI 815 SECOND AVENUE NEW YORK, NY 10017 | TREASURER 1 HR | NONE | NONE | NONE |
| KURT BARNES 815 SECOND AVENUE NEW YORK, NY 10017 | EX-OFFICIO MEMBER 1 HR | NONE | NONE | NONE |
| MARGARET BOETH 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 CAROL ANNE BROWN | DIRECTOR 1 HR | NONE | NONE | NONE |

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | ALLOWANCES |
|--|---------------------------------------|--------------|---|------------|
| 815 SECOND AVENUE | | | | |
| NEW YORK, NY 10017 | | | | |
| JACOB F. BRYAN IV 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| REV. GWEN L. BUEHRENS 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| KURT DELBENE 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONÉ |
| NEW YORK, NY 10017 | | | | • |
| MOST REV. FRANK T. GRISWOLD 815 SECOND AVENUE | EX-OFFICIO MEMBER 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| EDWIN K. HALL 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| REV. DR. J. BARNEY HAWKINS IV 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | • NONE |

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FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | - |
|--|---------------------------------------|--------------|---|--------|
| NEW YORK, NY 10017 | | | | |
| DR. LAWRENCE HOWARD 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| RT. REV. WILLIAM D. PERSELL 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| WITNEY W. SCHNEIDMAN 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE . |
| NEW YORK, NY 10017 | | | | |
| DR. STAN SHAFFER 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| GILDA WRAY 815 SECOND AVENUE | DIRECTOR 1 HR | NONE | NONE | NONE |
| NEW YORK, NY 10017 | | | | |
| | GRAND TOTALS | 151,008. | • | NONE |
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SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

THE ORGANIZATION PAYS REASONABLE COMPENSATION TO CERTAIN OFFICERS AND KEY EMPLOYEES AS DISCLOSED ON FORM 990, PART V.

STATEMENT 12

- -

31937H 700J 11/08/2005 08:24:07 V04-8 0163101-00008

EPISCOPAL RELIEF AND DEVELOPMENT EIN: 73-1635264

2004 Form 990 Part IV, OTHER INFORMATION QUESTION 90, STATES IN WHICH A COPY OF 990 IS FILED

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Alabama Alaska Arkansas Arizona California Connecticut Florida Georgia Illinois Kansas Kentucky Maryland Minnesota Mississippi New Hampshire New Mexico New York North Dakota Oklahoma Oregon Pennsylvania Rhode Island South Carolina Tennessee Utah Virginia Washington West Virginia Wisconsin

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| ÷ 1 | r A | | · , · | | | | | 4 5-13-3 | |
| Form 8868 (Rev | $\sum \Delta \Delta$ | | | | | 1 | | | |
| | filing for an Additional (n | ot automatic) 3-N | Anth Extension | complete | only Part II o | nd abaals this | | Page 2 | |
| Note. Only c | omplete Part II if you have | already been grant | ed an automatic 3- | -month exter | ision on a pre | viously filed Fo | 5 DOX 0rm 8868. | . ► 🗆 | |
| • If you are | If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | | | | | | |
| | Name of Exempt Organiza | tion | extension of Tir | ne-Must | File Origina | Employer ide | | | |
| Type or print | Episcopal Relief and De | | oration | | | | 35264 | n number | |
| File by the extended due date for | Number, street, and room 815 2nd Avenue | or suite no. If a P.O. | . box, see instructio | ons. | | For IRS use of | | | |
| filing the return. See instructions | City, town or post office, stat New York, NY 10017 | te, and ZIP code For a | i foreign address, see | instructions | | | | | |
| Check type | of return to be filed (File | e a separate applic | cation for each re | turn): | | | | | |
| Form 99 | | | (sec. 401(a) or 4 | | | | orm 5227 | | |
| Form 99 | | Form 990-1 | f (trust other than | above) | | _ | orm 6069 orm 8870 | | |
| □ Form 99 | | Form 4720 | 7 | | | L] F ~ | 0000 0070 | , | |
| | ot complete Part II if you | | | atic 3-montl | n extension o | n a previousl | y filed For | m 8868. | |
| The books | are in the care of \blacktriangleright Date (212) | n Romano - Prepa | | | | | | | |
| | No. \blacktriangleright (212) | | FAX No. ► | | | | | | |
| - | nization does not have an r a Group Return, enter t | | | | | | If thi | .►∟ Is is | |
| | le group, check this box | | | | | | | | |
| names and | EINs of all members the e | extension is for. | | | | | | | |
| 4 I reque | est an additional 3-month | extension of time | until | vovember 1 | 5 | 20 05 | | | |
| | endar year 2004 , or othe tax year is for less than 1 | | | | | | | | |
| 7 State i availa | n detail why you need the | extension The i | nformation nece | ssary to file | a complete | and accurate | return is | s not yet | |
| ••••• | | | | | | | | | |
| | 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | | | | | | | | |
| | | | | | | | | | |
| tax pa | yments made. Include a | | | | | | • | | |
| • | previously with Form 8868\$ | | | | | | | | |
| C Balance with FT | ce Due. Subtract line 8b f D coupon or, if required, b | rom line 8a. Includ by using EFTPS (Ele | ae your payment v ectronic Federal Ta | with this forn ix Payment S | n, or, it requir System). See ii | red, deposit nstructions. | \$ | | |
| | | Signa | ature and Verifi | cation | | · · · | | | |
| | s of penjury, I declare that I have t, and complete, and that I am a | | | schedules and : | statements, and t | to the best of my | knowledge | and belief, | |
| Signature ► | | | | | | Data 🕨 | 8/1.10 | | |
| | N | otice to Applica | | | the IDC | | | | |
| We hav | re approved this application. | •• | | | uie INS | | | | |
| We hav | re not approved this application. the organization's return (inc se required to be made on a | ion. However, we ha | ve granted a 10-day | / grace period period is cons | sidered to be a | of the date sho valid extension | wn below of time fo | or the due r elections | |
| We have to file. V | ve not approved this applicat We are not granting a 10-day | ion After considering grace period. | the reasons stated | in item 7, we | cannot grant y | | | | |
| | nnot consider this applicatio | | | d due date of | the remetor | mic In letten | sion was r | equested. | |
| Other | | | | | | | 100 ···· | ···· | |
| | | Rv | : | I | % AUG | 5 2005 | | | |
| Director | | - | | | | T O Data | ĬĔ | | |
| Alternate N | failing Address — Enter an address different than | the address if you | want the copy of | f this applic | ation for an a | dditional 3-mo | onth exter | nsion | |
| Anomate n | Y | uie one entered a | ibove. | | UGD | | <u> </u> | | |
| returned to | 1 Name | | | | | | | | |
| returned to | Name Grant Thornton LLP | | | Number and street (include suite, room, or apt. no.) or a P.O. box number 666 Third Avenue | | | - EXTENSION APPRO | | |
| Type or print | Grant Thornton LLP Number and street (inclu 666 Third Avenue | | | | | E) | GENSIO | NAPPRO | |
| Type or | Grant Thornton LLP Number and street (inclu | | | | | | | | |
| Type or | Grant Thornton LLP Number and street (inclu 666 Third Avenue City or town, province o | | | | | | AUG 2 | N APPRC 6 2005 FIELD DIRE CESSING, C | |

| Form | 8868 |
|-------|---|
| ۹(Rev | December 2004) |
| | tment of the Treasury al Revenue Service |

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Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box _ _ _ _ _ _ _ _ _ _ _ _ . ► 🗹

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

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

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only _ _ . \blacktriangleright All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| Type or | Name of Exempt Organization | Employer identification number | | | | | | |
|----------------------------|--|--------------------------------|--|--|--|--|--|--|
| print | Episcopal Relief and Development Corporation | 73 . 1635264 | | | | | | |
| File by the due date for | Number, street, and room or suite no If a P.O. box, see instructions. | | | | | | | |
| filing your | 815 2nd Avenue | 815 2nd Avenue | | | | | | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | | |
| | New York, NY 10017 | | | | | | | |
| Check ty | pe of return to be filed (file a separate application for each return): | | | | | | | |
| 🖌 Form | 990 🗌 Form 990-T (corporation) | 🗋 Form 4720 | | | | | | |
| 🗌 Form | 990-BL 🗌 Form 990-T (sec. 401(a) or 408(a) trust) | Form 5227 | | | | | | |
| 🗌 Form | 990-EZ 🗌 Form 990-T (trust other than above) | 🗌 Form 6069 | | | | | | |
| 🗌 Form | 990-PF 🗌 Form 1041-A | Form 8870 | | | | | | |
| | | | | | | | | |
| | No. No. Ban Romano - preparer | | | | | | | |
| | oks are in the care of ► Dan Romano - preparer | | | | | | | |
| Telepho | ne No. ▶ (212) 542-9609 FAX No. ▶ () | | | | | | | |
| | rganization does not have an office or place of business in the United States, check this | | | | | | | |
| | s for a Group Return, enter the organization's four digit Group Exemption Number (GE | | | | | | | |
| | whole group, check this box $\blacktriangleright \square$. If it is for part of the group, check this box $\blacktriangleright \square$ | | | | | | | |
| | d EINs of all members the extension will cover. | | | | | | | |
| 1 Irec | uest an automatic 3-month (6-months for a Form 990-T corporation) extension of time ur | ntil August 15 .20 05 | | | | | | |
| to fi | e the exempt organization return for the organization named above. The extension is for th | e organization's return for: | | | | | | |
| | Z calendar year 20.04 or | 0 | | | | | | |
| | tax year beginning | | | | | | | |
| | | | | | | | | |
| 2 lfth | is tax year is for less than 12 months, check reason 🔲 Initial return 🛛 Final return | Change in accounting period | | | | | | |
| | | | | | | | | |
| | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative ta | | | | | | | |
| | refundable credits. See instructions | | | | | | | |
| | is application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta | | | | | | | |
| | le. Include any prior year overpayment allowed as a credit | | | | | | | |
| c Bal | ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if requi | red, deposit (stem) See | | | | | | |
| | ructions | \$ | | | | | | |
| Caution. | If you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 | 53-EO and Form 8879-EO | | | | | | |
| | ent instructions. | | | | | | | |
| For Priva | cy Act and Paperwork Reduction Act Notice, see Instructions. Cat. No 27916D | Form 8868 (Rev 12-2004) | | | | | | |