# <sub>Form</sub> 990

# **Return of Organization Exempt From Income Tax**

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

e (except private foundations)

lay be made public.

Open to Pu

Open to Public Inspection

OMB No. 1545-0047

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

A F	or the	e 2018	calendar year, or tax year beginning 08/01, 2018,	and endir	ng	_	0.7	/31, <b>20</b> 19	
B ^	heck if ap		C Name of organization THE FUND FOR THE DIACONATE OF THE EPISCOPAL			D Employer ide			
	_		CHURCH			23-712	5960		
X	Addre chang		Doing business as THE FUND FOR THE DIACONATE						
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	е	E Telephone nu			
	4	return	PO BOX 2073		(970) 281-2311				
	termin	nal return/ minated City or town, state or province, country, and ZIP or foreign postal code							
	Amen return	mended turn FRISCO, CO 80443-2073				<b>G</b> Gross receipt	s \$	967 <b>,</b> 321.	
	Applic pendi		F Name and address of principal officer: ROBERT FRANKEN			H(a) Is this a gro subordinates	up returr ?	for Yes X No	
			PO BOX 2073, FRISCO, CO 80443-2073			H(b) Are all subore		luded? Yes No	
		empt st		or !	527	If "No," at	tach a lis	st. (see instructions)	
J	Websi	te: 🕨	HTTP://FUNDFORDIACONATE.ORG			H(c) Group exem	ption nu	mber <b>&gt;</b>	
K	Form o	of organ	nization: X Corporation Trust Association Other	L Year	r of format	tion: 1927 <b>M</b>	State o	of legal domicile: NY	
Pa	art I	Su	ımmary						
	1	Briefly	y describe the organization's mission or most significant activities: SUPPOR	RTING I	HE EP	SCOPAL C	HURC	CH BY	
ė			INISTIRING A PROGRAM TO PROVIDE DIRECT ASSISTA						
anc		MIN	ISTRY OF THE CHURCH WHO HAVE INSUFFICIENT PROV	HEIR NEED	S				
ern	2	Check	this box if the organization discontinued its operations or dispose	than 25%	of its net asset	s.			
Governance			er of voting members of the governing body (Part VI, line 1a)				3	9.	
Activities &			er of independent voting members of the governing body (Part VI, line 1b)				4	9.	
			number of individuals employed in calendar year 2018 (Part V, line 2a)				5	0.	
ivi			number of volunteers (estimate if necessary)				6	9.	
Act			unrelated business revenue from Part VIII, column (C), line 12				7a	0.	
			nrelated business taxable income from Form 990-T, line 38				7b		
		ivet ui	inclated business taxable income norm of one 990-1, line 30		<del></del>	Prior Year	17.5	Current Year	
	8	Contri	ibutions and grants (Part VIII line 1b)			1,87	7.8	3,933.	
ıne			ibutions and grants (Part VIII, line 1h)			1,0	0.	0.	
Revenue			am service revenue (Part VIII, line 2g)			382,71		661,468.	
Re			tment income (Part VIII, column (A), lines 3, 4, and 7d)			302,73	0.	001,400.	
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			384,59		665,401.	
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).					· · · · · · · · · · · · · · · · · · ·	
			s and similar amounts paid (Part IX, column (A), lines 1-3)			118,05	0.	94,725.	
			its paid to or for members (Part IX, column (A), line 4)		10.00		0.		
Expenses			es, other compensation, employee benefits (Part IX, column (A), lines 5-10).			12,00		0.	
ens			ssional fundraising fees (Part IX, column (A), line 11e)		-	2,36	55.	5,406.	
Εxp			fundraising expenses (Part IX, column (D), line 25) ▶5 , 406		_	100 11			
_			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			109,11		97,346.	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			241,52		197,477.	
	19	Rever	nue less expenses. Subtract line 18 from line 12			143,06		467,924.	
s or					Begin	ning of Current		End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			7,812,94		7,866,372.	
t As			liabilities (Part X, line 26)			32,28		17,500.	
_		Net as	ssets or fund balances. Subtract line 21 from line 20			7,780,66	52.	7,848,872.	
Pa	rt II	Sig	gnature Block						
Unc	ler per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of whice	iles and sta	tements, a	and to the best o	f my kr	nowledge and belief, it is	
truc	, corre	T and	complete. Declaration of preparer (other than officer) is based on an information of which	cii preparei	ilas ally Ki	nowleage.			
O!									
Sig			Signature of officer			Date			
Her	е								
			Type or print name and title						
		Print/	Type preparer's name Preparer's signature	Date		Check	if P	TIN	
Paid		WIL	LIAM EPSTEIN	07/0	7/202	self-employ	ed	P01307171	
-	oarer	Firm's	sname ►EISNERAMPER LLP			Firm's EIN ▶ 1	3-16	639826	
use	Only		saddress ▶750 THIRD AVENUE NEW YORK, NY 10017-270	3				949-8700	
Mav	the		iscuss this return with the preparer shown above? (see instructions)						
~ )			r rr and a state (Control and Control and						

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: PERFORMING A FUNCTION OF, AND CARRYING OUT A PURPOSE OF, THE EPISCOPAL CHURCH BY PROVIDING DIRECT CASH ASSISTANCE TO PERSONS ORDAINED TO THE MINISTRY OF THE CHURCH WHO HAVE INSUFFICIENT PROVISION FOR THEIR NEEDS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 127,956. including grants of \$ 4a (Code: 94,725. ) (Revenue \$ DIRECT CASH ASSISTANCE TO 10 PERSONS ORDAINED TO THE MINISTRY OF THE EPISCOPAL CHURCH WHO HAVE INSUFFICIENT PROVISION FOR THEIR NEEDS. including grants of \$ ) (Revenue \$ **4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

JSA 8E1020 1.000

**4e** Total program service expenses ▶

127,956.

Page 3 Form 990 (2018)

Part	Checklist of Required Schedules		Voc	No
	In the comparisation described in eaching FOA(s)(O) on AOA7(s)(A) (although the comparisation Foundation)O IS II)(c) II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١,	X	
•	complete Schedule A	1	^	X
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	•	6		Х
7	"Yes," complete Schedule D, Part I.  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 21
7		7		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<b>–</b>		- 21
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		21
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	1	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·		24c		
لہ	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
		20a		- 21
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		X
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	230		<del>                                     </del>
30		20		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		17	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$\sqcup$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
			990	(2019

Page 5 Form 990 (2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 21
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10		21
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			_

THE FUND FOR THE DIACONATE OF THE EPISCOPAL 23-7125960 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 V supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 Χ 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright \frac{NY}{}$ ,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ROBERT ANTO FRANKEN PO BOX 2073 FRISCO, CO 80443-2073

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Form **990** (2018)

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Telated parabations   Telated parabations	(A) Name and Title	Name and Title  Average (do not check more than one box, unless person is both an week (list any officer and a director/trustee)				( <b>D</b> )  Reportable  compensation  from  the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
PRESDIDENT AND DIRECTOR 0. X X 0. 0.  (2) PAMELA M. NESBIT 1.00 VICE PRESIDENT AND DIRECTOR 0. X X 0. 0.  (3) LOUISE THIBODAUX 5.00 SECRETARY AND DIRECTOR 0. X X 0. 0.  (4) ROBERT FRANKEN 2.00 TREASURER AND DIRECTOR 0. X X 0. 0.  (5) KEVIN GUNN 1.00 DIRECTOR 0. X 0. 0.  (6) ANITA CATRON MINER 1.00 DIRECTOR 0. X 0. 0.  (7) BRIAN NORDWICK 1.00 DIRECTOR 0. X 0. 0.  (8) CHIZOBA NWANKWO 1.00 DIRECTOR 0. X 0. 0.  (9) GERALDINE SWANSON 1.00 DIRECTOR 0. X 0. 0.  (10)  (11)		organizations below dotted	1 4 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	_		from the organization and related
PRESDIDENT AND DIRECTOR	(1)W. KEITH MCCOY	5.00									
VICE PRESIDENT AND DIRECTOR   0.			Х		Х				0.	0.	0.
VICE PRESIDENT AND DIRECTOR   0.	(2) PAMELA M. NESBIT	1.00									
SECRETARY AND DIRECTOR   O.   X   X   X   O.   O.		0.	Х		Х				0.	0.	0.
SECRETARY AND DIRECTOR   O.   X   X   X   O.   O.	(3)LOUISE THIBODAUX	5.00									
TREASURER AND DIRECTOR 0. X X 0. 0.  (5)KEVIN GUNN 1.00 DIRECTOR 0. X 0. 0.  (6)ANITA CATRON MINER 1.00 DIRECTOR 0. X 0. 0.  (7)BRIAN NORDWICK 1.00 DIRECTOR 0. X 0. 0.  (8)CHIZOBA NWANKWO 1.00 DIRECTOR 0. X 0. 0.  (9)GERALDINE SWANSON 1.00 DIRECTOR 0. X 0. 0.  (10)  (11)		0.	Х		Х				0.	0.	0.
(5)KEVIN GUNN	(4)ROBERT FRANKEN	2.00									
DIRECTOR   0.	TREASURER AND DIRECTOR	0.	Х		Х				0.	0.	0.
(6) ANITA CATRON MINER	(5)KEVIN GUNN	1.00									
DIRECTOR   0.		0.	Х						0.	0.	0.
(7)BRIAN NORDWICK	(6)ANITA CATRON MINER	1.00									
DIRECTOR   0.		0.	Х						0.	0.	0.
(8)CHIZOBA NWANKWO     1.00       DIRECTOR     0. X       (9)GERALDINE SWANSON     1.00       DIRECTOR     0. X       (10)     0. 0.       (11)     (12)       (13)     (13)	(7)BRIAN NORDWICK	1.00									
DIRECTOR		0.	Х						0.	0.	0.
(9) GERALDINE SWANSON 1.00 DIRECTOR 0. X 0. 0. (10) (11) (12)	(8)CHIZOBA NWANKWO	1.00									
DIRECTOR   0.   0.     0.     (10)     (11)     (12)     (13)     (13)     (14)     (15)     (15)     (16)     (17)     (18)   (18)   (18)     (18)   (18)     (18)			Х						0.	0.	0.
(10)       (11)       (12)       (13)		1.00									
(11) (12) (13)	DIRECTOR	0.	Х						0.	0.	0.
(12)	(10)										
(13)	(11)										
	(12)										
	(13)										
(14)											
	(14)										

Form 990 (2018)

JSA.

Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es, a	and F	ligl	hest Compensat	ed Employ	ees (co	ntinue		age <b>o</b>
<b>(A)</b> Name and title	(B)  Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe d a d	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est am comp	(F) timated ount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	om the anizatio related nization	b
		-											
		-											
		-											
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						<b>* * *</b>	0.		0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than	\$100,000 c	of			
			4					Javaa an binbaa	4	-41		Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ivid	ual							3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	lf	"Yes	,"				4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>													
(A) Name and business add	lress							( <b>B</b> ) Description of se	ervices	Co	(C) empens	ation	

JSA 8E1055 1.000

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0 .

Page 9

#### Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	3,933.				
	h	Total. Add lines 1a-1f		3,933.			
nue			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including divide					
		and other similar amounts)	▶	102,712.			102,712.
	4	Income from investment of tax-exempt bor		0.			
	5	Royalties	(ii) Personal	0.			
	6a b c	Gross rents		0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
	c d	Gain or (loss)		558,756.			558,756.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18	a 0.				
	c	Net income or (loss) from fundraising event		0.			
		Gross income from gaming activities. See Part IV, line 19	a 0.				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities	s. <u></u>	0.			
		Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold	▶	0.			
		Miscellaneous Revenue	Business Code				
	11a b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		665,401.			661,468.

23-7125960

#### Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0.			
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	94,725.	94,725.		
•	individuals. See Part IV, line 22	7 1, 1 2 1	0 1, 1 200		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
J	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	0.			
•	1.7	0.			
	Other employee benefits	0.			
10	Fees for services (non-employees):				
	,	0.			
	Management Legal Legal	6,875.		6,875.	
		29,500.		29,500.	
	Accounting	0.		,	
	Lobbying Professional fundraising services. See Part IV, line 17	5,406.			5,406.
	Investment management fees	0.			
y	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	0.			
	Office expenses	5,965.		5,965.	
	Information technology	0.		,	
	Royalties.	0.			
	Occupancy	0.			
	Travel	0.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	39,662.	19,831.	19,831.	
	Interest	0.		,	
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	1,944.		1,944.	
	Other expenses. Itemize expenses not covered	·		·	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	GRANT COORDINATOR SERVICES	13,400.	13,400.		
		,			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	197,477.	127,956.	64,115.	5,406.
	Joint costs. Complete this line only if the	, ,	,	,	,
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

Page **11** Form 990 (2018)

## Part X Balance Sheet

;	Check if Schedule O contains a response or note to any line in this Pale Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net	(A) Beginning of year 3,115.	1	(B) End of year
;	2 Savings and temporary cash investments 3 Pledges and grants receivable, net	Beginning of year 3,115.	4	End of year
;	2 Savings and temporary cash investments 3 Pledges and grants receivable, net	•	_	
;	2 Savings and temporary cash investments 3 Pledges and grants receivable, net	0 -	1	76,013.
-	B Pledges and grants receivable, net	• •	2	0.
		0.	3	0.
	4 Accounts receivable, net	801.	4	133.
	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets .	7 Notes and loans receivable, net	0.	7	0.
S	3 Inventories for sale or use	0.	8	0.
⋖ ;		0.	9	0.
	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	0.	10c	0.
11		7,809,027.	11	7,790,226.
12		0.		0.
13		0.	13	0.
14		0.	14	0.
15		0.	15	0.
16		7,812,943.	16	7,866,372.
17		32,281.	17	17,500.
18		0.	18	0.
19		0.	19	0.
20		0.	20	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
န္တ 22				
Liabilities	trustees, key employees, highest compensated employees, and			
api	disqualified persons. Complete Part II of Schedule L	0.	. 21	0.
□   <sub>23</sub>		0.	23	0.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
25	- · · · · · · · · · · · · · · · · · · ·			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0.
26	3	32,281.	26	17,500.
Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ğ 27		7,765,366.	27	7,833,576.
B 28	B Temporarily restricted net assets	0.	28	0.
일 29	Permanently restricted net assets	15 <b>,</b> 296.	29	15 <b>,</b> 296.
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
Assets			31	
ĕ 32			32	
Net 33	Total net assets or fund balances	7,780,662.	33	7,848,872.
34		7,812,943.	34	7,866,372.

Form **990** (2018)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			65,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		4	67,9	24.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,780,662			
5	Net unrealized gains (losses) on investments	5		-3	99,7	14.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		7,8	48,8	372.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-	_	3.7		
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			37	
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FUND FOR THE DIACONATE OF THE EPISCOPAL

Employer identification number 23-7125960

СН	IRCH						23-71259	60			
Pai	t I	Reason for Public Cha	rity Status (All o	rganizations must o	complete	e this pa	art.) See instructions				
The	organiz	zation is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1	A (	church, convention of chu	ırches, or associat	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2	П A :	school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)				
3		hospital or a cooperative		•	-						
4		medical research organiz	•	_				(iii). Enter the			
		espital's name, city, and st					(,,(,,(,,	( )			
5		n organization operated f		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in			
•		ection 170(b)(1)(A)(iv). (C			.,	а с. срс	acca by a goronino				
6		federal, state, or local go		rnmental unit describe	d in sect	ion 170(	h)(1)(Δ)(v)				
7		n organization that norma	•			•	,,,,,,,	om the general nublic			
•		escribed in section 170(b)	=	•	ipport iii	om a go	verninental unit of the	on the general public			
8		community trust describe		•	Dart II \						
9		n agricultural research org	•				Lin conjunction with a	land grant college			
9		university or a non-land-	-			-	=				
		•	grant conege or ag	friculture (see iristruct	.10115).	illei lile	name, city, and state of	i the college of			
40		niversity: n organization that norma	lly receives: (1) m	ara than 224/20/ of ita	aupport	from oo	ntributions momboral	oin food, and aroos			
10	red su	ceipts from activities rela ipport from gross investmation by the organization	ted to its exempt f rent income and ur	unctions - subject to on nrelated business tax	certain e able inco	exception ome (les	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its			
11		n organization organized				•	•				
12	X An	n organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes			
	of	one or more publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3)			
	Ch	neck the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.			
а	X	Type I. A supporting orga	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving			
		the supported organization		•	•		• , ,				
		supporting organization.	. , .	• • • • • • • • • • • • • • • • • • • •		-,,					
b			•			with its	supported organization	on(s), by having			
-	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported										
		organization(s). You must complete Part IV, Sections A and C.									
С		Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,									
•		its supported organization						.,eg.a.ea,			
d		Type III non-functionally		-				ted organization(s)			
-		that is not functionally inte									
		requirement (see instructi	•		•		·				
е		Check this box if the orga	•	•				I Type III			
·		functionally integrated, or						., . , po			
f		the number of supported									
а		de the following information									
		e of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	(-,		(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see			
Α	TTACE	HMENT 1		above (see instructions))	Yes	ment? No	instructions)	instructions)			
					163	NO					
(A)											
(B)											
(C)											
(D)											
(E)											
Total							94 725				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

	organization, check this box and stop here	<b>&gt;</b> [	
Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14		%
15	Public support percentage from 2017 Schedule A, Part II, line 14		%
16a	331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or box and stop here. The organization qualifies as a publicly supported organization		
b	331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 this box and stop here. The organization qualifies as a publicly supported organization	·	
	10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a porganization	p here. Explain in publicly supported ▶	
b	<b>o 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b,		

 Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u>,                                      </u>		, I	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I		T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ition's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	•					```
500	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 10							
18	Investment income percentage from 2017 S					18	
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check		="	•			
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	), check this b	ox and see instr	uctions -

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Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g			
y			
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	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2018

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		3.7	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Secti	on C. Type II Supporting Organizations			
0001	on o. Typo ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
_	Activities Test Anguay (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	or the supported organizations. If 100, december if I are \$1 the fole played by the organization in this regard.	UU		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see
instructions).	_		•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
<u>а</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
-	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
,	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		ATTACHMENT 1				
SCHEDULE A, PART I - INFORMATION ABOUT	NS					
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT	
PROTESTANT EPISCOPAL CHURCH IN THE USA	31-1629166	1	Х	94,725.	0.	
TOTAL AMOUNT OF SUPPORT				94,725.		

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FUND FOR THE DIACONATE OF THE EPISCOPAL

Employer identification number

СН	RCH		23-7125960
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to th	=	
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., red	creation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified	* *	2c
d	Number of conservation easements included in (		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termination	nated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe-	cting, nandling of violations, and enforcing col	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	oting handling of violations, and onforcing o	concernation accoments during the year
7	S	cting, nandling of violations, and emorcing t	conservation easements during the year
8	Does each conservation easement reported on line	2(d) shove satisfy the requirements of sect	ion 170(h)(4)(R)(i)
Ü			
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports	conservation easements in its revenue an	nd expense statement and
Ū	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collections	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	lar assets held for public exhibition, edu	ucation, or research in furtherance of
b	If the organization elected, as permitted under		
b	works of art, historical treasures, or other simil		
	public service, provide the following amounts related	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a	art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these item	ns:
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>▶</b> \$

	dule D (Folili 990) 2016								<del></del>				ige Z
	rt    Organizations Maintaini												
3	Using the organization's acquisition		sion, and c	other red	cords, checl	k any c	of the	followi	ing that a	re a sign	ificant u	se of	its
	collection items (check all that app	ly):											
а	Public exhibition			d		or exch	ange p	rogran	ns				
b	Scholarly research			е	Other								
С	Preservation for future gene												
4	Provide a description of the organ	nization's o	collections	and ex	plain how t	hey fu	rther t	he org	anization'	s exempt	purpose	e in I	Part
	XIII.												
5	During the year, did the organization										_		
	assets to be sold to raise funds rath			ained as	part of the	organiz	ation's	collec	tion?		Yes		No
Pa	rt IV Escrow and Custodial A												
	Complete if the organiza	ition ansv	vered "Ye	s" on F	orm 990, F	art IV,	line 9	), or re	eported a	n amoun	it on Foi	m	
	990, Part X, line 21.									_			
1 a	Is the organization an agent, truste												
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII	and comp	lete the	following tak	ole:							
										Amount			
С	Beginning balance						-						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	9										Yes	$\square$	No
b	· 1	n Part XIII	. Check he	ere if the	explanation	has be	en pro	vided c	on Part XIII				
Pa	rt V Endowment Funds.												
	Complete if the organiza												
		(a) Curr		(b) F	Prior year	(c) Tw	o years		(d) Three y		(e) Four y		
1 a	Beginning of year balance	1	L5 <b>,</b> 296.		15,296.		15,	296.	15	5,296.		15,	296
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	1	L5 <b>,</b> 296.		15,296.		15,	296.	1	5,296.		15,	296
2	Provide the estimated percentage	of the cur	rent year e	end bala	nce (line 1g,	columr	ո (a)) h	eld as:					
а	Board designated or quasi-endown			_%									
b	Permanent endowment ▶ 100.0												
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a		•										
3 a	Are there endowment funds not in	the posse	ssion of th	ne organ	ization that	are hel	ld and	admini	istered for	the			
	organization by:										$\overline{}$		No
	(i) unrelated organizations											X	
	(ii) related organizations										3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	•					₹?				3b	X	
4	Describe in Part XIII the intended u		e organiza	tion's en	dowment fur	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	uipment.	warad "V	ac" on F	- - Orm 000 I	Dart I\/	line '	112 0	aa Earm	000 Pa	rt V line	10	
	Description of property		(a) Cost or						umulated		Book valu		
			(invest			ther)	2010		eciation	(u)	, Dook vale		
1 a	Land												
b	Buildings												
С	Leasehold improvements												
d	Equipment												
<u>e</u>	Other												
Tota	Add lines 1a through 1e (Column	(d) must	equal Forn	n 990 P	art X columi	a (R) lin	ne 10c	)					

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	2
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15	5.
	(a) De	scription	(b) Book valu	ıe
(1)				
_(2)				
_(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
Part X				1
1.	line 25.  (a) Description of liability	(b) Book valu	e	
(1) Feder	al income taxes	, ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(-, -::::: -, -::::: -; -::::::::::::::::	-		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	265,687.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-399,714.
3	Subtract line 2e from line 1	3	665,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	665,401.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	197,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	197,477.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	197,477.
Provid 2; Par	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PAGE 5		ne 4; Part X, line
_			

JSA 8E1271 1.000

#### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

ENDOWMENT TO PROVIDE UNRESTRICTED INVESTMENT INCOME TO BE USED FOR THE CORPORATION'S PURPOSES. THE FUND'S ASSETS AND THE CORPORATION'S ASSETS ARE HELD IN SOLIDO; ACCORDINGLY, NO SEPARATE ACCOUNTING OF THE INCOME OR EXPENSES OF THE FUND IS MADE.

FORM 990, SCHEDULE D, PART X, LINE 2

THE FUND IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO THE ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE FUND'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE FUND'S FINANCIAL STATEMENT.

#### SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization THE FUND FOR THE DIACONATE OF THE EPISCOPAL

Employer identification number

CHURCH 23-7125960 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 direct cash assistance	10.	94,725.			
2					
3					
4					
5					
6					
7					

# **Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE BOARD OF DIRECTORS MEETS SEMI-ANNUALLY TO REVIEW AND ACT UPON REQUESTS FOR ASSISTANCE FROM DIOCESAN BISHOPS AND ELIGIBLE RECIPIENTS, SEEKING ADDITIONAL INFORMATION WHERE NECESSARY IN ORDER TO ESTABLISH ELIGIBILITY AND THE EXTENT OF NEED BEFORE AUTHORIZING ALLOCATIONS OF CASH IN RESPONSE TO SUCH REQUESTS. ALL SUCH REQUESTS ARE CONSIDERED IN CLOSE COLLABORATION WITH THE APPLICANT'S DIOCESAN BISHOP, WHOSE RECOMMENDATIONS ARE SOUGHT AS TO THE AMOUNT, TIMING AND MANNER OF PAYMENT. THIS PROCESS IS SUPERVISED BY A GRANTS COORDINATOR AND RESULTS IN A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS. THE FUND DOES NOT MONITOR THE ULTIMATE

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

DISPOSITION OF FUNDS SO ALLOCATED.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE FUND FOR THE DIACONATE OF THE EPISCOPAL Employer identification number CHURCH 23-7125960

FORM 990, PART VI, SECTION A, LINE 6, 7A AND 7B

THE MEMBERSHIP OF THE CORPORATION SHALL INCLUDE ALL DEACONS IN THE

EPISCOPAL CHURCH, AND IN GOOD STANDING, WHO HAVE NOT BEEN FURTHER

ORDAINED. THE MEMBERS ELECT THE BOARD OF DIRECTORS.

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

FORM 990 IS PREPARED UNDER THE SUPERVISION OF THE TREASURER AND IS

REVIEWED BY THE PRESIDENT. IT IS DISTRIBUTED TO THE BOARD OF DIRECTORS

PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICTS-OF-INTEREST POLICY IS CIRCULATED ANNUALLY TO FULL BOARD OF DIRECTORS, WHO CERTIFY IN WRITING THAT THEY UNDERSTAND THE POLICY AND AGREE TO COMPLY WITH IT AND TO PROMPTLY DISCLOSE TO THE BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19

THE FORM 990, AUDITED FINANCIAL STATEMENTS AND THE FUND'S BY-LAWS ARE

AVAILABLE ON THE FUND'S WEBSITE.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE FUND FOR THE DIACONATE OF THE EPISCOPAL

Employer identification number 23-7125960

CHURCH

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled tity?
						Yes	No
PROTESTANT EPISCOPAL CHURCH IN THE U.S.A 31-1629166 815 SECOND AVENUE NEW YORK, NY 11017	CHURCH	NY	501(C)(3)	1	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 2

Part III Identification of Rela because it had one or						nswered "Yes"	on I	Forn	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		3000013 312 - 314)			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlle entity?
							Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

(6)

(7)

Yes No

1a

Χ

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

3

Schedule R (I	Form 990) 2018	Page
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

b	Gift, grant, or capital contribution to related organization(s)				1b	X
	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
·	Estatio of loan guarantoos by foldiou organization(o) [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [					
f	Dividends from related organization(s)				1f	X
	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s).				1h	X
					1i	X
!	Exchange of assets with related organization(s).				1j	X
J	Lease of facilities, equipment, or other assets to related organization(s)				''	
ı.	Languard familities and time and an other accepts from related arganization(a)				1k	X
	Lease of facilities, equipment, or other assets from related organization(s)				11	X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m	X
m	Performance of services or membership or fundraising solicitations by related organization(s).					X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o	X
0	Sharing of paid employees with related organization(s)				10	^_
					4	X
-	Reimbursement paid to related organization(s) for expenses					X
q	Reimbursement paid by related organization(s) for expenses				1q	^
						X
	Other transfer of cash or property to related organization(s)				1r	X
	Other transfer of cash or property from related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t			action thre		
	(a)  Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of determ	inina
	• • • • • • • • • • • • • • • • • • •	type (a-s)			nt involve	
(1)						
(2)						
(3)						
(4)						
(5)				l .		
(6)						

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2018 Page 4

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	ear allocations? amount in box 20		(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(2)													
(3)													
(4)													
(5)													
<u>(6)</u>													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)								-					
(10)													

Schedule R (Form 990) 2018 Page 5

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.