2939313502122 FILED SOLELY TO ACCOMODATE THE FILING OF FOREIGN FORM 5713 Exempt Organization Business Income Tax Return OMB No 1545-0047 990-7 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization (Check box if name changed and see instructions) address changed (Employees' trust, see instructions.) B Exempt under section EPISCOPAL RELIEF AND DEVELOPMENT **Print** Number, street, and room or suite no. If a P.O. box, see instructions 73-1635264 X 501(C (D)3) E Unrelated business activity code 408(e) 220(e) Type (See instructions) 815 SECOND AVE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets NEW YORK, NY 10017 at end of year Group exemption number (See instructions) 30,953,050 Check organization type | X | 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated If only one, complete Parts I-V If more than one, describe the trade or business here first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Telephone number ▶ 212-518-0514 The books are in care of ▶ESTHER COHEN (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses Gross receipts or sales Less returns and allowances 2 Cost of goods sold (Schedule A, line 7)..... 2 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 42 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . Income (loss) from a partnership or an S corporation (attach statement). Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10, Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 0 Total Combine lines 3 through 12. 13 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 14 imemai Revenia Repres Salaries and wages 15 15 Received US Bank - USB Repairs and maintenance . . . 16 337 17 17 18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses . 19 20 Depreciation (attach Form 4562). . 21 22 Depletion . . 22 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule 1) 25 25 Excess readership costs (Schedule J)........ 26 26 27 27 28 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30

For Paperwork Reduction Act Notice, see instructions. JSA 9X2740 1 000

Unrelated business taxable income Subtract line 30 from line 29

31

Page 2

Par	t III	Total Unrelated Business Taxable	e Income		 	_		
32	Total of	unrelated business taxable income com	nputed from all unrelated trad	les or businesses (s	ee			
	instruction	ons)			32			
33		paid for disallowed fringes						
34		le contributions (see instructions for limitation r						
35		nrelated business taxable income before						
00		the sum of lines 32 and 33						0
36		on for net operating loss arising in t			· ·			
30					1			
		ons)			· · · · · · · ·		•	
37		·						
38	•	deduction (Generally \$1,000, but see line 38 i			· · 			
39		d business taxable income. Subtract line			1 1			0
		smaller of zero or line 37		<u> </u>	39			<u> </u>
Par		Tax Computation			- 140			
40	_	ations Taxable as Corporations. Multiply line 3			1 1			
41	Trusts		tructions for tax computation		1 1			
			Schedule D (Form 1041	•				
42		x. See instructions						
43	Alternati	ve minimum tax (trusts only)			43			
44	Tax on I	Noncompliant Facility Income. See instructions						
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, which	ever applies		<u> 45 </u>			
Par	t V	Tax and Payments						
46 a	Foreign	tax credit (corporations attach Form 1118, trus	sts attach Form 1116) 46	Sa				
b	Other cr	edits (see instructions)	46	6b				
С	General	business credit Attach Form 3800 (see instruc	tions)	3c				
d	Credit fo	or prior year minimum tax (attach Form 8801 or	r 8827)	Sd				
е		edits. Add lines 46a through 46d			46e			
47	Subtract	line 46e from line 45			47			
48		es Check if from Form 4255 Form 8611						
49		c. Add lines 47 and 48 (see instructions)						0
50		t 965 tax liability paid from Form 965-A or For						
		ts A 2018 overpayment credited to 2019	1	1				
	-	timated tax payments						
		osited with Form 8868						
		organizations Tax paid or withheld at source (s						
	_	withholding (see instructions)						
	•	or small employer health insurance premiums (a		1f				
		edits, adjustments, and payments Form 24	,					
9		orm 4136 Other	Total ▶ 51	la l				
52		yments. Add lines 51a through 51g			52			
53	•	ed tax penalty (see instructions) Check if Form			53			
54		. If line 52 is less than the total of lines 49, 50						
55		ment. If line 52 is larger than the total of lines			F			
56		amount of line 55 you want		Refunded	T			
		Statements Regarding Certain A			- 1 1			
57		time during the 2019 calendar year, did				authority	Yes	No
31	-	financial account (bank, securities, or oth						
		Form 114, Report of Foreign Bank and	· ·					
	here ►	· • • • • • • • • • • • • • • • • • • •	rmanciai Accounts ii res,	enter the hame of	ine loreigi	Country	$_{\rm x}$	
FO		he tax year, did the organization receive a dist	tribution from or was it the grants	e of or transferer to a	foreign third	 }		X
58	•	• •		ir or, or transferor to, a	ioreign trusi			
	•	see instructions for other forms the organization						
<u>59</u>		e amount of tax-exempt interest received or ac der penalties of penury, I declare that I have examined		iles and statements and to	the best of m	v knowledge a	nd hele	ef it is
٥.	l tru	der penalties of perjury, i declare that I have examined e, correct, and complete Declaration of preparer (other than ta			Desi Di M	, mowieage a	Delli	oi, it is
Sig		dorum Cohen	1 11/10/2020 Chief O	perating Officer		IRS discuss		
Her					-	preparer sho		7 I
	Si	gnature of officer	Date Title	Tp.,.	(see instructi		s_	No
Paid	4	Print/Type preparer's name	Preparer's signature	111/10/0000	Check L If	50074		^
	parer	SCOTT THOMPSETT	<u>'</u>		self-employed			
•	Only	Firm's name GRANT THORNTON LLE				36-6055		
-30	~y	Furn's address > 757 THIRD AVENUE, 3	RD FLOOR, NEW YORK, NY	10017-2013 r	Shone no 2º	12-599-0	100	

Form **990-T** (2019)

Form 990-T (2019)

Total dividends-received deductions included in column 8

Page 4

Schedule F - Interest, Alli	<u> </u>			ntrolled Or				(00	<u> </u>			
Name of controlled organization	2 Employer identification numb	3. No	et unrel	lated income instructions)	4. Total of spec		included		of column 4 that is I in the controlling tion's gross income		6 Deductions directly connected with incoming the column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations											
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I	9 Total of specified payments made			included ii					Deductions directly nected with income in column 10	
(1)	•					_					_	
(2)											<u> </u>	
(3)					-							
(4)				***************************************					*******			
Totals			 c)(7),	 (9), or (17	▶ ′) Orga	Pa	ter here irt I, line on (se	8, colu	mn (A)		ter here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount of		a Deductions directly connected (attach schedule) (attach		4. Se	t-asides 5. Total deduct and set-asides (5. Total deductions and set-asides (col. 3 plus col. 4)				
(1)												
(2)												
(3)												
(4)												
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, c					come	(see	ınstru	ctions)		Part I line 9, column (R)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)												
(2)				†					 			
(3)							.	-				
(4)				-								
<u>127</u>	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25			
Totals ▶				<u> </u>								
Schedule J- Advertising Ir				· · · · · · · · · · · · · · · · · · ·								
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Ba	sis							
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)				1				-				
(2)				1								
(3)	-			<u> </u>								
(4)												
<u>\</u>	 				_							
Totals (carry to Part II, line (5))											5 000 T 100 1	

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)						
2)						
3)						
1)						
otals from Part I			_			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I,	* **********************	n with the state of the state o	1 pt	Enter here and on page 1, Part II, line 26
otals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14.		<u> ▶</u>	

Form 990-T (2019)