EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

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.

Open to Public

Α	For the	2021 calendar year, or tax year beginning and endi	ing		
В	Check if applicable	C Name of organization EPISCOPAL IMPACT FUND		D Employer identific	cation number
	Addres				
	Name change			94-33454	98
	Initial return Final return/	,	m/suite	E Telephone numbe	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,511,739.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: CHRISTINA ALVAREZ		for subordinates	
	pendin	9 $oxed{1055}$ TAYLOR STREET, SAN FRANCISCO, CA 94	4108	H(b) Are all subordinates in	
ī	Tax-exe	empt status: X 501(c)(3) 501(c)()	527	1	list. See instructions
		e: WWW.EPISCOPALIMPACT.ORG		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year o		State of legal domicile: CA
P		Summary			
Θ.	1	Briefly describe the organization's mission or most significant activities: ${ t A} { t FAITF}$	H-BA	SED, GRANT-	MAKING
Governance		ORGANIZATION FOCUSED ON THE ROOT CAUSES OF	POV	ERTY.	
ern;	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			21
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			6
Activities &		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		1,206,580.	1,720,384.
Revenue		Program service revenue (Part VIII, line 2g)		0. 165,481.	0.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		199,504.	271,534. 221,738.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,571,565.	2,213,656.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		446,808.	356,650.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	330,030.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		390,181.	442,317.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Sen	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 185,026		0.	0.
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,308.	105,032.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		924,297.	903,999.
		Revenue less expenses. Subtract line 18 from line 12	···	647,268.	
Or No.	3	TOTALINO 1000 ONPOLICOS. GUDITUOL TO HOLLINIO 12	Bei	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		5,117,550.	6,585,359.
ASS	21	Total liabilities (Part X, line 26)		131,086.	114,841.
Set Line	22	Net assets or fund balances. Subtract line 21 from line 20		4,986,464.	6,470,518.
P	art II	Signature Block			
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.	
Sig	jn 💮	Signature of officer		Date	
Не	re	CHRISTINA ALVAREZ , EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Oate Check	PTIN
Pai		EDWARD M. FAHEY EDWARD M. FAHEY	0	6/06/22 if self-employed	P00194561
		Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	84-1980623
Use	Only	Firm's address 150 POST STREET, STE 200			45)555
		SAN FRANCISCO, CA 94108		Phone no. (4	15)777-4488
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

94-3345498

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	EPISCOPAL IMPACT FUND SERVES ORGANIZATIONS THAT ADDRESS THE ROOT	
	CAUSES OF POVERTY IN THE BAY AREA, BOTH FINANCIALLY AND THROUGH	
	MENTORSHIP AND GUIDANCE. INSPIRED BY THE TEACHINGS OF THE GOSPEL	, WE
	SHARE A VISION OF A BAY AREA WITHOUT POVERTY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	l., v
		Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LAL NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	ancac
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	
	revenue, if any, for each program service reported.	ioco, aria
4a	(Code:) (Expenses \$ 579,765 • including grants of \$ 356,650 •) (Revenue \$)
	IN 2021, EPISCOPAL IMPACT FUND CONTINUED TO GRANT AT HIGH LEVELS	ĪN ′
	RESPONSE TO THE SECOND YEAR OF THE COVID EMERGENCY. GRANTS MADE '	TOTALED
	\$ 819,026 TO ORGANIZATIONS SERVING APPROXIMATELY 100,000 PEOPLE	IVING
	IN POVERTY IN THE BAY AREA. OF THIS AMOUNT \$ 456,250 WAS MADE IN	
	CONJUNCTION WITH THE BROTHERTON FUND, OF WHICH EPISCOPAL IMPACT	
	THE MEMBER. EACH GRANTEE ORGANIZATION WAS FOCUSED ON SERVING PEO	PLE
	LIVING IN POVERTY BY ADDRESSING ROOT CAUSES IN MEASURABLE AND	
	SUSTAINABLE WAY. IN ADDITION TO GRANTS, EPISCOPAL IMPACT FUND PRO	OVIDED
	TECHNICAL ASSISTANCE AND ADVICE TO GRANTEES AS WELL AS PERIODIC	
	ROUNDTABLES TO FOSTER CONNECTIONS AND SHARE EXPERTISE.	
	EACH GRANTEE ORGANIZATION WAS FOCUSED ON SERVING PEOPLE LIVING I	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
4:	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 579,765 •	
4e	1 9 1 7	orm 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			$ _{\mathbf{x}}$
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		25
Б	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u></u>
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
UZ.	Sahadula N. Dart II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
33	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	- 55		
-		34	х	
35 2	211	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
38		20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	22	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Conocatio C contains a response of flote to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	Х	
	(gambling) winnings to prize winners?	1c	22	

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EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittation Wage and Tax Statements, filled for the calendary sper endings with on within the year covered by this return. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sun of fines 1 and 25 a greater than 25 (20, our may be recipited to -66. See instructions. 3a Did the organization have unrelated husiness gross income of \$1,000 or more during the year? 3b If 1'Yes, 'has it filed a Form 990°T for this year? If 'No'' to fine 2b, provide an explanation on Schedule O 4c 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 is as bank account, securities account, or other financial accounts? FEAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). See Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that it was or is a party to a prohibited tax chefter transaction or grid to a financial Accounts (FEAR). 5b If Yes's did the organization include with overy solicitation an express statement that such contributions or grifs were not tax deductible as charalized contributions? 6c Destinations that were not tax deductible as charalized contributions? 6d If yes, 'did the organization include with overy solicitation an express statement that such contributions or grifs were not tax deductible as charalized contributions? 6c If yes, 'did the organization in excess of \$75 male party as a contribution of the year year and year year year year. 6c If yes, 'did the organization seel, exchange, or otherwise dispose of tangitise personal property for which it was required to file the organization netwer any primit in access of \$75 male party as a contribution of case, boals, arplanes, or other vehicles, did the organ				Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the outro fileno 1 and 2a is greater than 250, you may be required to 4-66. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization party to approximation from the interest in, or a significant or of Schedule O 3c Did the organization party to a prohibited tax sheller transaction, or other financial accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization shelt were not tax deductibles a charitable contributions? 5c Did the organization shelt were not tax deductibles a charitable contributions? 5c Did the organization shelt were not tax deductibles a charitable contributions? 5c Did the organization shelt was tax deductibles a charitable contribution or under section 170(c). 5c Did the organization shell were the shall party as a contribution or under section 170(c). 5c Did the organization shell were the shall party as a contribution or under section 170(c). 5c Did the organization received a contribution of the value of the goods or services provided? 5c Did the organization received and contribution of the value of the goods or services	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
About If the sum of lines 1s and 2s is greater than 250, you may be required to o-file. See instructions. 2		filed for the calendar year ending with or within the year covered by this return 2a 6			
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to re-file. See instructions. 3	b		2b	Х	
b If Yes,* has it field a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b 44 At any time during the calendary year, click the organization have an interest in, or a signature or other authority over, a financial account or other inancial account? 43		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
b If "Yes," and if filed a Form 990-T for this year? If "No" to line 3b, provided an explanation on Schedule O 4 At any time during the calendary war, 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)? b If "Yes," enter the name of the foreign country ≥ See instructions for filing requirements for infirCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefer transaction at any time during the tax year? 5b Ud any taxoble party notify the organization file Form 888617? 6c If "Yes" to line 5a or 5b, did the organization file Form 888617? 6c If "Yes" to line 5a or 5b, did the organization file Form 888617? 6d Does the organization have amount gloss receipted that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? c Organizations that may receive deductible contributions under section 170(c). b If the organization receive any time of the value of the goods or services provided? c To If the organization sell, exchange, or otherwise dispose of tangible personal property for make any any any any and any any time of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2822? if If Yes, "idea the organization was provided to the payor? b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? if If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? if If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? if If the org	За		За		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5b Was the organization and party to a prohibited tax shefter fransaction at any time during the tax year? 5c Was the organization to a prohibited tax shefter fransaction at any time during the tax year? 5c Was the organization to a prohibited tax shefter fransaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of tax shefter transaction at any time during the tax shefter transaction at the tax shefter transaction at any time to the same and the tax shefter transaction at any time to the same and the tax shefter transaction at any time to the same and the tax shefter transaction at the tax shefter transaction at any time to the organization sheft and the very sheft the tax shefter transaction at a part to the organization shefter that shefter than \$100,000,000,000,000,000,000,000,000,000			3b		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibitote tax shefter transaction at any time during the tax year? So Lo dir Yes' to line 5a or 5b, did the organization file Form 8868-77. 6 Does the organization have annual gross receiptes that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If Yes' and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If yes, did the organization notify the donor of the value of the goods or services provided? Organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required. If Yes, did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-07 are required. If yes Sponsoring organization have excess business holdings at any time during the year? Sonosoring organization have excess business holdings at any time during the year? Socion 501((X)) organizations. Enter: In Intain fees and capital contributions included on Part VIII, line 12 to 10a to 30 cross income from methes or shareholders. Socions 501((X))					
b if "Yes," enter the name of the foreign country Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Yes to till one See or Sh, old the organization that it was or is a party to a prohibited tax shelter transaction? See 1 "Yes to line Se or Sh, old the organization the fire masses." See 1 "Yes to line Se or Sh, old the organization that it was or is a party to a prohibited tax shelter transaction? See 1 "Yes to line Se or Sh, old the organization from 8898 1" or Shelt any contributions that were not tax eductibles of charable contributions? 6a		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	17		17		
			- 17		

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

_	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	04		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing		I			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		اہ۔			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:				
а	The governing body?		<u>[</u>	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the fo	rm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$	Yes," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve		I			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?	- 1			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a	- 1			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	I			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		- 1			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 50	01(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest po	licy, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records				
	KATHLEEN PIRAINO - (415)869-7808					
	1055 TAYLOR STREET. SAN FRANCISCO. CA 94108					

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EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Form 990 (2021)

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Name and title Average hours per week (list any hours for related organizations below line) (1) KATHLEEN PIRAINO EXECUTIVE DIRECTOR (2) THE RT. REV. MARC HANDLEY ANDRU BOARD CHAIR (3) CRAIGE BERTERO BOARD MEMBER (4) JENNIFER BROOKS PRESIDENT (5) THE REV. LINDY BUNCH VICE PRESIDENT (6) CECILLE CATERSON SECRETARY (7) ANN AKICHIKA BOARD MEMBER (8) MARSHA DUGAN BOARD MEMBER (9) THE REV. BETH LIND FOOTE Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) AV 2.000 X AV AV AV AV AV AV AV AV AV	ot che	eck n s per:	son is	s both	n an	Reportable	Reportable	Estimated
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C2	- [150 500		20 010
BOARD CHAIR		X				172,529.	0.	39,819.
CRAIGE BERTERO 2.00	- [•
BOARD MEMBER		X	_			0.	0.	0.
(4) JENNIFER BROOKS 2.00 PRESIDENT X (5) THE REV. LINDY BUNCH 2.00 VICE PRESIDENT X (6) CECILLE CATERSON 2.00 SECRETARY X (7) ANN AKICHIKA 2.00 BOARD MEMBER X (8) MARSHA DUGAN 2.00 BOARD MEMBER X								•
X	_		_			0.	0.	0.
VICE PRESIDENT X								
VICE PRESIDENT X (6) CECILLE CATERSON 2.00 SECRETARY X (7) ANN AKICHIKA 2.00 BOARD MEMBER X (8) MARSHA DUGAN 2.00 BOARD MEMBER X		X	_			0.	0.	0.
(6) CECILLE CATERSON 2.00 SECRETARY X (7) ANN AKICHIKA 2.00 BOARD MEMBER X (8) MARSHA DUGAN 2.00 BOARD MEMBER X								
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(7) ANN AKICHIKA 2.00 BOARD MEMBER X (8) MARSHA DUGAN 2.00 BOARD MEMBER X								
BOARD MEMBER X (8) MARSHA DUGAN 2.00 BOARD MEMBER X		Х				0.	0.	0.
(8) MARSHA DUGAN 2.00 X								
BOARD MEMBER X						0.	0.	0.
(9) THE REV. BETH LIND FOOTE 2.00						0.	0.	0.
						_	_	_
BOARD MEMBER X						0.	0.	0.
(10) JOHN HOCKIN 2.00						_	_	_
TREASURER		X				0.	0.	0.
(11) PETER KIDDER 2.00								
BOARD MEMBER X						0.	0.	0.
(12) WELLS BLAXTER 2.00								
BOARD MEMBER X						0.	0.	0.
(13) MINDY BUSH 2.00								
BOARD MEMBER X						0.	0.	0.
(14) MICHELLE MYELS CHAMBERS 2.00								
BOARD MEMBER X						0.	0.	0.
(15) AARON MULLEN 2.00	T	T						
BOARD MEMBER X						0.	0.	0.
(16) TRICIA HAYES CHRISTENSEN 2.00	T							· · · · · · · · · · · · · · · · · · ·
BOARD MEMBER X						0.	0.	0.
(17) DON MILLER 2.00								
BOARD MEMBER X						0.	0.	0.

Form **990** (2021)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d H	ighe	st (Compensated Employe	es (continued)				
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average		not c	Pos check	more	than		Reportable	Reportable		1	stimate	
	hours per week			ess pe nd a d					compensatio from related		ar	nount other	
	(list any	ctor						the	organizations		com	pensa	
	hours for	r dire				ted		organization	(W-2/1099-MIS			om th	
	related	stee c	trustee			pensa		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)				d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Forme				l	ai iizati	10113
(18) JONATHAN SPEED	2.00												
BOARD MEMBER		X						0.		0.			0.
(19) DOROTHY RANDALL TSURUTA	2.00	↓								•			•
BOARD MEMBER	2 00	Х	<u> </u>			_	_	0.		0.			0.
(20) GARRETT PRICE	2.00	X						0.		0.			0.
BOARD MEMBER (21) ANDREW WOEBER	2.00	┢	-		-		┢	0.		0.	 		0.
BOARD MEMBER	2.00	X						0.		0.			0.
(22) KATHY SCHLEGEL	2.00						H			-			
BOARD MEMBER		x						0.		0.			0.
		1											
					<u> </u>		_						
		1											
			\vdash	-	\vdash		\vdash						
		1											
1b Subtotal	1	<u> </u>		<u> </u>	<u> </u>			172,529.		0.	3	9,8	19.
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)							<u></u>	172,529.		0.	3	9,8	19.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportabl	е			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer			•		•		•		•				Х
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s											3		21
and related organizations greater than \$15	•							•	the organization		4		Х
5 Did any person listed on line 1a receive or									idual for services				
rendered to the organization? If "Yes," cor					-	•		•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest c										pens	ation	from	
the organization. Report compensation for	r the calendar y	ear	end	ing v	vith	or w	/ithi		year.				
(A) Name and busines	s address	NI	ON	F				(B) Description of s	services	C)) Compe	ز) nsatio	n
		111	0141					2 00011112111 011 01					
									l				
									l				
2 Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	ster	l d above) who received n	nore than				
\$100,000 of compensation from the organ		11		0	0	0 "							
	•										Form	990 (2021)

	EPISCOPAL IMPACT FUND
Form 990 (202	
Part VIII	Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII .
	/ A \

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		1	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σωl							000110110 012 011
li ar		Federated campaigns 1a		-			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	165 011				
A,	С	Fundraising events1c	467,044.				
후	d	Related organizations 1d					
i,s	е	Government grants (contributions) 1e	58,300.				
rior	f	All other contributions, gifts, grants, and					
t pd		similar amounts not included above \dots 1f 1,	195,040.				
<u></u>	а	Noncash contributions included in lines 1a-1f	-				
징필	_	Total. Add lines 1a-1f	•	1,720,384.			
- 1		Totall / Idd III Idd II I	Business Code	,			
	۰.		Business Code				
je	2 a						_
ue n	b						
n S	С						_
Fa Se	d						
Program Service Revenue	е						
۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)	•	176,926.			176,926.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	•	(i) Real	(ii) Personal				
	6 2	Gross rents 6a	(4)	-			
				-			
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a 348,747.					
	b	Less: cost or other basis					
Jue		and sales expenses					
ther Revenue	С	Gain or (loss) 7c 94,608.					
&		Net gain or (loss)		94,608.			94,608.
her	8 a	Gross income from fundraising events (not					
₹		including \$ 467,044. of					
		contributions reported on line 1c). See					
		Part IV, line 18	43,944.				
	b	Less: direct expenses 8b	43,944.				
		Net income or (loss) from fundraising events	>	0.			
		Gross income from gaming activities. See		-			
	Ju	Part IV, line 19 9a					
	L	Less: direct expenses 9b					
		. ,	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
\Box	С	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code	0.01 ===	001 ===		
90n	11 a	ADMINISTRATIVE ALLOCAT	900099	221,738.	221,738.		
and	b						
Miscellaneous Revenue	С						
Ajš R	d	All other revenue					
-		Total. Add lines 11a-11d		221,738.			
	12	Total revenue. See instructions		2,213,656.	221,738.	0.	271,534.

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Form 990 (2021)

	rt IX Statement of Functional Expense for 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	356,650.	356,650.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	212,349.	127,409.	42,470.	42,470.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	168,587.	53,647.	42,278.	72,662.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,168.	3.724.	5,571.	10.873.
9	Other employee benefits	11,790.	3,724. 3,358.	3,511.	10,873. 4,921. 10,915.
10	Payroll taxes	29,423.	11,514.	6,994.	10,915.
11	Fees for services (nonemployees):	-	-	-	·
а	Management				
	Legal				
	Accounting	16,800.		16,800.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,653.		7,653.	
g	, ,	24 222	6 750		05 400
	column (A), amount, list line 11g expenses on Sch 0.)	31,883.	6,750.	225	25,133.
12	Advertising and promotion	4,239.	3,053.	337.	849.
13	Office expenses	2,658. 2,561.	771. 263.	1,784.	103. 930.
14	Information technology	2,301.	203.	1,368.	930.
15	Royalties				
16 17	Occupancy				
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,237.	8,703.	2,197.	337.
20	Interest	,	•	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,903.	451.	532.	920.
23	Insurance	6,846.	685.	5,476.	685.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING AND OTHER PUBL	14,889.	2,600.	919.	11,370.
b	BANK FEES	3,872.	E4	1,313.	2,559.
С	MISCELLANEOUS	326.	71.	5.	250.
d	TRAINING AND DEVELOPMEN	165.	116.		49.
	All other expenses	002 000	E70 765	120 200	105 006
25	Total functional expenses. Add lines 1 through 24e	903,999.	579,765.	139,208.	185,026.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to	to any line in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,328,948.	1	2,045,427.
Assets	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	389,812.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial contributor,	or 35%			
		controlled entity or family member of any of these p	persons			5	
	6	Loans and other receivables from other disqualified	d persons (as de	efined			
		under section 4958(f)(1)), and persons described in	n section 4958(c	c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		Г	49,876.	7	0.
sse	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			12,049.	9	11,524.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D1	10a	60,183.			
	b		10b	59,643.	2,442.	10c	540.
	11	Investments - publicly traded securities	•		3,724,235.	11	4,138,056.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11		_		13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal li		I	5,117,550.	16	6,585,359
	17	Accounts payable and accrued expenses			72,786.	17	114,841.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par				21	
Ş	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
abi		controlled entity or family member of any of these				22	
Ξ	23	Secured mortgages and notes payable to unrelated		·····		23	
	24	Unsecured notes and loans payable to unrelated th			58,300.	24	0.
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			131,086.	26	114,841.
		Organizations that follow FASB ASC 958, check					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			3,144,854.	27	4,017,972.
Ва	28	Net assets with donor restrictions			1,841,610.	28	2,452,546.
pur		Organizations that do not follow FASB ASC 958,					
Ę		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip				30	
As	31	Retained earnings, endowment, accumulated income				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		_	4,986,464.	32	6,470,518.
_	33	Total liabilities and net assets/fund balances		I	5,117,550.	33	6,585,359.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 2	,21	3,6	<u>56.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9		
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5	17	4,3	97.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10 6	, 47	0,5	18.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?		3a		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
	, , , , , , , , , , , , , , , , , , , ,			990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

EPISCOPAL IMPACT FUND Name of the organization Employer identification number FKA EPISCOPAL CHARITIES 94-3345498 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 544,098 360,038 include any "unusual grants.") 457,618 1,206,580 1,720,384 4,288,718. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 544,098 457.618. 360,038. 1,206,580 1,720,384 4,288,718. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 348,937. 3,939,781. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2018 544,098. (c) 2019 360, 038. Calendar year (or fiscal year beginning in) (a) 2017 (d) 2020 (e) 2021 (f) Total 457,618. 1,206,580 1,720,384 4,288,718. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 115,498. 128,724. 127,651. 176,926. 694,923. 146,124. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 178,648. 195,508. 49,745. 43,944. 142,860. 610,705. assets (Explain in Part VI.) 5,594,346. 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)
 13 First 5 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

sec	ection C. Computation of Public Support Percentage						
14	Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	70.42	%			
15	Public support percentage from 2020 Schedule A, Part II, line 14	15	65.51	%			
16a	33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	nore,	check this box and				

stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

828,128.

 \mathbf{X}

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	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	30		
	3c		
	4a		
	ти		
	4b		
	4c		
	5a		
	5b 5c		
	90		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
lula	10b	n 000	2021

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec.	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac.	the supported organization(s). tion D. All Type III Supporting Organizations	1		
500			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
2	•	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22 Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>e</u>	Excess from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 dit VI	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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

209,884.	97,997.
221 601	
331,601.	219,714.
140,000.	28,113.
115,000.	3,113.
	348,937.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Employer identification number 94-3345498

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of challed one and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

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

Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther S	Similar As	ssets(continued)	_	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ke signi	ificant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organization's	exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other sir	nilar as:	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes N	lo	
Pai	t IV Escrow and Custodial Arrang	-	te if the organization	n answered "Yes'	on For	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets	not inc	luded			
	on Form 990, Part X?						☐ Yes ☐ N	ю	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ıstodial account li	ability?		☐ Yes ☐ N	ю	
	If "Yes," explain the arrangement in Part XIII.			•					
Pai	TV Endowment Funds. Complete if				_			_	
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)		ack (e) Four years bac	:k	
1a	Beginning of year balance	4,307,713.	3,736,594.	3,017,59	9.	2,979,6	2,648,44	2.	
b	Contributions	1,039,812.	201,000.	300,00	0.	335,000.			
С	Net investment earnings, gains, and losses	445,885.	506,442.	586,54	0.	-154,6	91. 457,48	4.	
d	Grants or scholarships	105,084.	62,907.	135,01	1.	108,3	90. 93,29	7.	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	60,365.	73,416.	32,53		33,9			
g	End of year balance	5,627,961.	4,307,713.	3,736,59	4.	3,017,5	99. 2,979,64	6.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered f	or the c	organization			
	by:						Yes N		
	(i) Unrelated organizations								
	(ii) Related organizations							ζ	
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.					_	
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	1	1						
	Description of property	(a) Cost or ot basis (investm			depred	mulated ciation	(d) Book value		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			8,895.		8,355.	540) .	
	Other		1	1,288.	1	1,288.) .	
	. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)			540) .	

Part VII Investments - Other Securities.	5 000 B 1 N 1	441 O E 000 B 1 V E 40	Ÿ.
Complete if the organization answered "Yes"			of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests		+	
(3) Other		+	
(A)		+	
(B) (C)			
(D)			
(E)		+	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 000 Port IV lin	o 11a or 11f Coo Form 000 Port V line 25	
(a) December of liebility	on Form 990, Part IV, IIII	e TTe OF TTI. See FOITH 990, Fait A, IIITe 25.	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(w) Doon value
(2)			
(3)			
(4)			
(7) (9)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 25)		
2 Liability for uncertain tax positions. In Part XIII. provide	•		hat raparts tha

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Pa	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With Reve	enue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unr	realized gains (losses) on investments	2a		
b	Donate	d services and use of facilities	2b		
С		eries of prior year grants			
d		Describe in Part XIII.)			
е	Add line	es 2a through 2d		2e	
3	Subtrac	ct line 2e from line 1		3	
4		ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investm	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (I	Describe in Part XIII.)	4b		
С	Add line	es 4a and 4b		4c	
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa		Reconciliation of Expenses per Audited Financial State	-	enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		xpenses and losses per audited financial statements		1	
2		ts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		d services and use of facilities			
b	Prior ye	ear adjustments	2b		
С	Other Id				
d		Describe in Part XIII.)			
е		es 2a through 2d			
3		ct line 2e from line 1		3	
4		ts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
_	Investr	nent expenses not included on Form 990, Part VIII, line 7b			
а					
b	Other (I	Describe in Part XIII.)	4b		
b b	Other (I	Describe in Part XIII.) es 4a and 4b			
b c 5	Other (I Add line Total ex	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
b c 5	Other (I Add line Total ex	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5	
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	1,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	1,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	Ι,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	I,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,
b c 5 Pa Prov	Other (I Add line Total ex rt XIII	Describe in Part XIII.) es 4a and 4b xpenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.)</i> Supplemental Information. lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	5; Part V, line 4; Part X, line 2; Part X	l,

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES Employer identification number 94-3345498

Schedule G (Form 990) 2021

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Ifilers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments 	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated and solicitate are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicit	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

132081 10-21-21

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

		,	SCOPAL CHARI			-3345498 Page 2
Pa	ırt l					
		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1 NIGHT OF LIGHT EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	510,988.	, ,,,	,	510,988.
_	2	Less: Contributions	467,044.			467,044.
	3	Gross income (line 1 minus line 2)	43,944.			43,944.
						,
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct B	7	Food and beverages				
	8	Entertainment	42.044			42.044
	9	Other direct expenses	43,944.			43,944. 43,944.
	10	, ,				43,944.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				1 0.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 14, iii 10 10, 01	reported more than	
enne		¥ 10,000 0111 0111 0111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	_	(a) Bingo		(c) Other gaming	
Expenses		Gross revenue	(a) Bingo		(c) Other gaming	
	3	Gross revenue	(a) Bingo		(c) Other gaming	
ect Expenses	3	Gross revenue	(a) Bingo		(c) Other gaming	
ect Expenses	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo Yes% No		(c) Other gaming Yes% No	
ect Expenses	3 4 5	Gross revenue	Yes% No	bingo/progressive bingo Yes%		
ect Expenses	3 4 5 6 7	Gross revenue	Yes% No h 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	
Direct Expenses	3 4 5 6 7 8	Gross revenue	Yes% No h 5 in column (d)	bingo/progressive bingo Yes% No	Yes%No	
6 Direct Expenses	3 4 5 6 7 8 Ent	Gross revenue	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
b G Direct Expenses	3 4 5 6 7 8 Entire Is t	Gross revenue	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes%No	col. (a) through col. (c))
b G Direct Expenses	3 4 5 6 7 8 Entire Is t	Gross revenue	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes%No	col. (a) through col. (c))
d b Oirect Expenses	3 4 5 6 7 8 Entries if "	Gross revenue	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (c))

Schedule G (Form 990) 2021

132082 10-21-21

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address	No No %
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	%
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	%
a The organization's facility b An outside facility 13a 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9	, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

EPISCOPAL IMPACT FUND

Schedule G (Form 990)	FKA EPISCOPAL CHARITIES	94-3345498 Page 4
Schedule G (Form 990) Part IV Supplemental Info	ormation (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

OMB No. 1545-0047

Open to Public Inspection

EPISCOPAL IMPACT FUND Name of the organization **Employer identification number** 94-3345498 FKA EPISCOPAL CHARITIES 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 the selection X Yes criteria used to award the grants or assistance? No 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 (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) GENERAL SUPPORT 501(C)(3) 25,000 0 B.O.S.S FIRST PLACE YOUTH 501(C)(3) 25,000 GENERAL SUPPORT YOUTH SPIRIT ARTWORKS 501(C)(3) 22,500 0 GENERAL SUPPORT HOME & HOPE 501(C)(3) 22 500 GENERAL SUPPORT GENERAL SUPPORT HOPE SOLUTIONS 501(C)(3) 22,500 0 FESCO 501(C)(3) 22 500 0 GENERAL SUPPORT 29. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (d) Amount of (g) Description of (a) Name and address of (b) EIN (e) Amount of (f) Method of (h) Purpose of grant cash grant organization or government if applicable noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) BAYSHORE CHRISTIAN MINISTRIES 501(C)(3) 22,500 0 GENERAL SUPPORT ATTITUDINAL HEALING CONNECTION 501(C)(3) 22,500 0 GENERAL SUPPORT SOJOURN 501(C)(3) 19,400 0 GENERAL SUPPORT SISTER TO SISTER 501(C)(3) 18,857 0 GENERAL SUPPORT ST. VINCENT DE PAUL SOCIETY OF 0 GENERAL SUPPORT MARIN 501(C)(3) 12,714 ST. VINCENT DE PAUL SOCIETY OF MARIN 501(C)(3) 0 GENERAL SUPPORT 12,286 OPTIONS RECOVERY 501(C)(3) 11,273 0 GENERAL SUPPORT OPTIONS RECOVERY 501(C)(3) 11,227 0 GENERAL SUPPORT EPISCOPAL CHURCH OF THE NATIVITY 501(C)(3) 8,000 0 GENERAL SUPPORT

Schedule I (Form 990) FKA EPISCO	OPAL CHA	RITIES				9	4-3345498 Page
Part II Continuation of Grants and Other A	ssistance to D	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOHN THE EVANGELIST EPISCOPAL							
CHURCH		501(C)(3)	8,000.	0.			GENERAL SUPPORT
EPISCOPAL CHURCH OF THE ST GREGORY							
OF NYS		501(C)(3)	8,000.	0.			GENERAL SUPPORT
ALL SAINTS EPISCOPAL CHURCH SAN							
FRANCISCO		501(C)(3)	8,000.	0.			GENERAL SUPPORT
GRACE CATHEDRAL		501(C)(3)	8,000.	0.			GENERAL SUPPORT
IGLESIA DE SANITAGO		501(C)(3)	7,600.	0.			GENERAL SUPPORT
				_			
ALL SOULS EPISCOPAL CHURCH		501(C)(3)	6,500.	0.			GENERAL SUPPORT
GIGHED TO GIGHED		501/G)/2)	C 143				GINEDAL GUDDODE
SISTER TO SISTER		501(C)(3)	6,143.	0.			GENERAL SUPPORT
OHLHOFF RECOVERY PROGRAMS		501(C)(3)	6,100.	0.			GENERAL SUPPORT
OMENCE I RECOVERE I ROCKARD		501(0)(3)	0,100.	0.			DELICITE SOLLOKI
			I				<u> </u>

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
ORGANIZATIONS MUST SUBMIT GRANT AF	PLICATIO	NS WHICH A	ARE REVIEWE	D AND	
APPROVED BY MEMBERS OF THE PROGRAM	COMMITT	EE AND BOA	ARD OF DIRE	CTORS.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES **Employer identification number** 94-3345498

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

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

Schedule J (Form 990) 2021

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

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KATHLEEN PIRAINO	(i)	172,529.	0.	0.	0.	39,819.	212,348.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 FKA	EPISCOPAL CHARITIES		94-3345498	Page 3
Part III Supplemental Information				
Provide the information, explanation, or descrip	ptions required for Part I, lines 1a, 1b, 3, 4a, 4b,	4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the second sec	te this part for any additional information.	

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

Employer identification number 94-3345498

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POVERTY BY ADDRESSING ROOT CAUSES IN MEASURABLE AND SUSTAINABLE WAY. IN

ADDITION TO GRANTS, EPISCOPAL IMPACT FUND PROVIDED TECHNICAL ASSISTANCE

AND ADVICE TO GRANTEES AS WELL AS QUARTERLY ROUNDTABLES TO DISCUSS

ISSUES OF COMMON INTEREST.

EPISCOPAL IMPACT FUND ALSO WORKED WITH INTERESTED CONGREGATIONS HELPING

THEM TO ASSESS WHETHER THEIR UNDER-UTILIZED PROPERTY COULD BE USED TO

ADDRESS THE HOUSING CRISIS IN THE BAY AREA AND HAS INITIATED THE

DEVELOPMENT OF PROPERTY OWNED BY THE DIOCESE OF CALIFORNIA TO PROVIDE

150 UNITS OF AFFORDABLE HOUSING.

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

THE EPISCOPAL IMPACT FUND EXECUTIVE COMMITTEE MEETS TO REVIEW AND APPROVE FORM 990.

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

ANNUAL SIGNATURES MUST BE OBTAINED TO MONITOR AND ENFORCE COMPLIANCE WITH CONFLICT OF INTEREST POLICY.

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

EXECUTIVE COMMITTEE MEETS ANNUALLY TO DISCUSS COMPENSATION OF OFFICERS AND KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Part I

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization EPISCO

EPISCOPAL IMPACT FUND FKA EPISCOPAL CHARITIES

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

Employer identification number 94-3345498

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total incor	me End-of-year		(f) controlling entity
	_					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	pecause it had one	or more related tax-e	xempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13 controlled entity?
THE REOTHER TON FIND - 94-3402317	TO SIIDDODT ST LIKES			501(c)(3))		Yes No

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

EPISCOPAL DIOCESE OF CALIFORNIA - 94-1156840 TO SERVE A DIVERSE

X

X

EPISCOPAL IMPACT

LINE 12B, II FUND

LINE 1

HOSPITAL & THE GENERAL

COMMUNITY OF FAITH

HEALTH AND WELFARE IN SF.

ENCOMPASSING THE GREATER

CALIFORNIA

CALIFORNIA

501(C)(3)

501(C)(3)

1055 TAYLOR STREET

1055 TAYLOR STREET

SAN FRANCISCO, CA 94108

SAN FRANCISCO, CA 94108

Page 2

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

<u> </u>	·		1	1		1										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) (i)		(j		(k)					
Name, address, and EIN	Primary activity	Legal domicile	egal Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total		Share of total	of total Share of	Share of	Disproportionate		Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity (related, unrelated, excluded from tax under assets allocations?		amount in box	partr	ner?	ownership								
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No					
										\vdash	_					
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	1															
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	1															
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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) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(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	entity?	
		country)						Yes	No
									†
									
									<u> </u>

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

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X				
b	b Gift, grant, or capital contribution to related organization(s)										
С	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)										
g	g Sale of assets to related organization(s)										
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
- 1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11	X					
m	Performance of services or membership or fundraising solicitations by related orga						Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X					
0	Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses										
q	q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		X				
	Other transfer of cash or property from related organization(s)						Х				
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.							
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved						
		type (a-s)		Ĭ							
(4) T	THE BROTHERTON FUND 94-3402317	L	221 715	ACTUAL EXPENSES							
(1) -	THE BROTHERION FOND 34 3402317		221,713.	ACTUAL EXTENSES							
(2) I	EPISCOPAL DIOCESE OF CALIFORNIA	0	0.	ALLOCATION %							
(3) I	EPISCOPAL DIOCESE OF CALIFORNIA	N	0.								
(-)											
<u>(4)</u>											
(5)											
<u>(6)</u>		<u>50</u>			-						
13216	3 11-17-21	20		Schedule	R (For	m 990) 2021				

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) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptional allocation	or- amount in box 2 of Schedule K-1	General of managing partner? Yes NO	(k) Percentage ownership

Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
EPISCOPAL DIOCESE OF CALIFORNIA
PRIMARY ACTIVITY: TO SERVE A DIVERSE COMMUNITY OF FAITH ENCOMPASSING THE
GREATER SF BAY AREA.