** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending		
	Check if	C Name of organization			D Employer identifi	cation number
č	pplicable	Episcopal impact fund				
	Addres		S			
	Name change	Doing business as			94-33454	98
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	
	□Final return/	1055 Taylor Street			415-869-	
	termin ated	City or town, state or province, country, and			G Gross receipts \$	1,229,287.
L	Ameno	Sall Flancisco, CA 3410			H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: CIII			for subordinates	·····= =
_		1055 Taylor Street, San	Francisco, CA	94108	H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Nebsit				H(c) Group exemption	
		5. gameaton 1	ssociation Other	L Year	of formation: 1999 I	M State of legal domicile: CA
Pa	_	Summary	Q	L 1- d		L1 L
ø	1	Briefly describe the organization's mission or most				
Governance		helps elevate the lives of				
ern	2	_	ntinued its operations or dispos		1 -	
Š	3	Number of voting members of the governing body			3	19 19
	1 -	Number of independent voting members of the gov				3
ies		Total number of individuals employed in calendar y				19
Activities &		Total number of volunteers (estimate if necessary)				0.
Ä		Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form				0.
_	B	Net unrelated business taxable income from Form	990-1, Part I, line 11		Prior Year	Current Year
ne	8	Contributions and grants (Bort VIII line 1b)			789,771.	499,589.
	0	D ' 'D 'L\''' 'C '			0.	0.
Revenue	9		and 7d)		202,322.	201,332.
Be	10	Investment income (Part VIII, column (A), lines 3, 4,			319,600.	264,616.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,311,693.	965,537.
_		Total revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (483,284.	512,006.
	1	Benefits paid to or for members (Part IX, column (A			0.	0.
	45	Salaries, other compensation, employee benefits (F			488,743.	442,828.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line	221 2			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,	· -		124,440.	136,027.
		Total expenses. Add lines 13-17 (must equal Part I)			1,096,467.	1,090,861.
		Revenue less expenses. Subtract line 18 from line			215,226.	-125,324.
Or Se		•		Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			5,846,236.	6,149,872.
ASS	21	Total liabilities (Part X, line 26)			73,291.	90,170.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		5,772,945.	6,059,702.
Pa	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer	_		Date	
Her	e	Christina Alvarez, Executi	ive Director			
		Type or print name and title	T	Ι.	2.	
		Print/Type preparer's name	Preparer's signature		Date Check C	PTIN
Paid			Stacy Cullen	0	8/15/24 self-emplo	
	oarer	Firm's name Aprio, LLP	~ '		Firm's EIN 5	7-1157523
Use	Only	Firm's address 150 Post Street,				E 000 4400
_		San Francisco, CA	Phone no. 41	5-777-4488		
May	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

	Episcopai impact rund		
Form	990 (2023) FKA Episcopal Charities	94-3345498	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	Episcopal Impact Fund has a vision of a Bay Area where		
	neighbors have the opportunities and resources they ne	eed to thrive	
2	Did the organization undertake any significant program services during the year which were not listed on the		▼
	prior Form 990 or 990-EZ?	Yes	X No
•	If "Yes," describe these new services on Schedule O.	o \	V.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces? res	A NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	on an managered by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	ouriers, trie total experises, a	iiu
42	(Code:) (Expenses \$	(Pavanua \$ 401.	596.
14	Episcopal Impact Fund makes grants to community-based	organizations	,
	doing heart-centered work to end the cycle of poverty	for Bav Area	
	families. We use our experience and a strategic proce	ss to find, fun	<u>d.</u>
	and support hands-on service providers ready to make		
	We have been funding community-based poverty relief e		
	decades. Based on our experience, we focus on housing		
	families as a cornerstone in breaking the cycle of in		
	poverty in the Bay Area. We combine the generosity and		
	our supporters with hands-on nonprofit organizations	to make an impa	ct
	for our most vulnerable neighbors.		
	-Volunteering is one of the ways we provide value and		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	,		
4d	Other program services (Describe on Schedule O.)		

See Schedule O for Continuation(s)

735,992.

Total program service expenses

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	, ,	12a		X
h	Schedule D, Parts XI and XII	IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	٠		_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X
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	Х	
				-

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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		<u> X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		X
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>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
		35a	Λ	_
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	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			_ <u></u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Episcopal Impact Fund
Form 990 (2023) FKA Episcopal Charities
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. Identificacy		V	NI.					
0-	Fator the number of employees reported on Form W.C. Transmittel of Wage and Tay Statements		Yes	No					
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3								
L		2b	Х						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		Х					
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		21					
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30							
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
h	If "Yes," enter the name of the foreign country	 a							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
_	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
_		-							
C 1/10		14a		X					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		21					
15		140							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		25					
16		16		Х					
.0	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
"	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	L'É							

FKA Episcopal Charities 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							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9								
	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 Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such 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 body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 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	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	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 arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	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, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)	_						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Christina Alvarez - (415)869-7809 1055 Taylor Street, San Francisco, CA 94108							
	TUJJ TAVIUL BLIECL, BAH FLAHCISCU, CA 341V0							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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 officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)				iout	(D)	(E)	(F)			
Name and title	Average		Position (do not check more than one			than o		Reportable	Reportable	Estimated		
	hours per week					s both r/trus		compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the		
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	onal t		ployee	S comp		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) Christina Alvarez	40.00	드	드	ō	<u>~</u>	포함	프					
Executive Director	1000			х				185,908.	0.	52,572.		
(2) The Rt. Rev. Marc Handley Andru	2.00									0270121		
Board Chair		Х		х				0.	0.	0.		
(3) Craige Bertero	2.00											
Board Member		Х						0.	0.	0.		
(4) Jennifer Brooks	2.00											
President		Х		Х				0.	0.	0.		
(5) Ann Akichika	2.00											
Board Member		Х						0.	0.	0.		
(6) Marsha Dugan	2.00											
Board Member		Х						0.	0.	0.		
(7) The Rev. Beth Lind Foote	2.00								_	_		
Board Member		Х						0.	0.	0.		
(8) John Hockin	2.00											
Treasurer		Х		Х				0.	0.	0.		
(9) Peter Kidder	2.00	l							•	•		
Board Member		Х						0.	0.	0.		
(10) Wells Blaxter	2.00	l							•	•		
Board Member	0.00	Х				_		0.	0.	0.		
(11) Mindy Bush	2.00								•	•		
Board Member	2 00	Х						0.	0.	0.		
(12) Michelle Myles Chambers	2.00	7.7							0	0		
Board Member	2.00	Х						0.	0.	0.		
(13) Aaron Mullen Board Member	2.00	Х						0.	0.	0		
(14) Tricia Hayes Christensen	2.00	Λ						0.	0.	0.		
Board Member	2.00	Х						0.	0.	0.		
(15) Don Miller	2.00	Λ						0.	0.	0.		
Board Member	2.00	Х						0.	0.	0.		
(16) Jonathan Speed	2.00							•	•			
Board Member		х						0.	0.	0.		
(17) Garrett Price	2.00							1	3.			
Board Member		х						0.	0.	0.		
332007 12-21-23		•								Form 990 (2023)		

Form **990** (2023) 332007 12-21-23

Form 990 (2023) FKA Episo	copal Ch	ıar	rit	<u>ie</u>	s				94-3	<u>345</u>	498	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(440	not c	Posi				Reportable	Reportable)	Es	timate	ed
	hours per	box	k, unle	ss per	rson is	s both	n an	compensation	compensation	pensation am			of
	week	-	icer ar	id a di	irecto I	r/trus	tee)	from	from related	b		other	
	(list any	director						the	organization		ı	pensa	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MIS		l	om the	
	organizations	ustee	truste		gy.	suadi		(W-2/1099-MISC/	1099-NEC)			anizati	
	below	ual tr	tional		ploye	t com	_	1099-NEC)			l	d relati anizatio	
	line)	ndividual trustee or	Institutional trustee	Officer	ey em	Highest compensated employee	Former				l	ıııızatı	0113
(18) Andrew Woeber	2.00	=	<u>=</u>	0		T 60	Т.						
Board Member		Х						0.		0.			0.
(19) Greg Ryan	2.00												
Board Member		Х						0.		0.			0.
(20) The Rev. Liz Munoz	2.00												
Board Member		Х						0.		0.			0.
		1											
		<u> </u>											
		1											
		1											
			\vdash										
		1											
		1											
		1											
1b Subtotal								185,908.		0.	5:	2,5'	72.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								185,908.		0.	5	2,5'	72.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			_
compensation from the organization												1	1
												Yes	No
3 Did the organization list any former officer,	•		•	•	•		•	•	•		_		37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											4	х	
and related organizations greater than \$150											4	^	
5 Did any person listed on line 1a receive or a											5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>ipiete Scheaul</u>	e J T	or st	icn ŗ	<u>oers</u>	on .					3		- 21
Complete this table for your five highest co	mpensated inc	depe	ender	nt cc	ontra	acto	rs th	nat received more than \$	3100.000 of comp	pensa	tion fro	m	
the organization. Report compensation for	•	•											
(A)	-							(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII										
				(A)	(B)	(C)	(D)			
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under			
					function revenue	business revenue	sections 512 - 514			
10.10	4.	Federated campaigns 1a								
nts st	ı a									
Sra Jou	b	Membership dues 1b	272 727							
S, (С	Fundraising events 1c	272,727.							
a ii	d	Related organizations 1d								
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)								
ig	f	All other contributions, gifts, grants, and								
the E		similar amounts not included above 1f	226,862.							
ÖĒ	g	Noncash contributions included in lines 1a-1f								
Sol	h	Total. Add lines 1a-1f		499,589.						
			Business Code	·						
4	2 a									
ξ										
ne v	b									
n S	C									
<u>ra</u>	d									
Program Service Revenue	е									
<u>م</u>	f	All other program service revenue								
	g	Total. Add lines 2a-2f								
	3	Investment income (including dividends, intere	st, and							
		other similar amounts)		186,104.			186,104.			
	4	Income from investment of tax-exempt bond p								
	5	Royalties								
		(i) Real	(ii) Personal							
	6 a	Gross rents 6a	.,							
		Less: rental expenses 6b								
		Net rental income or (loss)	(ii) Other							
	7 a	1.11.000	(ii) Other							
		assets other than inventory 7a 141,998.								
	b	Less: cost or other basis								
<u>e</u>		and sales expenses 76 126,770.								
ther Revenue	C	Gain or (loss) 7c 15,228.								
Be		Net gain or (loss)		15,228.			15,228.			
ē	8 a	Gross income from fundraising events (not								
₹		including \$ 272,727. of								
		contributions reported on line 1c). See								
		Part IV, line 18	0.							
	h	Less: direct expenses 8b	136,980.							
		Net income or (loss) from fundraising events	,	-136,980.			-136,980.			
		Gross income from gaming activities. See								
	y d	Part IV, line 199a								
		Net income or (loss) from gaming activities	I							
	10 a	Gross sales of inventory, less returns								
		and allowances 10a								
		Less: cost of goods sold 10b	l							
\Box	С	Net income or (loss) from sales of inventory								
ွှ			Business Code							
Miscellaneous Revenue	11 a	Administrative Allocat	900099	401,596.	401,596.					
ane Truck	b	•								
eVe	c									
isc B.	d	All other revenue								
2	е	Total. Add lines 11a-11d		401,596.						
	12	Total revenue. See instructions		965,537.	401,596.	0.	64,352.			

Part IX Statement of Functional Expenses												
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	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	512,006.	512,006.									
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	238,480.	143,088.	47,696.	47,696.							
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	157,661.	38,042.	31,895.	87,724.							
8	Pension plan accruals and contributions (include		_	_	_							
	section 401(k) and 403(b) employer contributions)	11,272. 12,232.	2,153. 6,899.	2,284.	6,835.							
9	Other employee benefits	12,232.		2,274.	3,059.							
10	Payroll taxes	23,183.	10,094.	4,661.	8,428.							
11	Fees for services (nonemployees):											
а	Management											
b	Legal											
	Accounting	20,800.		20,800.								
	Lobbying											
е	Professional fundraising services. See Part IV, line 17	10 214		10 214								
f	Investment management fees	10,314.		10,314.								
g	Other. (If line 11g amount exceeds 10% of line 25,	04 106			04 106							
	column (A), amount, list line 11g expenses on Sch 0.)	24,126.	10 041		24,126.							
12	Advertising and promotion	42,244.	12,041.	2 002	30,203.							
13	Office expenses	5,309.	3,028.	2,083.	198.							
14	Information technology											
15	Royalties											
16	Occupancy	1,310.	1,112.		198.							
17	Travel	1,310.	1,112.		190•							
18	Payments of travel or entertainment expenses											
40	for any federal, state, or local public officials	9,827.	4,610.	4,750.	467.							
19	Conferences, conventions, and meetings	٠,٥٤١٠	Ŧ,UIU•	1 ,/30•	40/•							
20 21	Interest Payments to affiliates											
21	Depreciation, depletion, and amortization	828.	239.	376.	213.							
23	Insurance	7,131.	736.	5,659.	736.							
23 24	Other expenses. Itemize expenses not covered	,,151	, 5 5 •	2,033.	, 55.							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),											
а	amount, list line 24e expenses on Schedule 0.) Equipment Maintenance a	13,427.	1,374.	748.	11,305.							
d h	Other Operating Expense	692.	551.	125.	16.							
C	Traning and Development	19.	19.	123.								
d												
	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	1,090,861.	735,992.	133,665.	221,204.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
					Earm 990 (2022)							

Part A	•	balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	789,234.	1	1,187,832.		
2	2	Savings and temporary cash investments			473,398.	2	118,096.
3	3	Pledges and grants receivable, net	632,174.	3	527,492.		
4	4	Accounts receivable, net				4	
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
6	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
7 يو	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
∛ 9		Prepaid expenses and deferred charges			1,720.	9	10,872
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	62,455.			
	b	Less: accumulated depreciation	. 10b	61,461.	1,822.	10c	994
11	1	Investments - publicly traded securities			3,499,388.	11	4,304,586
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	448,500.	15	0		
16	6	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	5,846,236.	16	6,149,872
17		Accounts payable and accrued expenses $\ \dots$			73,291.	17	90,170
18	3	Grants payable		18			
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
ဖ္မ 22	2	Loans and other payables to any current or fo	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
ے ₂₃		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
24	4	Unsecured notes and loans payable to unrelate	ed third	parties		24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
26		Total liabilities. Add lines 17 through 25			73,291.	26	90,170.
,		Organizations that follow FASB ASC 958, cl	heck her	e X			
Net Assets or Fund Balances 25 28 29 31 35		and complete lines 27, 28, 32, and 33.			2 640 065		2 500 050
[27				<u> </u>	3,642,065.	27	3,782,073.
<u>m</u> 28		Net assets with donor restrictions			2,130,880.	28	2,277,629.
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
ᆫ		and complete lines 29 through 33.					
္ 29		Capital stock or trust principal, or current fund			29		
§ 30		Paid-in or capital surplus, or land, building, or			30		
₹ 31		Retained earnings, endowment, accumulated		F 550 045	31	C 050 500	
g 32		Total net assets or fund balances		<u> </u>	5,772,945.	32	6,059,702.
33	3	Total liabilities and net assets/fund balances			5,846,236.	33	6,149,872.

	1000 (2020)		00101		ı uç	,
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			, 53	
2	Total expenses (must equal Part IX, column (A), line 25)	2				51.
3	Revenue less expenses. Subtract line 2 from line 1	3		-125,324.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	772	,94	45.
5	Net unrealized gains (losses) on investments	5		<u>412</u>	,11	15.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			-3	34.
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,	<u>059</u>	,70	02.
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

332012 12-21-23

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

Employer identification number Name of the organization Episcopal Impact Fund 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	360,038.	1206580.	1720384.	789,771.	499,589.	4576362.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	360,038.	1206580.	1720384.	789,771.	499,589.	4576362.	
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)						259,269.	
6	Public support. Subtract line 5 from line 4.						4317093.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	360,038.	1206580.	1720384.	789,771.	499,589.	4576362.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	128,724.	127,651.	176,926.	180,408.	186,104.	799,813.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	195,508.	49,745.	43,944.			289,197.	
11	Total support. Add lines 7 through 10						5665372.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	875,978.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2023 (I					14	76.20 %	
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	71.40 %	
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	k this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a <u>, 16b, 17a, or 1</u> 7b	, check this box ar	nd see instructions		
	Schadula A (Form 990) 2023							

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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.)

Section A. Public Support	below, please comp	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(3)	(-,	(-,	(-,		(1)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						+
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	tion,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2023 (column (f))		15	%
Public support percentage from 2022					16	%
Section D. Computation of Inve					T T	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	9/
19a 33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	=	-	•			
b 33 1/3% support tests - 2022. If the	•			•	•	
line 18 is not more than 33 1/3%, che						·
20 Private foundation. If the organization						′ <u>L</u>

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Vos	No
	Yes	140
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4a		
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4c		
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10b		
ıla Δ (Forn	n aan)	2023

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Schedule A (Form 990) 2023

га	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	\vdash	-
	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	44-		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
	usi 21 Type i cupper unig engaminatione		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	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,			
	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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			·
_	Did the considering and ideals and of the constant of an artist from the first describe. (1) the constant of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	~ :		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If TES, UESCHIPCHT with the title blaved by the organization in this regard	1 30	1 '	1

Га	Trype in Non-Functionally integrated 509(a)(5) Support	ing Organi	Zaliulis	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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		
<u></u>	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		d Type III supporting orga	nization (see
•	instructions).	, 25. 4.00	, , p o 1 g u	· \

Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
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 2023 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-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
·	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
<u> </u>	EVOCOO HOHI COCO				

Schedule A (Form 990) 2023

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Franklin Johnson	135,000.	21,693.
DIANE WILSEY	285,000.	171,693.
Bill Bennington	179,190.	65,883.
Total Excess Contributions to Schedule A, Part II, Line 5		259,269.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

Episcopal Impact Fund FKA Episcopal Charities 94-3345498 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Name of organization
Episcopal Impact Fund
FKA Episcopal Charities

Employer identification number

94-3345498

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$33,190.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$13,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 20,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,400.	Person X Payroll

Name of organization
Episcopal Impact Fund
FKA Episcopal Charities

Employer identification number

Page 2

94-3345498

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Episcopal Impact Fund
FKA Episcopal Charities

Employer identification number

94-3345498

Part II			
(a) No. from Part I	o. (b) m Description of noncash property given (Section 2)		(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** Episcopal Impact Fund FKA Episcopal Charities 94-3345498 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		si Siiiiilaf Fufiūs (or Accounts. Complete if t	ne
	organization answered Tes on Tollin 556, Factor, in	ı	dvised funds	(b) Funds and other accor	unts
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 v	writing that the asse	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal cont	rol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	at grant funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or f	or any other purpose o	conferring	
_	impermissible private benefit?				No
Pa	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	pl <u>y).</u>		
	Preservation of land for public use (for example, recreated)	tion or education)	Preservation of	a historically important land are	a
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the form o	of a conservation easement on t	he last
	day of the tax year.			Held at the End of t	he Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on li	ne 2a	2c	
d	Number of conservation easements included on line 2c acqui	ired after July 25, 20)06, and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organization during the tax	
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	spection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	is, and enforcing cons	ervation easements during the y	/ear
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, ar	d enforcing conservat	ion easements during the year	
_				(4) (7) (1)	
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organizat	ion's financial stateme	ents that describes the	
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical	Trocourse or Oti	har Similar Assats	
Fai			rreasures, or Ou	nei Siiiliai Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub			· ·	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	erance of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat	asures, or other sim	lar assets for financial	gain, provide	
	the following amounts required to be reported under FASB A	-			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X		<u></u>		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Forn	n 990) 2023

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

Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ther S	imilar Asso	ets _{(continu}	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mal	ke signi	ficant use of i	ts	
	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	ollections and explain	how they further th	e organization's	exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other sir	nilar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arrang	•	e if the organization	answered "Yes"	on For	m 990, Part I\	/, 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	No					
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account l	iability?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	T V Endowment Funds Complete if					<u> </u>		
		(a) Current year	(b) Prior year	(c) Two years ba		Three years ba		/ears back
1a	Beginning of year balance	5,022,595.	5,627,961.	4,307,71		3,736,59		017,599.
b	Contributions	0.	300,000.	1,039,81		201,00		300,000.
С	Net investment earnings, gains, and losses	603,035.	-710,500.	445,88	_	506,44		586,540.
d	Grants or scholarships	97,126.	104,030.	105,08	34.	62,90	7. 1	135,011.
е	Other expenditures for facilities							
	and programs						_	
f	Administrative expenses	114,412.	90,836.	60,36		73,41		32,534.
g	End of year balance	5,414,092.	5,022,595.	5,627,96	1.	4,307,71	3. 3,7	736,594.
2	Provide the estimated percentage of the curr	•) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
_	The percentages on lines 2a, 2b, and 2c show	•						
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered to	or the		Г	res No
	organization by:							X
	(i) Unrelated organizations?							X
								— ^
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment tunas.					
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Pai	rt X line	10		
	Description of property	(a) Cost or of		i		ımulated	(d) Book	
	Description of property	basis (investm	` '		•	ciation	(u) book	value
10	Land	<u> </u>	,	.=,	2.3p.0			
	Land Buildings							
	Leasehold improvements			+				
	Equipment		5	1,167.	5	0,173.		994.
	Other			1,288.		1,288.		0.
	I. Add lines 1a through 1e. (Column (d) must e							994.
. otul		uuuli Ollii 330. Fälli	. III C I OC. COIUITIII	<i>□Ⅱ</i>				

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	()		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Part IX Other Assets Complete if the organization answered "Yes" of the organization and the organi		11d. See Form 990, Part X, line 15.	(1) D
Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X (b) Form 15, column (b) Form 15, column (c) Form 15, column (d) Form 15, col	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, collection of liability Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, collection of liability Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

Schedule D (Form 990) 2023

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

	rt XI Reconciliation of Revenue per Audited Financial S		Return	70 Page T
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV	·	ictain	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a		2a		
b				
c				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b				
С	Add lines 4a and 4b	<u>- </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	-			
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	
Pa	rt XIII Supplemental Information			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part V, lin	e 4; Part X, line 2; Pa	art XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		

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

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Episcopal Impact Fund Employer identification number Name of the organization FKA Episcopal Charities 94-3345498 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Pa	II L I	of fundraising events. Complete if the of fundraising event contributions and gr	oss income on Form 990.	F7 lines 1 and 6h List	events with aross recein	ts greater than \$5,000				
		or furnishing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events					
			Night of	(2) = 1 = 1 = 1	None	(d) Total events				
			Light Event		1,0110	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Jue			71 /	, ,,						
Revenue	1	Gross receipts	272,727.			272,727.				
æ			,			,				
	2	Less: Contributions	272,727.			272,727.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	_ ا	Name and primary								
S	5	Noncash prizes								
unse	6	Rent/facility costs								
Direct Expenses	ľ									
ct E	7	Food and beverages								
Dire		-								
	8	Entertainment								
	9	Other direct expenses	136,980.			136,980.				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			136,980.				
Da		Net income summary. Subtract line 10 from I				-136,980.				
Pá	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add				
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
Revenue						() ()				
æ	1	Gross revenue								
S	2	Cash prizes								
euse										
Direct Expenses	3	Noncash prizes								
ξ E		D 1/6 333								
Dire	4	Rent/facility costs								
	_	Other direct expenses								
	٦	Ctrici direct experiess	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No No					
					· <u></u>					
	7 Direct concess surrous Add lines O through 5 in solomer (d)									
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)							
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)							
		Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7								
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)							
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d) ucts gaming activities:							
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutte organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?		Yes No				
а	8 En	Net gaming income summary. Subtract line 7	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?		Yes No				
а	8 En	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutte organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?		Yes No				
b	En Is 1	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s	states?						
10a	En Is 1	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condutte organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax						
10a	En Is 1	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax						

Schedule G (Form 990) 2023

332082 09-13-23

Episcopal Impact Fund FKA Episcopal Charities

Sch	edule G (Form 990) 2023 FKA Episcopal Charities 94-	-3345	490	Page 3				
11	Does the organization conduct gaming activities with nonmembers?	\square	Yes	☐ No				
	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?	. \square	Yes	☐ No				
13	Indicate the percentage of gaming activity conducted in:							
	The organization's facility	13a		%				
	An outside facility			%				
	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	o 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:							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation \$							
	Description of services provided							
	☐ Director/officer ☐ Employee ☐ Independent contractor							
17	Mandatory distributions:							
	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?		Yes	☐ 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 \$							
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III. li	nes 9.	9b. 10b.				
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, , ,				
	, , , , , , , , , , , , , , , , , , , ,							

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

Name of the organization Episcopal							Employer identification number
FKA Episc Part I General Information on Grants a		ıtıes					94-3345498
1 Does the organization maintain records to		amount of the grants	or assistance, the	grantoos' oligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis		-			-		X Yes No
Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than S	5,000. Part II can	be duplicated if additi	onal space is need	ed.			
(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 noncash assistance	(h) Purpose of grant or assistance
Ohlhoff Recovery Programs							
601 Steiner Street							
San Francisco, CA 94117	94-1422466	501(c)3	6,100.	0.			General Support
The Gubbio Project 1661 15th Street							
San Francisco, CA 94103	94-2992645	501(c)3	15,000.	0.			General Support
Raphael House 1065 Sutter St							
San Francisco, CA 94109	94-3141608	501(c)3	25,000.	0.			General Support
New Creation Home Ministries 422 Hibiscus Ct							
East Palo Alto, CA 94303	26-0044056	501(c)3	30,000.	0.			General Support
Oakland Elizabeth House 6423 Colby St							
Oakland, CA 94618	94-3225949	501(c)3	30,000.	0.			General Support
Beyond Emancipation 675 Hegenberger Road Suite 100							
Oakland, CA 94621	94-3219520	501(c)3	30,000.	0.			General Support
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-						18. 13.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) FKA Episco							4-3345498 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	T
(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
California CASA Association							
3525 Del Mar Heights Road #243							
San Diego, CA 92130	68-0163010	501(c)3	20,000.	0.			General Support
Parent Voices Oakland							
5232 Claremont Ave	4E 2171072	E01/-\2	20 000	0			Cananal Cumpant
Oakland, CA 94618	45-3171972	DUI(C)3	20,000.	0.			General Support
True Sunshine Episcopal Church							
1430 Mason St							
San Francisco, CA 94133-4222			10,000.	0.			General Support
Sojourn Chaplaincy							
1001 Potrero Ave Ste 2C5							
San Francisco, CA 94110	87-3169820	501(C)(3)	19,400.	0.			General Support
Prisonal Community Commissa							
Episcopal Community Services 165 8th St.,							
San Francisco, CA 94103		501(C)(3)	5,100.	0.			General Support
Ban Trancisco, en 34103		301(0)(3)	3,100.	٠.			deneral bapport
3rd Street Youth Center and Clinic							
1728 Bancroft Ave							
San Francisco, CA 94124	47-4047803	501(C)(3)	30,000.	0.			General Support
Winter Night Family Shelter							
404 Gregory Ln #7				_			_
Pleasant Hill, CA 94523	84-4775540	501(C)(3)	10,000.	0.			General Support
Greater Richmond Interfaith							
Project - 165 22nd Street -							
Richmond, CA 94801	23-7169239	501(C)(3)	30,000.	0.			General Support
			30,000.				
Housing Consortium of the East Bay							
1204 Preservation Park Way Suite 20							
Oakland, CA 94612	94-3298156	501(C)(3)	10,000.	0.			General Support

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nesuc Organizations	and Domestic Go	vernments (SCH	=uuie i (F0iiii 990), Pa 	T,			
(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 gran or assistance		
/eНоре									
PO Box 50624									
Palo Alto, CA 94303	94-3342713	501(C)(3)	30,000.	0.			General Support		
Global Communication, Education									
and Art - 4689 Telegraph Ave., -									
Oakland, CA 94609	94-9210862	501(C)(3)	50,000.	0.			General Support		
Ariel Outreach Mission									
Po Box 5035									
Oakland, CA 94605	31-1687353	501(C)(3)	50,000.	0.			General Support		
·			·						
							<u> </u>		

94-3345498

(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 red	quired in Part I, line	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
Part I, Line 2:					
Organizations must submit grant ap	plication	s which an	re reviewed	and	
approved by members of the program	committe	e and Boai	rd of Direc	tors.	

SCHEDULE J (Form 990)

Department of the Treasury

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Episcopal Impact Fund FKA Episcopal Charities Employer identification number 94-3345498

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 11 504/ V0) 504/ V4) 1504/ V00) 11 11 11 15 15 0			
_	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		X
D	Any related organization?	5b		
_	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:	0-		v
	The organization?	6a		X
b	Any related organization?	6b		^
_	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	_		v
_	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			v
_	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)?	a		ı

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Christina Alvarez	(i)	185,908.	0.	0.	16,732.	35,840.	238,480.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1

SCHEDULE O (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Episcopal Impact Fund FKA Episcopal Charities

Employer identification number 94-3345498

Form 990, Part I, Line 1, Description of Organization Mission:
poverty.
Form 990, Part III, Line 4a, Program Service Accomplishments:
grantee partners. Our volunteers have renovated shelters, distributed
groceries at emergency food pantries, served hot breakfast to our
unhoused neighbors in the Tenderloin, and wrapped and delivered
Christmas presents to children living in shelters during the holidays.
-At the core of our mission is the unwavering belief that stable
housing is a fundamental human right. We collaborate with faith-based
organizations to leverage their surplus or underutilized land to
provide low-cost housing solutions to those in need
Form 990, Part VI, Section B, line 11b:
The Episcopal Impact Fund Audit and Finance Committees meet 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.

Schedule O (Form 990) 2023	Page 2
Name of the organization Episcopal Impact Fund	Employer identification number
FKA Episcopal Charities	94-3345498
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict o	f interest
policy, and financial statements available to the public u	pon request.
Form 990, Part XII	
The audit committee of Episcopal Impact Fund assumes respo	nsibility
over the review. In prior years, the financial statements	were audited
by the independent accounting firm.	_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3345498

Department of the Treasury Internal Revenue Service

Name of the organization

Episcopal Impact Fund FKA Episcopal Charities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
The Brotherton Fund - 94-3402317	To support CPMC						
1055 Taylor Street	Mission/Bernal Campus &				Episcopal Impact		
San Francisco, CA 94108	the general health and	California	501(c)(3)	Line 12b, II	Fund		X
Episcopal Diocese Of California - 94-1156840	To serve a diverse						
1055 Taylor Street	community of faith						
San Francisco, CA 94108	encompassing the greater	California	501(c)(3)	Line 1			Х
	_						
-	_						

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

See Part VII for Continuations

Schedule R (Form 990) 2023

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.

(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)			(h)		(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ging er?	Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
										\vdash	\dashv			
										\vdash	\rightarrow			
										\sqcup	_			

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	(c) 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	Sec 512(t contr enti	ti) ction b)(13) rolled tity?
		country)		or tracty		400010		Yes	No
									
									<u> </u>
									

Schedule R (Form 990) 2023

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions was	with one or more re	lated organizations listed in	Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
	Gift, grant, or capital contribution from related organization(s)				1c	X				
	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		_X_			
f	Dividends from related organization(s)				1f		<u>X</u>			
g	Sale of assets to related organization(s)									
h	h Purchase of assets from related organization(s) 1h									
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_			
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	ization(s)			11	X				
m	Performance of services or membership or fundraising solicitations by related organize	zation(s)			1m		_X_			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		X			
0	Sharing of paid employees with related organization(s)				10	X				
р	Reimbursement paid to related organization(s) for expenses				1p		X			
	Reimbursement paid by related organization(s) for expenses				1q		_X_			
r	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered rel	ationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount invo	olved					

(a)
Name of related organization

(b)
Transaction type (a·s)

(c)
Amount involved

(d)
Method of determining amount involved

(1) The Brotherton Fund 94-3402317

L 401,596. Actual expenses

(2) Episcopal Diocese of California

O 0. Allocation %

(3) Episcopal Diocese of California

C 63,000. Actual

(4)

(5)

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							\vdash					
							\Box					
							Н				-	
							Ш					
							Ш					

Provide additional information on Schedule R. See instructions.
Part II, Identification of Related Tax-Exempt Organizations:
Name of Related Organization:
The Brotherton Fund
Primary Activity: To support CPMC Mission/Bernal Campus & the general
health and welfare in SF
Name of Related Organization:
Episcopal Diocese Of California
Primary Activity: To serve a diverse community of faith encompassing the
greater SF Bay Area.