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Form	J	J	U

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

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.

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

OMB No. 1545-0047

AF	or the	e 2021 calendar year, or tax year beginning and	ending	_	
B c a	heck if pplicabl	THE BROTHERTON FUND		D Employer identifie	cation number
	Addre:	C/O EPISCOPAL IMPACT FUND			
	Name Chang	e Doing business as		94-34023	17
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final			415-869-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,469,640.
	Ameno	SAN FRANCISCO, CA J4100		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: CONSTANCE B. MARDI	KIAN	for subordinates	
		1055 TAYLOR STREET, SAN FRANCISCO, CA		H(b) Are all subordinates ir	Icluded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		le: ► N/A		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2001	State of legal domicile: CA
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SUPPO	ORT SI	LUKE'S CA	MPUS OF
Activities & Governance		CPMC AND IMPROVE THE HEALTH AND WELFARE (
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more		
Š					7
8		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm o}$			7
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			0
ivit		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		••	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		764,565. 0.	1,212,779.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		764,565.	1,212,779.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		533,660.	456,250.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	450,250.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0•
Ă		Total fundraising expenses (Part IX, column (D), line 25)		224,475.	254,206.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		758,135.	710,456.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,430.	502,323.
<u>-s</u>	19	Revenue less expenses. Subtract line 18 from line 12			-
Net Assets or Fund Balances				ginning of Current Year 16,115,621.	End of Year 17,295,787.
Asse Bala		Total assets (Part X, line 16)		49,876.	0.
let / und		Total liabilities (Part X, line 26)		16,065,745.	17,295,787.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		10,003,743.	1,4JJ,101.
	n t H				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CONSTANCE B. MARDIKIAN,	CHAIRPERSON	Date
	Type or print name and title		
	Print/Type preparer's name	Preparer S Signature	Date Check PTIN
Paid	EDWARD M. FAHEY	EDWARD M. FAHEY (06/07/22 ^{if} self-employed P00194561
Preparer	Firm's name RINA ACCOUNTANCY	LLP	Firm's EIN ▶ 84–1980623
Use Only	Firm's address 150 POST STREET,	STE 200	
	SAN FRANCISCO, CA	A 94108	Phone no. (415)777-4488
May the II	RS discuss this return with the preparer shown abov	ve? See instructions	X Yes N
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice	e, see the separate instructions.	Form 990 (202

	THE BR	OTHERTON FUND		
Form	990 (2021) C/O EP	ISCOPAL IMPACT FUND	94-3402	2317 Page 2
Pa	t III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III .		
1	Briefly describe the organization's miss			
			UPPORT ST. LUKE'S HOSPI	
		-	E THE GENERAL HEALTH AN ERVED BY ST. LUKE'S HOS	
	WELFARE OF THE SAN	FRANCISCO COMMUNITI SI	ERVED BY ST. LOKE 5 HOS	PITAL.
2	Did the organization undertake any sig	nificant program services during the year w	which were not listed on the	
2	v , v	nincant program services during the year v	1	Yes X No
	If "Yes," describe these new services of			
3		, or make significant changes in how it con	ducts, any program services?	Yes X No
	If "Yes," describe these changes on Se		<i>,</i> , , , , , , , , , , , , , , , , , ,	
4	Describe the organization's program se	ervice accomplishments for each of its thre	e largest program services, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organiz	ations are required to report the amount of	f grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program servi	ce reported.		
4a	(Code:) (Expenses \$	456,250. including grants of \$)
			IN THE AMOUNT OF \$456, TO CALIFORNIA PACIFIC	
			N/BERNAL CAMPUS OF CPMC	
			PRIMARILY TO SUPPORT P	
			S PROVIDED FREE OF CHAP	
	PATIENTS AT THIS CA		\$92,500 WAS GRANTED TO	
			SCANS, PRIMARILY BY PRO	VIDING
	TRANSITIONAL HOUSIN		-	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	ichedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
_4e	Total program service expenses 🕨	456,250.		
				Form 990 (2021)
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1 2 0				0.000.001

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Part IV	Chec	klist of Requir	ed	Schedule	s		
Form 990 (2	2021)	C/C) E	PISCOP	PAL	IMPACT	FUND
		THE	ΞB	ROTHER	TON	FUND	

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			<u> </u>
u		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
iza		10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
4-	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			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		37	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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Par	t 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		165	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		X
8	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
9	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
9 0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
•	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
3	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		X
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a)	Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
32004	↓ 12-09-21	Form	990	202
- -	5	- -		
30	606 769114 0603650 2021.03050 THE BROTHERTON FUND C/O EPI	06	0365	501

THE BROTHERTON FUND

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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued))		Ve-
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes
Za	filed for the calendar year ending with or within the year covered by this return	2a	0	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returned for the second se		2b	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			
32			3a	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedul		3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		55	
та	financial account in a foreign country (such as a bank account, securities account, or other financia	•	4a	
h	If "Yes," enter the name of the foreign country		та	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5a 5b	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50	
			50	
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did		6.	
Ŀ	any contributions that were not tax deductible as charitable contributions?		6a	
D	If "Yes," did the organization include with every solicitation an express statement that such contribution and the destribution of the second statement of the second seco		0	
-	were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).	an daaa muu dalad ta tha maxad		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and su			
	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 w		_	
	to file Form 8282?		7c	
	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file R		7g	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the		
			8	
9	Sponsoring organizations maintaining donor advised funds.			
а			9a	
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
0	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	_	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_	
1	Section 501(c)(12) organizations. Enter:	1 1		
	Gross income from members or shareholders	11a	_	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	13b	_	
С	Enter the amount of reserves on hand	13c		
			14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O	14b	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur			
	excess parachute payment(s) during the year?		15	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt income?	16	
6				
6	If "Yes," complete Form 4720, Schedule O.			
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			
			17	

THE	BROTHERTON	FUND	
C/0	EPISCOPAL	IMPACT	FUND

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Part VI	Go	vernance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respor	nse
	to lii	ne 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	1a		7			
	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 0.			_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under th	ne dire	ct 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 w	as filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			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 a						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			ſ			
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			ſ			
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R						
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?]	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such c						
	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 boo			r	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		Х
	Other officers or key employees of the organization				15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	vith a				
.54	taxable entity during the year?				16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			·····			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (section 5	01(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				2 Criny	, avan	
	Own website Another's website X Upon request Other (explain	n on Si	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	licv and	d finar	ncial	
	statements available to the public during the tax year.	Simul	or interest pu	y, and	al	.0.01	
20	State the name, address, and telephone number of the person who possesses the organization's bo	noke o	nd recorde 🕨				
20	SHARI GONZALES - 415-869-7808	a					
	1055 TAYLOR STREET, SAN FRANCISCO, CA 94108						
132004					Form	990	(2021)
132000	7				. 0111		(-321)
	•						

THE	BROTHERTON	FUND

Part VII	Compensation of Officers,	Directors, Trus	tees, Key Emp	loyees, Highest	Compensated
	Employees, and Independe	ent 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.

Form 990 (2021)

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more erson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
<pre>(1) RT. REV. BISHOP MARC ANDRUS BOARD MEMBER</pre>	2.00	x						0.	0.	0.
(2) CONSTANCE MARDIKIAN	2.00									
CHAIRPERSON	2.00	X		X				0.	0.	0.
(3) ANTHONY MILES TREASURER	2.00	x		x				0.	0.	0.
(4) YURIKO ROMER	2.00									
SECRETARY	2.00	Х		х				0.	0.	0.
(5) MARIA VICENTE-PULETTI	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(6) REV. BETH LIND FOOTE	2.00									0
BOARD MEMBER	2.00	X						0.	0.	0.
(7) ANN AKICHIKA BOARD MEMBER	2.00	x						0.	0.	0.
BOARD MEMBER								0.		0.
		-			-	-	-			
		-	\vdash			\vdash	-			
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021)

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	990 (2021) C/O EPISC									94-34	<u>402</u>	317	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	Pos heck ss pe	more erson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on I	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa rom the anizati d relate anizatio	e ion ed
1h	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
2	Total (add lines 1b and 1c)							no re	•••),000 of reportabl	-			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>	-				-						5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	-									ipens	ation 1	rom	
	(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С) ompe	C) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to		se li:)	stec	d above) who received n	nore than			000	
												Form	990 (2	2021)

THE BROTHERTON FUND

132008 12-09-21

			2021) C/O EPISCOPAL	IMPACT 1	FUND		94-3402	317 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII	(5)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
Am (с	Fundraising events 1c					
Gifi		d	Related organizations 1d					
ns,			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
Ę			similar amounts not included above 1f					
ont		-	Noncash contributions included in lines 1a-1f					
<u>a</u> C		h	Total. Add lines 1a-1f					
	_			Business Code				
Program Service Revenue	2	а						
Ser		b						
Ken S		C						
gra Re		d						
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	Ŭ		other similar amounts)		741,284.			741,284.
	4		Income from investment of tax-exempt bond p	Г				
	5		Royalties	🕨				
			(i) Real	(ii) Personal				
	6	а	Gross rents					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,728,356.					
		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss) 7c 471,495.		451 405			451 405
л Н			Net gain or (loss)	····· >	471,495.			471,495.
Other	8	а	Gross income from fundraising events (not					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses					
				►				
	9		Gross income from gaming activities. See	F				
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory	►				
st				Business Code				
Miscellaneous Revenue	11							
Ven		b						
Re		c						
Ξ			All other revenue					
	40		Total Add lines 11a-11d		1,212,779.	0.	0,	1,212,779.
10000	12		Total revenue. See instructions	🕨	1,212,119.	I 0.	I 0.	Form 990 (2021)
13200	9 12	-09-	-21					10111 330 (2021)

18130606 769114 0603650

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Form 990 (2021) C/O EPISCOPAL Part IX Statement of Functional Expenses

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

Do n	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	456,250.	456,250.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):	001 500		001 700	
	Management	221,738.		221,738.	
b	Legal				
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,468.		32,468.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	710,456.	456,250.	254,206.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021) Part X | Balance Sheet

THE BROTHERTON FUND

C/O EPISCOPAL IMPACT FUND

ra		Dalance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments \dots			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren	t or former officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		5	
	6	Loans and other receivables from other disquered				
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
<	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r 🛛			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	17,295,787.
	12	Investments - other securities. See Part IV, lir			12	
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e			16	17,295,787.
	17	Accounts payable and accrued expenses \dots			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ies	22	Loans and other payables to any current or f				
Liabilities		trustee, key employee, creator or founder, su				
Liat		controlled entity or family member of any of t			22	
_	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	49,876.		0.
		of Schedule D		40.076		0.
	26	Total liabilities. Add lines 17 through 25		49,870.	26	0.
S		Organizations that follow FASB ASC 958, o				
ů.	07	and complete lines 27, 28, 32, and 33.			07	
3ala	27			16,065,745.	27	17,295,787.
Ыd	28		050 shask have b	10,003,743.	28	11,255,101.
Ъ		Organizations that do not follow FASB AS	958 , cneck nere F			
ç	20	and complete lines 29 through 33.	do		- 00	
ets	29	Capital stock or trust principal, or current fur			29 20	
Ass	30	Paid-in or capital surplus, or land, building, or			30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	17,295,787.
z	32	Total net assets or fund balances			32	17,295,787.
	33	Total liabilities and net assets/fund balances			- ৩৩	±1,255,101.

Form 990 (2021)

132011 12-09-21

18130606 769114 0603650

Form 990 (2021) C/O EPISCOPAL IMPACT FUND 94-3402317 Page 12 Part XII Reconciliation of Net Assets		THE BROTHERTON FUND				
Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VII, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part X, line 32, column (A)) 4 16,065,745. 5 T27,719. 6 5 7 Investment expenses 7 Investment expenses 7 Investment expenses 7 Investment expenses 9 Other charges in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 10 17, 295, 787. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 o	Form	990 (2021) C/O EPISCOPAL IMPACT FUND	94-3	402317	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 212, 779. 2 Total expenses (must equal Part IX, column (A), line 25) 2 710, 455. 3 Revenue less expenses. Subtract line 2 from line 1 3 502, 323. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16, 065, 745. 5 Net unrealized gains (losses) on investments 6 6 7 Investment expenses 7 7 8 Prior period adjustments 8 9 0. 9 Otter changes in net assets or fund balances (explain on Schedule 0) 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 17, 295, 787. Part XIII Table X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X 1 Accounting method used to prepare the Form 990: Cash X Accrual	Par	rt XI Reconciliation of Net Assets				2
2 Total expenses (must equal Part IX, column (A), line 25) 2 710,456. 3 Revenue less expenses. Subtract line 2 from line 1 3 502,223. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16,065,745. 5 Net unrealized gains (losses) on investments 6 7 727,719. 6 Donated services and use of facilities 7 7 7 7 Investment expenses 7 6 7 727,719. 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 17,295,787. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17,295,787. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the from 990: Cash X Accrual Other, "explain on Schedule 0. 2a Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 11 Accounting method used to prepare the from 990: Cash Accrual		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 710,456. 3 Revenue less expenses. Subtract line 2 from line 1 3 502,223. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16,065,745. 5 Net unrealized gains (losses) on investments 6 7 727,719. 6 Donated services and use of facilities 7 7 7 7 Investment expenses 7 6 7 727,719. 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 17,295,787. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17,295,787. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the from 990: Cash X Accrual Other, "explain on Schedule 0. 2a Ware the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 11 Accounting method used to prepare the from 990: Cash Accrual						
3 Revenue less expenses. Subtract line 2 from line 1 3 502,323. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16,065,745. 5 Net unrealized gains (losses) on investments 5 727,719. 6 7 7 8 7 8 8 9 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 17,295,787. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other Za 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 Both consolidated and separate basis Zb X X<	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16,065,745. 5 Net unrealized gains (losses) on investments 5 727,719. 6 0 6 6 7 8 Prior period adjustments 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 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 17, 295, 787. Part XII Financial Statements and Reporting Column (B) X X Yes 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 0. 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, cor	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 727,719. 6 0onated services and use of facilities 7 7 1 6 8 7 7 9 0ther 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 17, 295, 787. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X b Were the organization's financial statements and selection of an independent accountant? 2b X <	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17 , 295 , 787 . Part XIII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization s financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to 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 2b X 1 Mere the organization's financial statements and selection of an independent accountant? 2b X Image: Separate basis Consolidated basis Both consolidated and separate basis 2b X Image: Separate basis Consolidated basis Bot	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 17, 295, 787. Part XII Financial Statements and Reporting X X 10 17, 295, 787. Part XII Financial Statements and Reporting X X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 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 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 2b X If "Yes,"	5	Net unrealized gains (losses) on investments	5	72	7,7	19.
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 295, 787. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 ft the organization's financial statements compiled or reviewed by an independent accountant? 2a X I I I Za X I I Za X I I I I I I I I I I I I I I I I	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 295, 787. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 to If "Yes," to line 2 a 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required oundergo an audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 17, 295, 787. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X Yes No 3eparate basis Consolidated basis, or both: 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 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," toke k a box below to indicate whet	8		8			-
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Form **990** (2021)

132012 12-09-21

(For	m 99			Public Chai	OMB No. 1545-0047					
		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Inspection
Nam	e of t	the organizati		BROTHERTON					Employer	identification number
		0			IMPACT FUND					4-3402317
Par	τI	Reason			All organizations must c	omplete t	his part.) S	ee instructio		
					For lines 1 through 12, c					
1	//gui			·	on of churches described		,			
2					Attach Schedule E (Forn			•//•//•		
3					anization described in s e		V6V1VAVi	ii)		
4					njunction with a hospital				Viii) Enter	the hospital's name
-		city, and stat			njunetion with a nospital					the hospital s hame,
5		•		or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ped in
5				Complete Part II.)	lege of university owned		leu by a y	oveninentai		
6					aantal unit daaaribad in	nantion 1	70(6)(4)(4)	64		
7				-	nental unit described in a				the general	nublic described in
1		-		•	ntial part of its support f	rom a yov	ennenta		ule general	public described in
•				complete Part II.)	(1)(A)(ui) (Complete Der	• 11 \				
8					(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state d	of the colleg	je or
40		university:								
10					than 33 1/3% of its sup					
					t to certain exceptions;					
					(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11	37	•	-	-	ively to test for public sa	•				
12	Х	-	-	-	ively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box on
	37				f supporting organizatio					
а	X	J Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or r	nanagement c	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	vith its suppo	orted organ	ization(s)
		that is not t	unctionally int	tegrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	tions). You must con	nplete Part IV, Sections	A and D	, and Part	V .		
е		Check this	box if the orga	anization received a v	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III	
		functionally	integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
f	Ente	er the number	of supported	organizations						. 1
				n about the supporte						
		i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
EPI	SC	OPAL IM	PACT							
FUN	1D			94-3345498	7	Х		223	1,715.	
Tota								223	1,715.	0.
-	-									

Schedule A (Form 990) 2021	

9	4 –	34	0	2	31	7	Page 2
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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support			•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)	•	•	12	
13	First 5 years. If the Form 990 is for the	ne organization's f				501(c)(3)	
	organization, check this box and stop	phere			-		
See	ction C. Computation of Publ						
14	Public support percentage for 2021 (line 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	ו			▶□
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on line			
	more, and if the organization meets the	-					
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns 🕨 🗌
						Schedule A	(Form 990) 2021

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2021	C/0	EPISCOPAL	IMPACT	FUND

THE BROTHERTON FUND

Schedule A (Form 990) 2021 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		·				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
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.)			1			
14 First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	1 501(c)(3) organiz	ation
check this box and stop here	lo organization o n					
Section C. Computation of Publ	ic Support Pe	rcentage				······································
15 Public support percentage for 2021 (I			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Invest					1	,,,
17 Investment income percentage for 20)	17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						5. and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
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			16		eenouun	

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Yes

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No

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

THE	BROTHERTON	I FUND	
C/0	EPISCOPAL	IMPACT	FUND

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Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations		·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>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, or trustees were allocated among the</i>			

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Set	cion o. Type in 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			
	the supported organization(s).	1		

0C	cion D. An Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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		

Section E. Type III Functionally Integrated Supporting Organizations

a ____ The organization satisfied the Activities Test. Complete line 2 below.

All Type III Supporting Organizations

- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2021

- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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Section D

3b | | Schedule A (Form 990) 2021

2a

2b

За

Yes No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6 emergency temporary reduction (see instructions).

7 ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	C/

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	0
Secti	on D - Distributions		• • • • •		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
	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	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	;	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021	THE BROTHERTO		94-3402317 _{Pag}
Part VI Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	rmation. Provide the expl 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a , lines 2 and 3; Part IV, Secti	anations required by Part II, line 1(, 9b, 9c, 11a, 11b, and 11c; Part I' on E, lines 1c, 2a, 2b, 3a, and 3b;	2; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
PART IV, LINE 6			
THE ORGANIZATION IS	SUES GRANTS TO	OTHER ORGANIZATI	IONS THAT SUPPORT THE
AIMS AND PURPOSE OF	' EPISCOPAL IME	ACT FUND AND MEET	T THE RESTRICTIONS OF
THE BROTHERTON ENDO	WMENT. SEE SC	HEDULE I.	
132028 01-04-22			Schedule A (Form 990)
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SCHEDULE D Form 990)	►C	Ipplementa Complete if the organ V, line 6, 7, 8, 9, 10,	nization answered	l "Yes" on Form 990),	2021
epartment of the Treasury		► A	ttach to Form 990			Open to Publ
Iternal Revenue Service		<u>ww.irs.gov/Form990</u> HERTON FUND		and the latest inform		Inspection
lame of the organizat		COPAL IMPAC				ployer identification nur 94-3402317
Part I Organiz	ations Maintaining			er Similar Fund	s or Acco	
organizatio	on answered "Yes" on F	orm 990, Part IV, line	6.			·
			(a) Donor ad	vised funds	(b) Fur	nds and other accounts
1 Total number at e	nd of year					
	of contributions to (durin					
3 Aggregate value of	of grants from (during ye	ear)				
4 Aggregate value a	at end of year					
-	on inform all donors and		-			
are the organization	on's property, subject to	o the organization's e	xclusive legal conti	rol?		Yes
•	on inform all grantees, c		•	•		
for charitable purp	poses and not for the be			• • •	-	
impermissible priv	ate benefit?					Yes
	vation Easements.				Part IV, line 7	
	servation easements he	, 0	· ·			
	n of land for public use ((for example, recreation	on or education)		-	important land area
	of natural habitat			Preservation of	r a certified h	istoric structure
	n of open space	instice bald a succlific		atuita, tian in that favor		
2 Complete lines 2a day of the tax yea		nization neid a qualifie	ed conservation col	ntribution in the form	of a conserv	ation easement on the la Held at the End of the Tax
					20	
	onservation easements					
	tricted by conservation or rvation easements on a					
	vation easements inclu					
	nal Register	() 1	,			
	vation easements modi					l n during the tax
year			aboa, oxangalorioa		o organizatio	
	where property subject	to conservation ease	ement is located			
	ation have a written polic		-			
	forcement of the conser					Yes
						sements during the year
►		3, I 3,	5	, 3		5,
7 Amount of expense	ses incurred in monitorir	ng, inspecting, handli	ng of violations, an	d enforcing conserva	ation easeme	nts during the year
▶\$			0	0		0 7
8 Does each conse	rvation easement report	ted on line 2(d) above	satisfy the require	ments of section 170	D(h)(4)(B)(i)	
and section 170(h	n)(4)(B)(ii)?					Yes 🗌
9 In Part XIII, descri	be how the organizatior	n reports conservatio	n easements in its	revenue and expens	e statement a	and
balance sheet, an	d include, if applicable,	the text of the footno	ote to the organizat	ion's financial staten	nents that de	scribes the
	counting for conservatio					
	ations Maintaining	-		Treasures, or C	Other Simi	lar Assets.
Complete i	f the organization answ	ered "Yes" on Form 9	990, Part IV, line 8.			
1a If the organization	elected, as permitted u	under FASB ASC 958	, not to report in its	s revenue statement	and balance	sheet works
of art, historical tr	easures, or other similar	r assets held for publi	ic exhibition, educa	ation, or research in f	urtherance o	f public
service, provide ir	Part XIII the text of the	footnote to its finance	cial statements that	t describes these iter	ms.	
	elected, as permitted u					
	sures, or other similar as		exhibition, educatio	on, or research in furt	herance of p	ublic service,
	ing amounts relating to					•
-	ided on Form 990, Part					
(i) Revenue inclu	ed in Form 990. Part X					\$
(i) Revenue inclu (ii) Assets includ					al gain, provid	de
(i) Revenue inclu(ii) Assets includ2 If the organization	received or held works					
(i) Revenue inclu(ii) Assets includ2 If the organization the following amo	received or held works unts required to be repo	orted under FASB AS	C 958 relating to th	nese items:		
 (i) Revenue inclu (ii) Assets includ 2 If the organization the following amo a Revenue included 	received or held works unts required to be repo l on Form 990, Part VIII,	orted under FASB AS line 1	C 958 relating to th	nese items:	►	
 (i) Revenue inclu (ii) Assets includ 2 If the organization the following amo a Revenue included b Assets included in 	n received or held works unts required to be repo l on Form 990, Part VIII, n Form 990, Part X	orted under FASB AS line 1	C 958 relating to th	nese items:	►	\$
 (i) Revenue inclu (ii) Assets includ 2 If the organization the following amo a Revenue included b Assets included in 	received or held works unts required to be repo l on Form 990, Part VIII,	orted under FASB AS line 1	C 958 relating to th	nese items:	►	

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Sche Par	(, , , , , , , , , , , , , , , , , , ,	SCOPAL IMP			acurac or Oth	or Sim			Page 2
	-								uea)
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	following that make	significa	nt use of its		
-	collection items (check all that apply):								
a	Public exhibition	C			hange program				
b	Scholarly research	e	•	Other					
C A	Preservation for future generations	alloctions and avala	in hour	boy further th	a arcanization'a av	amot nu	maaa in Dar	+ VIII	
4	Provide a description of the organization's c							L AIII.	
5	During the year, did the organization solicit of							Yes	🗌 No
Par	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran								
1 01	reported an amount on Form 990, Pa			e organizatio	manswered res o	Forms	90, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		diany fo	r contribution	e or othor accote no	tipelude	d		
Ia	on Form 990, Part X?							Yes	
h	If "Yes," explain the arrangement in Part XIII						····· └──		
b		and complete the it	liowing	LaDIE.				Amount	
-	Designing belongs					10		7 mount	
	Beginning balance								
	Additions during the year								
	Distributions during the year					1f			
	Ending balance							Yes	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								
1 41		(a) Current year		Prior year	(c) Two years back		e years back	(e) Four	years back
10	Paginning of year balance	16,065,745.		4,701,926.	12,708,446.		,033,061.		199,679.
	Beginning of year balance	10,003,743.	1	+,/01,520.	12,700,440.	14	,035,001.	13,	199,079.
	Contributions	1,940,473.		2,121,954.	2,608,435.		-687,517.	2	138,605.
	Net investment earnings, gains, and losses	456,250.		533,660.	455,124.		461,541.	-	130,003. 131,092.
	Grants or scholarships	450,250.		555,000.	455,124.		401,541.	±,	131,092.
е	Other expenditures for facilities								
	and programs	254 191		224 475	150 021		175 557		174 121
	Administrative expenses	254,181.		224,475.		1.0	175,557.		<u>174,131.</u>
-	End of year balance	17,295,787.		6,065,745.		12	,708,446.	14,	033,061.
2	Provide the estimated percentage of the cur	rent year end baland		1g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%						
b	Permanent endowment $\blacktriangleright \frac{56.6720}{43.3290}$	%							
С	Term endowment ► 43.3280								
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	hat are held a	nd administered for	the orga	nization	Г	
	by:								Yes No
	(i) Unrelated organizations								X
_	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza							3b	X
4	Describe in Part XIII the intended uses of the		owment	t funds.					
Par	t VI Land, Buildings, and Equipm			N/ line 11e C		(line 10			
	Complete if the organization answere			· · · · · · · · · · · · · · · · · · ·					
	Description of property	(a) Cost or c		• • •				(d) Book	value
		basis (investi	ment)	basis	(other) de	epreciatio	Dr1		
	Land								
	Buildings			<u> </u>					
	Leasehold improvements			<u> </u>					
d	Equipment								
	Other								~
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), line 1	0c.)		🕨 📃		0.
							Schedule	D (Form	990) 2021

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Part VII Investments -	Other Se	ecurities.		
Schedule D (Form 990) 2021	C/0	EPISCOPAL	IMPACT	FUND
	THE	BROTHERTON	I FUND	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
1) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
		(c) Method of Valdation. Cost of	i end-or-year market value
(1)			
(2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lind Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 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)		e 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)		e 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)		e 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)		e 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)		e 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)		e 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	e 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) Yotal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 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) fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (8) (c) (9) (c) Other Liabilities. (c) Complete if the organization answered "Yes" (a) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes"	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (a) (4) (b) (5) (c) (6) (c) (7) (a) (8) (c) (9) (c) Other Liabilities. (c) Complete if the organization answered "Yes" (a) Description of liability	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1) Federal income taxes (2) (2)	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (1) Federal income taxes (2) (3) (4) (5)	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		▶
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		▶

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...

Schedule D (Form 990) 2021

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	THE BROTHERTON FUND		
Sche	dule D (Form 990) 2021 C/O EPISCOPAL IMPACT FUND		94-3402317 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, 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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization THE BROTH	Go Comp	1D	nd Individua	I <mark>s in the Uni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection Employer identification number
C/O EPISC		ACT FUND					94-3402317
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	to substantiate th stance? ocedures for mon	toring the use of grant	funds in the Unite	d States.	· · ·		X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (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
CALIFORNIA PACIFIC MEDICAL CENTER FND P.O. BOX 7999 - SAN FRANCISCO, CA 94120	94-2728423	501(C)(3)	363,750.	0.			GENERAL SUPPORT
RISE ACADEMY 4415 FORTRAN CT SAN JOSE, CA 95134	82-4754648	501(C)(3)	22,500.	0.			GENERAL SUPPORT
THE VILLAGE PROJECT 2097 TURK STREET SAN FRANCISCO, CA 94115	61-1562515	501(C)(3)	22,500.	0.			GENERAL SUPPORT
FAMILY CONNECTIONS CENTERS 5016 MISSION STREET SAN FRANCISCO, CA 94112	94-3213689	501(C)(3)	22,500.	0.			GENERAL SUPPORT
REBUILDING TOGETHER SAN FRANCISCO 28 PIER #1 SAN FRANCISCO, CA 94105	94-3107808	501(C)(3)	25,000.	0.			GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table				<u>5.</u>

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

Schedule I (Form 990) 2021

94-3402317

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the informatio					

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

PART I, LINE 2:

Schedule I (Form 990) 2021

ORGANIZATIONS REQUESTING GRANTS FROM THE BROTHERTON FUND MUST COMPLETE A

GRANT APPLICATION.

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

THE BROTHERTON FUND C/O EPISCOPAL IMPACT FUND

Inspection Employer identification number 94-3402317

OMB No. 1545-0047

Open to Public

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

THE EPISCOPAL IMPACT FUND EXECUTIVE COMMITTEE MEETS TO REVIEW AND APPROVE

FORM 990.

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

ANNUAL SIGNATURES MUST BE OBTAINED TO MONITOR AND ENFORCE COMPLIANCE WITH

CONFLICT OF INTEREST POLICY.

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

THE INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII

THE AUDIT COMMITTEE OF EPISCOPAL IMPACT FUND ASSUMES RESPONSIBILITY

OVER THE AUDIT. IN PRIOR YEARS, THE FINANCIAL STATEMENTS WERE REVIEWED

BY THE INDEPENDENT ACCOUNTING FIRM.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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SCHEDULE R (Form 990)	Related Organizations plete if the organization answered	and Unrelated Pa Yes" on Form 990, Part IV.	artnerships line 33, 34, 35b, 3	6. or 37.		0	MB No. 1545	_
Department of the Treasury Internal Revenue Service	► Atta	ch to Form 990.		-,		C	pen to P Inspecti	ublic
Internal Revenue Service THE BROTHERTC Name of the organization THE BROTHERTC C/O EPISCOPAL		or instructions and the late	est information.			lover identifi 94-34023	ication n	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.		·			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or Total inco	(e) ne End-of-year	assets	Direct of	(f) controlling ntity	9
	_							
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more i	related tax-ex	empt	
(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 501(c)(3))		(f) controlling entity	conti	g) 512(b)(13) rolled ity?
EPISCOPAL IMPACT FUND - 94-3345498 1055 TAYLOR STREET SAN FRANCISCO, CA 94108	PROVIDES FINANCIAL AND ORGANIZATIONAL SUPPORT TO NONPROFIT AGENCIES.	CALIFORNIA	501(C)(3)	LINE 7				x

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

Schedule R (Form 990) 2021

THE BROTHERTON FUND Schedule R (Form 990) 2021 C/O EPISCOPAL IMPACT FUND

94-3402317 Page **2**

Part III Identification of Related Or organizations treated as a part	rganizations Taxable artnership during the t	as a Partn ax year.	ership. Complete i	f the organi	ization answe	ered "Ye	es" on Forr	n 990, F	Part IV, line	34, b	ecaus	e it had one o	or moi	e relat	ed	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predomi	nant income , unrelated, rom tax under s 512-514)	Share	of total		are of		ortionate	Code V-U amount in	IBI box	General o managin		entage ership
of related organization		(state or foreign	entity	excluded f	rom tax under	inc	Joine	as	of-year sets		tions?	20 of Sche	dule	managin partner?		ersnip
		country)		sections	s 512-514)					Yes	No	K-1 (Form 1	065)	Yes No	<u>></u>	
	-															
	-															
	-															
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	-															
Part IV Identification of Related Or organizations treated as a construction of the second se	rganizations Taxable orporation or trust duri	as a Corpo ing the tax	oration or Trust. C year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because it	had o	ne or r	nore re	lated
(a)			(b)	(c)	(d)		(e))	(f)			(g)		(h)		(i)
Name, address, and I of related organizatio	EIN	Prim	ary activity	Legal domicile (state or	Direct con entity	trolling	Type of (C corp, S	entity S corp	Share o incor			Share of end-of-year	Perc	centag	e 512	(i) ction (b)(13) trolled
or related organizatio				foreign country)	entity	y	or tru	ust)	1100	iie	'	assets		iei si iip	en	tity?
				,,,							_				Yes	No
																
											+		+		+	
																1

Schedule R (Form 990) 2021

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b		X		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
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		Х		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10		Х		
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EPISCOPAL IMPACT FUND 94-3345498	М	221,715.	
(2)			
<u>(3)</u>			
_(4)			
(5)			
_(6)	21		

THE BROTHERTON FUND Schedule R (Form 990) 2021 C/O EPISCOPAL IMPACT FUND

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)			(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partners 501(c orgs	all	Share of	Share of		nnor-	Code V-LIBI	Gener	, al or l	Percentage
of entity	T Timary activity	(state or foreign	(related, unrelated,	501 (c	s sec. :)(3)	total	end-of-year	Dispr tior allocat	nate	amount in box 20	mana	ging	ownership
0. c		country)		Yes		income		Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes		e interentp
				Yes	NO			Yes	NO	(101111000)	Yes		
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Schedule R (Form 990) 2021

Part VII | Supplemental Information

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

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