** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



Amended Appender Pender Pender Pender Pender NEW YORK, NY 10017 H(a) Is this a group return for subordinates? Yes IX NK H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates include? Yes IX NK H(b) Are all subordinates include? J Website: WWW. EPISCOPALRELIEF.ORG H'No, 'attach a list. See instructions H 'No, 'attach a list. See instructions Part I Summary Part I Summary A Briefly describe the organization's mission or most significant activities: WE ADVANCE LASTING CHANGE IN CO- MUNTITIES IMPACTED BY INJUSTICE, POVERTY DISASTER & CLIMATE CHANGE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 12) 7a Total number of nolividuals employed in calendar year 2023 (Part VI, line 11) 7 a Total number of voling members of the governing body (Part VI, line 12) 7a 0.00 7 a Total number of individuals employed in calendar year 2023 (Part VI, line 12) 7a 0.00 7 a Total number of individuals employed in calendar year 2023 (Part VI, line 12) 7a 0.00	F F T T T T T T T T T T T T T T T T T T	Address change Name change eturn eturn/ erurn/ erurn/ erurn/ address and conding condi conding conding	EPISCOPAL RELIEF AND DEVELOPMENT Doing business as Number and street (or P.0. box if mail is not delivered to street address) 815 SECOND AVE. City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017 F Name and address of principal officer: ROBERT W. RADTKE SAME AS C ABOVE npt status: \$\Sol1(c)(3) \$501(c)()\$ (insert no.) \$4947(a)(1) o\$: WWW.EPISCOPALRELIEF.ORG rganization: \$\Sol1(c) Corporation \$\Trust \$Association \$0\$ Summary riefly describe the organization's mission or most significant activities: WE ADVA MUNITIES IMPACTED BY INJUSTICE, POVERTY DISASTER & CLIMATE C theck this box if the organization discontinued its operations or disposed	n 527 L Year INCE LAST CHANGE.	73-1635264 E Telephone numb (855) 312-4 G Gross receipts \$ H(a) Is this a group for subordinate H(b) Are all subordinates If "No," attach H(c) Group exempting of formation: 2002 PING CHANGE IN CO	4 er 325 22,520,184. return es? Yes X No included? Yes No a list. See instructions ion number M State of legal domicile; NY
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b Net unrelated business taxable income from Form 990-T, Part I, line 11 [7b] 0 8 Contributions and grants (Part VIII, line 1h) 37,226,485. 21,683,372 9 Program service revenue (Part VIII, column (A), line 2g) 0. 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -149,325. 818,061 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 18,751 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 12,980,701. 12,818,707 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 12,980,701. 12,818,707 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,691,143. 9,944,637 16a Professional fundraising fees (Part IX, column (A), line 25) 2,684,810. 1 17 Other expenses (Part IX, column (A), lines 25) 2,684,810. 3,169,449. 4,472,331 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,379,324. 27,854,678 19 Revenue less expenses. Subtract line 18 from line 12 10,697,836.						
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 10, 731 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37, 077, 160. 22, 520, 184 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12, 980, 701. 12, 818, 707 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9, 691, 143. 9, 944, 637 16a Professional fundraising fees (Part IX, column (A), line 11e) 538, 031. 618, 943 b Total fundraising expenses (Part IX, column (D), line 25) 2, 684, 810. 10 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3, 169, 449. 4, 472, 391 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 379, 324. 27, 854, 678 19 Revenue less expenses. Subtract line 18 from line 12 10, 697, 836. -5, 334, 494	Ine				, ,	, ,
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,077,160. 22,520,184 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,980,701. 12,818,707 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 00 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 9,691,143. 9,944,637 16a Professional fundraising fees (Part IX, column (A), line 11e) 538,031. 618,943 b Total fundraising expenses (Part IX, column (D), line 25) 2,684,810. 3,169,449. 4,472,391 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,169,449. 4,472,391 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,379,324. 27,854,678 19 Revenue less expenses. Subtract line 18 from line 12 10,697,836. -5,334,494	å.				1	/
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⁸ / ₄ ⁸ / ₄ ^{16a} Professional fundraising fees (Part IX, column (A), line 11e) ⁵³⁸ , 031. ⁵³⁸ , 031. ⁶¹⁸ , 943 ^b Total fundraising expenses (Part IX, column (D), line 25) ² , 684, 810. ³ , 169, 449. ⁴ , 472, 391 ¹⁷ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ³ , 169, 449. ⁴ , 472, 391 ¹⁸ Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ²⁶ , 379, 324. ²⁷ , 854, 678 ¹⁹ Revenue less expenses. Subtract line 18 from line 12 ¹⁰ , 697, 836. ⁻⁵ , 334, 494	<u> </u>				9,691,143	. 9,944,637.
17 Other expenses (Part IX, Column (A), lines 112 (10, 1124e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 379, 324. 27, 854, 678 19 Revenue less expenses. Subtract line 18 from line 12	. Ise				538,031	. 618,943.
17 Other expenses (Part IX, Column (A), lines 112 (10, 1124e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26, 379, 324. 27, 854, 678 19 Revenue less expenses. Subtract line 18 from line 12	per		otal fundraising expenses (Part IX, column (D), line 25) 2,684,8	310.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,379,324. 27,854,678 19 Revenue less expenses. Subtract line 18 from line 12 10,697,836. -5,334,494	<u>й</u> .				3,169,449	. 4,472,391.
19 Revenue less expenses. Subtract line 18 from line 12 10,697,836. -5,334,494					26,379,324	. 27,854,678.
	_ .				10,697,836	-5,334,494.
	or				ginning of Current Year	End of Year
월 20 Total assets (Part X, line 16)	sets llanc	20 To	otal assets (Part X, line 16)		40,880,575	. 37,606,215.
	Ass				3,751,493	. 3,819,835.
22 Net assets or fund balances. Subtract line 21 from line 20	Eun.	00 NI	et assets or fund balances. Subtract line 21 from line 20		37,129,082	. 33,786,380.

Part II Signature Block

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	Signature of off	icer	d- Al			Date			
-	ESTHER COHE	N, COO	Conun Cohen				11/11	/2024	
	Type or print na	me and title							
	Print/Type prep	arer's name	Preparer's signature		Date		Check	PTIN	
Paid	SCOTT THOMP	SETT	Seth Shompett		11/11/2	2024	if self-employed	P00741490	
Preparer	Firm's name	GRANT THORNTON ADVISORS L	LC			Firm's	EIN 99-	1856619	
Use Only	Firm's address	757 THIRD AVENUE, 3RD FLO	OR						
		NEW YORK, NY 10017-2013				Phone	e no.(212)	599 - 0100	
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions					X Yes	No
LHA For	Paperwork Re	eduction Act Notice, see the separ	ate instructions.	332001 12-21-23				Form 990) (2023)

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

. . . .

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File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Iu	entification				
Type or	Name of exempt organization, employer, or other filer,	see instru	ictions.	Taxpayer identification numbe	r (TIN)
Print					
	EPISCOPAL RELIEF AND DEVELOPMENT			73-1635264	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 815 SECOND AVE.	e instruct	ions.		
instructions.	City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10017	reign addr	ess, see instructions.		
Enter the I	Return Code for the return that this application is for (file	a separat	e application for each return)		01
Applicatio	on Is For	Return	Application Is For		Return
		Code			Code

Application Is For	Return	Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

	Plan Name				
	Plan Number				
	Plan Year Ending (MM/DD/YYYY)				
Part II	- Automatic Extension of Time To File for Exempt Organizations (see instructions)				
Th	e books are in the care of ESTHER COHEN				
	815 SECOND AVENUE - NEW YORK, NY 10017				
Te	lephone No. 212-518-0514 Fax No. 212-687-5302				
● If t	he organization does not have an office or place of business in the United States, check this box				
• If t	his is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	is is fo	r the who	le group, check t	this
box .	If it is for part of the group, check this box and attach a list with the names and TINs of all	membe	ers the ex	ctension is for.	
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the	e exem	ipt organ	ization return for	
	the organization named above. The extension is for the organization's return for:				
	X calendar year 20 23 or				
	tax year beginning , 20 , and ending			, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	n		
	Change in accounting period				
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				
	any nonrefundable credits. See instructions.	3a	\$		Ο.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$		Ο.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$		Ο.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	EPISCOPAL RELIEF & DEVELOPMENT (THE "ORGANIZATION") IS AN AFFILIATE OF		
	THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY OF THE PROTESTANT		
	EPISCOPAL CHURCH OF THE UNITED STATES OF AMERICA (THE "SOCIETY" OR		
	"DFMS"). (SEE SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	∟	
~		Г	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	, ,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	the total expen	ises, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$15,918,460. including grants of \$7,071,641.) (Revenue \$	i	16,700.
	SUSTAINABLE DEVELOPMENT		
	EPISCOPAL RELIEF & DEVELOPMENT IS FOCUSED ON PARTNERING WITH FAITH AND		
	COMMUNITY ORGANIZATIONS WORLDWIDE TO ADVANCE LASTING CHANGE IN		
	COMMUNITIES AFFECTED BY INJUSTICE, POVERTY, DISASTER AND CLIMATE CHANGE		
	THROUGH A FULLY INTEGRATED, HOLISTIC AND VALUES-BASED APPROACH TO		
	DEVELOPMENT. USING THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) AS A		
	FRAMEWORK, THE ORGANIZATION CREATES LONG-TERM DEVELOPMENT STRATEGIES,		
	DEMONSTRATING A MEASURABLE IMPACT IN THREE TRANSFORMATIVE PROGRAM		
	PRIORITIES: EARLY CHILDHOOD DEVELOPMENT, WOMEN AND GIRLS AND CLIMATE		
	RESILIENCE. (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$7,561,724. including grants of \$5,747,066.) (Revenue \$10000000000000000000000000000000		0.
4b	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND		0.
4b 4c	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND HUMAN-MADE CRISES IN THE UNITED STATES AND AROUND THE WORLD. WITH OUR PARTNERS, WE STRENGTHEN COMMUNITY PREPAREDNESS, PROVIDE EMERGENCY RELIEF IN THE WAKE OF A DISASTER AND SUPPORT LONG-TERM RECOVERY AND RESILIENCE BY INVESTING IN COMMUNITIES LONG AFTER THE CRISIS. WE SUPPORT INDIVIDUALS IN SHAPING THEIR OWN FUTURE FOR A FULL AND SUSTAINED RECOVERY. LEARN MORE AT		0.
	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND HUMAN-MADE CRISES IN THE UNITED STATES AND AROUND THE WORLD. WITH OUR PARTNERS, WE STRENGTHEN COMMUNITY PREPAREDNESS, PROVIDE EMERGENCY RELIEF IN THE WAKE OF A DISASTER AND SUPPORT LONG-TERM RECOVERY AND RESILIENCE BY INVESTING IN COMMUNITIES LONG AFTER THE CRISIS. WE SUPPORT INDIVIDUALS IN SHAPING THEIR OWN FUTURE FOR A FULL AND SUSTAINED RECOVERY. LEARN MORE AT HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/DISASTER-RESPONSE/		0.
	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND HUMAN-MADE CRISES IN THE UNITED STATES AND AROUND THE WORLD. WITH OUR PARTNERS, WE STRENGTHEN COMMUNITY PREPAREDNESS, PROVIDE EMERGENCY RELIEF IN THE WAKE OF A DISASTER AND SUPPORT LONG-TERM RECOVERY AND RESILIENCE BY INVESTING IN COMMUNITIES LONG AFTER THE CRISIS. WE SUPPORT INDIVIDUALS IN SHAPING THEIR OWN FUTURE FOR A FULL AND SUSTAINED RECOVERY. LEARN MORE AT HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/DISASTER-RESPONSE/		0.
4c	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND HUMAN-MADE CRISES IN THE UNITED STATES AND AROUND THE WORLD. WITH OUR PARTNERS, WE STRENGTHEN COMMUNITY PREPAREDNESS, PROVIDE EMERGENCY RELIEF IN THE WAKE OF A DISASTER AND SUPPORT LONG-TERM RECOVERY AND RESILIENCE BY INVESTING IN COMMUNITIES LONG AFTER THE CRISIS. WE SUPPORT INDIVIDUALS IN SHAPING THEIR OWN FUTURE FOR A FULL AND SUSTAINED RECOVERY. LEARN MORE AT HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/DISASTER-RESPONSE/ (Code:)(Expenses § including grants of §) (Revenue \$		0.
4c	DISASTER RELIEF & RECOVERY DISASTER RESPONSE WE WORK THROUGH A GLOBAL NETWORK OF LOCAL FAITH AND COMMUNITY PARTNERS TO SUPPORT PEOPLE IMPACTED BY NATURAL DISASTERS AND HUMAN-MADE CRISES IN THE UNITED STATES AND AROUND THE WORLD. WITH OUR PARTNERS, WE STRENGTHEN COMMUNITY PREPAREDNESS, PROVIDE EMERGENCY RELIEF IN THE WAKE OF A DISASTER AND SUPPORT LONG-TERM RECOVERY AND RESILIENCE BY INVESTING IN COMMUNITIES LONG AFTER THE CRISIS. WE SUPPORT INDIVIDUALS IN SHAPING THEIR OWN FUTURE FOR A FULL AND SUSTAINED RECOVERY. LEARN MORE AT HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/DISASTER-RESPONSE/		0.

Form 990 (2023)

Part IV Checklist of Required Schedules

EPISCOPAL RELIEF AND DEVELOPMENT

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	N		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
332003				(2023)

3

332003 12-21-23

Form 990 (2023) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			w
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
20	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?	00		х
07	If "Yes," complete Schedule R, Part V, line 2	36		л
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		- 21
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33		185	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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	990 (2023) EPISCOPAL RELIEF AND DEVELOPMENT		73-163526	4	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccour	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign countryGHANA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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				
11	Section 501(c)(12) organizations. Enter:		1			
а	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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	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		1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	
332005	12-21-23			Form	990	(2023)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		_ x
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19		163	
14	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	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 1b15	j l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a	X	
b	, , , , , , , , , , , , , , , , , , , ,	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
18	X Own website X Upon request Other (explain on Schedule O)			
17 18 19	X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
18 19	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. Image: Configuration of the statement is a statement of the statement is a statement of the statemen	d finano	cial	
18	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	d finano	cial	
18 19	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ESTHER COHEN - 212-518-0514	d finand		
18 19 20	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		rial	(000

Form 990 (2023)	EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	es, and Independent Contractors								
Check if Sc	hedule O contains a response or note to any line in this Part VII								
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Employe	ees							
	for all persons required to be listed. Report compensation for the calendar y	5 5	,						
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 									

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) ROBERT W. RADTKE	40.00	_	_							
EX-OFFICIO-PRESIDENT & CEO	0.00	х		х				386,053.	0.	74,585.
(2) THE MOST REV. MICHAEL B. CURRY	1.00									
PRES. BISHOP, EX-OFF. & HON CHAIR	40.00	Х		х				0.	328,460.	111,296.
(3) N. KURT BARNES	1.00									
EX-OFFICIO MEMBER & CFO (EC)	40.00	Х						0.	287,686.	66,617.
(4) ABAGAIL NELSON	40.00									
EXECUTIVE VICE PRESIDENT	0.00			Х				266,976.	0.	76,208.
(5) ESTHER COHEN	40.00									
CHIEF OPERATING OFFICER	0.00			Х				244,828.	0.	60,938.
(6) ELIZABETH DEISROTH	40.00									
VP, ADVANCEMENT	0.00					X		185,410.	0.	55,689.
(7) TAMMI MOTT	40.00									
VP, INTL PROGRAM OPS	0.00					х		184,343.	0.	48,853.
(8) VICIA S. CARRION	40.00									
SENIOR DIRECTOR, HUMAN RESOURCES	0.00					X		163,513.	0.	69,278.
(9) JANE CISLUYCIS	1.00									
ACTING COO (AS OF 01/2023)	40.00	Х		Х				0.	165,385.	45,127.
(10) EMILY BLOOM	40.00									
VP, BUSINESS DEVELOPMENT	0.00					X		189,125.	0.	16,543.
(11) SEAN MCCONNELL - SENIOR DIR.	40.00									
FAITH & COMMUNITY ENGAGEMENT	0.00					X		167,221.	0.	15,007.
(12) TERI LAWVER	1.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(13) THE RT. REV. HECTOR MONTERROSO	1.00									
VICE CHAIR	0.00	Х		х				0.	0.	0.
(14) DR. DAVID M. MARTIN, JR.	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(15) MIGUEL ESCOBAR	1.00									
SECRETARY	0.00	Х		х				0.	0.	0.
(16) SHIRLEY STOVER ALLEN	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(17) DR. ROBERT J.I. MCCOUCH	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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Form 990 (2023) EPISCOPAL REI	JEF AND DE	VEL	OPM	ENT					73-16	3526	4	Pa	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than c	ne	Reportable	Reportable		Est	imate	; d
	hours per	box	, unle	ss per	rson i	s both r/trust	an	compensation	compensatio	'n	am	ount o	of
	week		Jer ar	ia a di	recio	r/trust	ee)	from	from related			other	
	(list any hours for	recto						the	organization		comp		
	related	e or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS			m the	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)		•	nizati relate	
	below	ndividual trustee or director	ltiona		nploy	st cor	5					nizatio	
	line)	Indivi	In stit utio nal tru stee	Officer	ƙey employee	Highest compensated employee	Former				5		
(18) THE REV. STEVEN D. PAULIKAS	1.00												
BOARD MEMBER	0.00	х						0.		٥.			Ο.
(19) KAREN LONGENECKER, LCSW	1.00												
BOARD MEMBER	0.00	Х						0.		٥.			0.
(20) MATT SILVA	1.00												
BOARD MEMBER	0.00	Х						٥.		٥.			0.
(21) KENNETH JONES II	1.00												
BOARD MEMBER	0.00	Х						0.		0.			0.
(22) PUTNEY CLOOS	1.00												
BOARD MEMBER	0.00	Х						0.		٥.			0.
(23) PAUL FAETH	1.00												
BOARD MEMBER	0.00	х						0.		0.			0.
(24) THE REV. CANON MICHELE HAGANS	1.00							0					0
BOARD MEMBER (AS OF 01/2023) (25) THE REV. CHRISTINE PURCELL	0.00	Х						0.		0.			0.
BOARD MEMBER (AS OF 01/2023)	0.00	х						0.		٥.			Ο.
(26) JOHN VAN DE WEERT	1.00	<u>л</u>						0.					<u> </u>
BOARD MEMBER (AS OF 01/2023)	0.00	x						0.		٥.			Ο.
1b Subtotal								1,787,469.	781,			540	141.
c Total from continuation sheets to Part VI								0.		0.		,	0.
d Total (add lines 1b and 1c)								1,787,469.	781,	531.		540.3	141.
2 Total number of individuals (including but no									,				
compensation from the organization						,							31
												Yes	No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	lame	ove	e. or	hic	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for su	-			•							3		х
4 For any individual listed on line 1a, is the su											_		
and related organizations greater than \$150	-		-					-	-		4	x	
5 Did any person listed on line 1a receive or a	,		'								-		
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	oensat	ion froi	n	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	rith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(C))	
Name and business	address							Description of s	ervices	C	ompen	satior	<u>n</u>
SANKY COMMUNICATIONS, INC., 599 11TH													
AVENUE, 6TH FLOOR, NEW YORK, NY 10036	5							FUNDRAISING				518,	943.
BRANDTUITIVE, INC													
1460 BROADWAY, NEW YORK, NY 10036 MARKETING AGENCY										185,	485.		
MOORE RESPONSE MGMT GRP											014		
100 JAMISON CT, HAGERSTOWN, MD 21740							_	LOCKBOX SERVICE				154,	214.
METRO GRAPHICS, LLC								DDINTING				130	705
393 MARCY AVE, BROOKLYN, NY 11206 ACCENTURE LLP							_	PRINTING				L J O ,	795.
395 9TH AVENUE, NEW YORK, NY 10001								ORGANIZATIONAL DEV	ELOPMENT		:	116,	085.
2 Total number of independent contractors (in	0	ot lin	nited	d to t	thos e		ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	auvu					-							

332008 12-21-23

Form 990 (2023)

		(2023) EPISCOPAL RELIEF AND	DEVELOPMENT	1		73-163526	4 Page 9
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response of	r note to any line			(C)	
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ς, ω	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ΩĘ		c Fundraising events 1c					
ifts ar A		d Related organizations 11					
S, G		e Government grants (contributions) 1e					
ŝ	1	f All other contributions, gifts, grants, and					
ber			21,683,372.				
<u>i</u> fi Q	Ģ	g Noncash contributions included in lines 1a-1f					
and	I	h Total. Add lines 1a-1f		21,683,372.			
			Business Code				
Ð	2 8	a [
Ś	ŀ	b [
am Ser		c [
an	(d					
Program Service Revenue		e					
Ţ,	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		293,095.			293,095.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	I	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 524,966.					
	ł	b Less: cost or other basis					
evenue		and sales expenses 7b 0.					
evel		c Gain or (loss)		504.066			504.000
		d Net gain or (loss)		524,966.			524,966.
Other R	8 8	a Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events <u>.</u> a Gross income from gaming activities. See					
	50	Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 1	and allowances					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a		611710	16,700.	16,700.		
Due	I	b MISCELLANEOUS REVENUE	900099	2,051.	,		2,051.
ella		c					,
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d		18,751.			
	12	Total revenue. See instructions		22,520,184.	16,700.	0.	820,112.
33200	9 12-2						Form 990 (2023)

EPISCOPAL RELIEF AND DEVELOPMENT

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

73-1635264 Page 10

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 1,725,923 1,725,923 and domestic governments. See Part IV, line 21 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 11,092,784 11,092,784. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 897,857 647,386. 99,812. 150,659. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,254,670. 4,672,080. 995,382. 587,208. Other salaries and wages 7 8 Pension plan accruals and contributions (include 31,893 section 401(k) and 403(b) employer contributions) 591,196 494,443 64,860. 154,787. 1,736,176 1,481,935. 99,454 9 Other employee benefits 464,738. 384,131 29,611 50,996. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 24,262, 19,792. 2,273 2,197. b Legal 123,422, 60,714, 60,635. 2,073. С Accounting Lobbying d 618,943. 618,943. Professional fundraising services. See Part IV, line 17 е 68,557. 68,557. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,599,490 1,315,808 36,430 247,252. column (A), amount, list line 11g expenses on Sch 0.) 270,686 66,346, 20,998 183,342. Advertising and promotion 12 139,816. 120,798. 8,501. 10,517. 13 Office expenses 14 Information technology 15 Royalties 51,097 49,268. 670 1,159. 16 Occupancy 1,014,830, 62,484. 882,148, 70,198 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 248,276. 188,963. 33,673. 25,640. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 8,581 8,581 22 Depreciation, depletion, and amortization 116,886. 104,234. 3,074 9,578. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) PRINTING/MAILING 610,168. 48,359. 69,481 492,328. а 123,698 EQUIPMENT/SOFTWARE/COMP 193,157 48,863 20,596. b RESOURCE/REFERENCE MAT. 3,163. 1,374. 1,598. 191. С d All other expenses е 27,854,678 2,684,810. Total functional expenses. Add lines 1 through 24e 23,480,184 1,689,684 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

10

332010 12-21-23

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Form 990 (2023)

12381108 153424 0163101-00017

Form 990 (2023)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2		12,845,504.	2	14,791,220
3	Pledges and grants receivable, net	10,722,720.	3	4,228,554
4	Accounts receivable, net		4	
5	Loans and other receivables from 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		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	555,403.	9	327,682
	a Land, buildings, and equipment: cost or other			·
	basis. Complete Part VI of Schedule D 10a 512,267.			
	b Less: accumulated depreciation 10b 471,818.	27,004.	10c	40,449
11	Investments - publicly traded securities	16,152,378.	11	17,767,388
12	Investments - other securities. See Part IV, line 11	399,218.	12	433,808
13	Investments - program-related. See Part IV, line 11	,	13	,
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	178,348.	15	17,114
16	Total assets. Add lines 1 through 15 (must equal line 33)	40,880,575.	16	37,606,215
17	Accounts payable and accrued expenses	1,993,199.	17	1,880,983
18	Grants payable		18	
19			19	
20	Deferred revenue		20	
20	Tax-exempt bond liabilities		20	
22	Loans and other payables to any current or former officer, director,		21	
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
22			22	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	1,758,294.	0 5	1,938,852
	of Schedule D	3,751,493.	25	3,819,835
26	Total liabilities. Add lines 17 through 25	5,751,455.	20	5,015,055
07	and complete lines 27, 28, 32, and 33.	12,710,809.	27	14,659,074
27	Net assets without donor restrictions	24,418,273.		19,127,306
28	Net assets with donor restrictions	27,410,273.	28	17,127,300
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	27 400 000	31	22 506 202
27 28 29 30 31 32	Total net assets or fund balances	37,129,082.	32	33,786,380
33	Total liabilities and net assets/fund balances	40,880,575.	33	37 , 606 , 215 Form 990 (202

EPISCOPAL RELIEF AND DEVELOPMENT

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

73-1635264

Page **11**

Form	1990 (2023) EPISCOPAL RELIEF AND DEVELOPMENT	73-163526	4	Pa	_{ae} 12			
	rt XI Reconciliation of Net Assets				<u>J</u> -			
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,	520,	184.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,854,678					
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,334,49					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	2,	002,	660.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-10,	868.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	33,	786,	380.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		·····					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2023)

332012 12-21-23

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Ν

Department of the Treasury Internal Revenue Service			A /Go to www.irs.gov		Open to Public Inspection					
Nan	ne of t	the organizati		Go to www.ii3.gov/			atest init	ormation.	Employer	identification number
- Tuan		ine of guinzati		PAL RELIEF AND	DEVELOPMENT					73-1635264
Pa	rt I	Reason			(All organizations must c	omplete th	nis nart) S	ee instruction		/ 1000101
					For lines 1 through 12, c					
1					on of churches described)(A)(i).		
2	\square				Attach Schedule E (Forn			·/··		
3	\square				anization described in s		(b)(1)(A)(ii	i).		
4	\square	•	•		njunction with a hospital)(iii). Enter	the hospital's name.
-		city, and stat	-	·	,					· · · ·
5		-		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10		-		•	than 33 1/3% of its supp				-	-
					t to certain exceptions; a					-
					(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				_
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					check the box on
	_	-			f supporting organization					
а				-	upervised, or controlled	• • •	-			
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	_	¬ -		complete Part IV, Se				el eveneration	n (n) hu hau	
b				-	l or controlled in connect			•		-
			-	t complete Part IV,	anization vested in the sa	ame perso	ns that coi		ye ine supp	Jonted
с		¬ ⁻		-	g organization operated	in connect	tion with a	and functional	ly integrate	d with
U U			-	• • • •). You must complete I				ly integrate	a wiai,
d		-			porting organization oper				ted organiz	ration(s)
ŭ			-	•	zation generally must sat				°.	. ,
				v	nplete Part IV, Sections					
е		-			written determination fro				II. Type III	
			•		nally integrated supporti			<i></i>	<i>,</i> ,	
f	Ente		of supported c	·						
g	Prov	vide the follow	ing informatior	about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organizatior	١		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

OMB No. 1545-0047

2023

Open to Public

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,190,781.	15,685,463.	24,468,299.	37,226,485.	21,683,372.	117,254,400.
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	18,190,781.	15,685,463.	24,468,299.	37,226,485.	21,683,372.	117,254,400.
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)						1,165,198.
6	Public support. Subtract line 5 from line 4.						116,089,202.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	18,190,781.	15,685,463.	24,468,299.	37,226,485.	21,683,372.	117,254,400.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,756,309.	3,612,481.	1,611,306.	0.	293,095.	9,273,191.
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.)	85,036.	3,598.	1,785.		2,051.	92,470.
11	Total support. Add lines 7 through 10						126,620,061.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	284,602.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.68 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	87.42 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pul	blicly supported or	ganization	-	
b	0 10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;
							(Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

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	j in) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, an						
membership fees received. (Do	o not					
include any "unusual grants.")						
2 Gross receipts from admission merchandise sold or services p formed, or facilities furnished in any activity that is related to th organization's tax-exempt purp	n n ne					
3 Gross receipts from activities t						
are not an unrelated trade or b						
4 Tax revenues levied for the or						
ization's benefit and either paid						
5 The value of services or facilitie	es					
furnished by a governmental u	nit to					
the organization without charg	je					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2						
3 received from disqualified pe	ersons					
b Amounts included on lines 2 and 3 receiv 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			r	-	_	
Calendar year (or fiscal year beginning	j in) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source	s,					
b Unrelated business taxable income	ć					
(less section 511 taxes) from busi	nesses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated bus activities not included on line 1 whether or not the business is regularly carried on	siness 10b,					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	°					
13 Total support. (Add lines 9, 10c, 11, a						
14 First 5 years. If the Form 990	is for the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of	Public Support Per	centage			· · ·	
15 Public support percentage for	2023 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from					16	%
Section D. Computation of					· · ·	
17 Investment income percentage			ine 13, column (f))		17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2023						ine 17 is not
more than 33 1/3%, check this						
b 33 1/3% support tests - 2022						
line 18 is not more than 33 1/3						
20 Private foundation. If the orga	anization did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
332023 12-21-23					Scheo	dule A (Form 990) 2023
		15	1			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

332024 12-21-23

| 10b | | Schedule A (Form 990) 2023

Sche	edule A	(Form 990) 2023 EPISCOPAL RELIEF AND DEVELOPMENT	/3-1035204	Pa	age 5
Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			

DELTER AND DEVELODMENT

			Yes	N
1	bid the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

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Contin		Time				é e li	zations	
Secuo	n c.	i ype	n Supp	porung	Urga	ani	zauons	

TEGODO

 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

 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 managed

 1
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 1
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			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		1

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a governmental entity	Describe in Part VI how you supported a	governmental entity (see instructions).
-----	--	---	---

17

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

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

1625261

No

332025 12-21-23

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 EPISCOPAL RELIEF AND DEVELOPMENT			73-1635264	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must			·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see	

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

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

		ieu)	
Sect	tion D - Distributions	-	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	

8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Current Year

7

Schedule A (Form 990) 2023

7 Total annual distributions. Add lines 1 through 6.

Cchedule A (Form 990) 2023 EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264	Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	lines 1 and 2; Part IV, Sectio Part V, Section B, line 1e; P	n C, art V,
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
ISCELLANEOUS INCOME		
019 AMOUNT: \$ 85,036.		
020 AMOUNT: \$ 3,598.		
021 AMOUNT: \$ 1,785.		
022 AMOUNT: \$ 0.		
023 AMOUNT: \$ 2,051.		

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

C	Department of	of the Tr	easurv
			,

(Form 990)

Schedule B

Internal Revenue Service

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT	73-1635264
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$1,000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	i	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

22

Schedule B (Form 990) (2023)

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323452 12-26-23

2023.05000 EPISCOPAL RELIEF AND DEVE 01631011

Schedule B (Form 990) (2023)

EPISCOPAL RELIEF AND DEVELOPMENT

Name of organization

_

73-1635264

Page 2 Employer identification number

art II	Nonoach Proporty (and instantion) the starting of the		
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II IT additional space is needed.	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	

23

323453 12-26-23

Schedule B (Form 990) (2023) Name of organization

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Schedule B (Form 990) (2023)

2023.05000 EPISCOPAL RELIEF AND DEVE 01631011

Employer identification number

	B (Form 990) (2023)		Page 4		
Name of o	organization		Employer identification number		
EPISCOP	AL RELIEF AND DEVELOPMENT		73-1635264		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry.	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations \$ for the year (Enter this info.once.) \$		
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
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from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	· · ·		
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Schedule B (Form 990) (2023)

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 and section 170(h)(4)(B)(ii)?	7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements dur	ing the year
 and section 170(h)(4)(B)(ii)?	8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	1	
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 (i) Revenue included on Form 990, Part VIII, line 1\$			· ·	exhibition, education, or research in furtherance	oi public se	ervice,
 (ii) Assets included in Form 990, Part X\$		•	0		¢	
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	2	.,				
a Revenue included on Form 990, Part VIII, line 1	-					
	а				\$	
	b					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 EPISCOPAL F	RELIEF AND DEVEL	OPMENT				73-163	5264	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that n	nake sign	ificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organization	's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar as	ssets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		e if the organization	n answered "Ye	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi							٦	_	٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					A		
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F				•	<i>c</i>	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if									
		(a) Current year	(b) Prior year	(c) Two years) Three v	ears back	(e) Fou	vears	hack
10	Beginning of year balance	16,152,378.	20,833,079.				L8,856.			543.
1a b	Contributions			,,		,			,	
с С	Net investment earnings, gains, and losses	2,527,626.	-3,952,607.	1,642,	669.	340	02,914.	3	591	513.
d	Grants or scholarships	_,,	-,,,	_,,		-,	-,•	/	,,	
	Other expenditures for facilities									
U	and programs	844,059.	653,017.	896,	401.	2.53	37,714.	2	569	882.
f	Administrative expenses	68,557.	75,077.		082.)7,163.			318.
g	End of year balance	17,767,388.	16,152,378.	,			76,893.	19		856.
2	Provide the estimated percentage of the curr					,	,			
a	Board designated or quasi-endowment	94.0900	%	,,						
b	Permanent endowment 1.5400	%	_/*							
c	Term endowment 4.3700									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held a	nd administere	d for the					
	organization by:	Ũ							Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.							
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or of	ther (b) Cost	t or other	(c) Acc	umulate	d	(d) Boo	k valu	е
		basis (investm	nent) basis	(other)	depre	eciation				
1a	Land									
b	Buildings									
с	Leasehold improvements			8,450.		6,6	520.		,	830.
d	Equipment			503,817.		465,1	L98.		38,	619.
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>K. line 10c. column</u>	<u>(B))</u>					40,	449.
						5	Schedule	D (Forn	n 990)	2023

332052 09-28-23

73-1635264 Page 3

(a) Description	1 Of SECURITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-vear market value
1) Financial d				, , , , , , , , , , , , , , , , , , ,
•	late and the last success.			
 Olosely ne Other 	Id equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) r	nust equal Form 990, Part X, line 12, col. (B))			
	nvestments - Program Related.			
	omplete if the organization answered "Yes"	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX C	nust equal Form 990, Part X, line 13, col. (B)) Dther Assets			
otal. (Col. (b) r Part IX	Other Assets complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) r Part IX	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) r Part IX C	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C C (1)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C C (1) (2) (3)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C C (1) (2) (3) (4)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C (1) C (2) C (3) C (4) C (5) C	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) r Part IX C (1) C (2) C (3) C (4) C (5) C (6) (7)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) r Part IX C C C (1) C (2) C (3) C (4) C (5) C (6) C (7) (8)	Other Assets complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) r Part IX C C C (1) C (2) C (3) C (4) C (5) C (6) C (7) C (8) C (9) C	Other Assets complete if the organization answered "Yes"	Description		
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otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) Column Part X C Cotal. (Column C Cotal. (Cotal. (Column C Cotal. (Cotal.	Other Assets omplete if the organization answered "Yes" (a) (b) <i>must equal Form 990, Part X, line 15, co</i> (b) <i>must equal Form 990, Part X, line 15, co</i> (a) Description of liability	Description		
otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) Cotal. (Column Cotal. (Column C Cotal. (Column C (1) Federation	Other Assets omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities omplete if the organization answered "Yes" (a) Description of liability at income taxes	Description		e 25.
otal. (Col. (b) r Part IX C (1) C (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column) C Part X C (1) Federa (1) Federa (1) Federa (1) Federa (2) ACCRU	Other Assets omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes ED POSTRETIREMENT BENEFITS OTHER	Description		e 25. (b) Book value
otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) C cotal. (Column) C Part X C . (1) (2) C . (1) . (2) . (1) . (2) . (2) . (2) . (2)	Other Assets complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes FED POSTRETIREMENT BENEFITS OTHER Yo DFMS	Description		 e 25. (b) Book value 1,857,76 63,97
otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) C otal. (Column) C Part X C (1) Federa (2) C (3) C (1) Federa (2) ACCRU (3) DUE (4) OPERA	Other Assets omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes ED POSTRETIREMENT BENEFITS OTHER	Description		 e 25. (b) Book value 1,857,76 63,97
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otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) C Total. (Column) C Part X C (1) Federa (2) C (3) DUE (1) Federa (2) ACCRU (3) DUE (4) OPERA (5) S	Other Assets complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes FED POSTRETIREMENT BENEFITS OTHER Yo DFMS	Description		 e 25. (b) Book value 1,857,76 63,97
otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) C Total. (Column C Part X C (1) Federa (2) C (3) C (4) C (5) C (4) OPERA (5) (6)	Other Assets complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes FED POSTRETIREMENT BENEFITS OTHER Yo DFMS	Description		e 25.
otal. (Col. (b) r Part IX C (1) C (2) C (3) (4) (5) (6) (7) (8) (9) C otal. (Column C Part X C (1) Federa (2) C (3) C (1) Federa (2) ACCRU (3) DUE T (4) OPERA (5) (6) (7) (6)	Other Assets complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, line 15, co Other Liabilities complete if the organization answered "Yes" (a) Description of liability al income taxes FED POSTRETIREMENT BENEFITS OTHER Yo DFMS	Description		 e 25. (b) Book value 1,857,76 63,97

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) 2023

332053 09-28-23

Schedule D (Form 990) 2023 EPISCOPAL RELIEF AND DEVELOPMENT			73-163	5264 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With F	levenue per Ret	turn	5
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	26,176,260.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	2,002,660.		
b Donated services and use of facilities		1,632,896.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		20,520.		
e Add lines 2a through 2d			2e	3,656,076.
3 Subtract line 2e from line 1			3	22,520,184.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		5	22,520,184.
Part XII Reconciliation of Expenses per Audited Financial S	statements With	Expenses per R	leturn	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 Total expenses and losses per audited financial statements			1	29,487,574.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,632,896.		
b Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	1,632,896.
3 Subtract line 2e from line 1			3	27,854,678.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>18.)</u>		5	27,854,678.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	nd 2b; Part V, line 4;	; Part X, lii	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	ation.		
PART V, LINE 4:				
THE ORGANIZATION MAINTAINS TWO BENEFICIAL INTERESTS IN TRUS	TS, THAT ARE			
HELD AND MANAGED BY THE DOMESTIC AND FOREIGN MISSIONARY SOC	IETY OF THE			
PROTESTANT EPISCOPAL CHURCH OF THE UNITED STATES OF AMERICA	. BOTH OF			
THESE FUNDS HOLD DONOR AND BOARD-DESIGNATED FUNDS THAT ARE	USED TO SUPPORT			
THE ADMINISTRATIVE AND PROGRAMMATIC ACTIVITIES OF EPISCOPAL	RELIEF &			
DEVELOPMENT.				
IN ADDITION, CERTAIN DONORS HAVE ESTABLISHED TRUSTS WITH TH	IRD-PARTY			
ADMINISTRATORS, TYPICALLY BANKS OR OTHER EPISCOPAL ENTITIES	, THE TERMS OF			
WHICH REQUIRE THE INCOME EARNED FROM SUCH GIFTS TO BE PAID	TO THE			

ORGANIZATION AND/OR OTHER SPECIFIED BENEFICIARIES.

332054 09-28-23

Schedule D (Form 990) 2023

PART X, LINE 2:

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN

TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE

POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO

BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE

ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE AND

HAD NO IMPACT ON THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE

MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED

INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR

WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE

CONSIDERED TAX POSITIONS. AS OF DECEMBER 31, 2023 AND 2022, THE

ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS HELD BY

OTHERS

20,520.

Schedule D (Form 990) 2023

332055 09-28-23

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	990 for instructions and the latest inf	ormation.		en to Public Dection
Name of the organization					Employer ident	ification number
EPISCOPAL RELIEF AND I	EVELOPMENT				73-1635264	
		ctivities Out	side the United States. Complete	e if the organ		'Yes" on
Form 990, Part I			Complet	on the organ		
-	-		ds to substantiate the amount of its grant he selection criteria used to award the g			Yes 🗌 No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its g	grants and ot	her assistance out	side the
			n be duplicated if additional space is nee			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			2,583,802.
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	GRANTMAKING			1,465,211.
EAST ASIA AND THE	0	0	GRANTMAKING			60,242.
PACIFIC	0	0	GRANIMARING			00,242.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTMAKING			645,939.
SOUTH AMERICA	0	0	GRANTMAKING			509,330.
SOUTH ASIA	0	0	GRANTMAKING			114,879.
						,
CUD CAUADAN AEDTOA	1	7				E 712 201
SUB-SAHARAN AFRICA	1	7	GRANTMAKING			5,713,381.
		_				
3 a Subtotal	1	7				11,092,784.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1	7				11,092,784.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

Open to Public

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	UKRAINE	1,550,000.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	INTEGRATED CLIMATE					
		BURKINA FASO,	RESILIENCE	1,037,179.	BANK WIRE	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	INTEGRATED CLIMATE					
			RESILIENCE	971,556.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	EARLY CHILDHOOD					
		BURKINA FASO,	DEVELOPMENT	943,145.	BANK WIRE	Ο.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	UKRAINE	450,000.	BANK WIRE	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	INTEGRATED					
		BURKINA FASO,	DEVELPOMENT	410,002.	BANK WIRE	Ο.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	INTEGRATED					
			DEVELPOMENT	367,896.	BANK WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	EMERGENCY RELIEF	365,755.	BANK WIRE	Ο.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

63 0

3 Enter total number of other organizations or entities

Page 2

EPISCOPAL RELIEF AND DEVELOPMENT

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EMERGENCY RELIEF	350,000.	BANK WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED CLIMATE					
		BARBUDA, ARUBA,	RESILIENCE	380,598.	BANK WIRE	٥.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	EMERGENCY RELIEF	331,705.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	GENDER BASED VIOLENCE	352,691.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	FOOD SECURITY	242,184.	BANK WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	HURRICANE RELIEF	256,420.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	INTEGRATED CLIMATE					
		BURKINA FASO,	RESILIENCE	207,000.	BANK WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED					
		BARBUDA, ARUBA,	DEVELPOMENT	200,000.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	GENDER BASED VIOLENCE	183,900.	BANK WIRE	٥.		

EPISCOPAL RELIEF AND DEVELOPMENT

	t Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
I a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	EMEREGENCY RELIEF	195 897.	BANK WIRE	0.		
		SUB-SAHARAN		, -				
		AFRICA - ANGOLA,						
		, BENIN, BOTSWANA,	INTEGRATED					
		BURKINA FASO,	DEVELPOMENT	176,996.	BANK WIRE	0.		
		SUB-SAHARAN		,				
		AFRICA - ANGOLA,						
		, BENIN, BOTSWANA,	INTEGRATED					
		BURKINA FASO,	DEVELPOMENT	156,000.	BANK WIRE	٥.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	GENDER BASED VIOLENCE	150,771.	BANK WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	EMERGENCY RELIEF	150,000.	BANK WIRE	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	COVID-19 RELIEF	120,000.	BANK WIRE	٥.		
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	COVID-19 RELIEF	96,219.	BANK WIRE	٥.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	EMERGENCY RELIEF	95,000.	BANK WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED CLIMATE					
		BARBUDA, ARUBA,	RESILIENCE	128,348.	BANK WIRE	٥.		

EPISCOPAL RELIEF AND DEVELOPMENT

Part II		f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	i age z
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Begion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA						
			AND THE CARIBBEAN						
			- ANTIGUA &	INTEGRATED CLIMATE					
			BARBUDA, ARUBA,	RESILIENCE	86,582.	BANK WIRE	0.		
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND) -						
			ALBANIA, ANDORRA,	EMERGENCY RELIEF	75,047.	BANK WIRE	0.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	GENDER BASED VIOLENCE	73,550.	BANK WIRE	0.		
			SOUTH ASIA -						
			AFGHANISTAN,	INTEGRATED					
			BANGLADESH,	DEVELOPMENT/EMERGENCY					
			BHUTAN, INDIA,	RELIEF	73,002.	BANK WIRE	٥.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	FINANCIAL LITERACY	70,707.	BANK WIRE	٥.		
			CENTRAL AMERICA						
			AND THE CARIBBEAN						
			- ANTIGUA &						
			BARBUDA, ARUBA,	HIV PREVENTION	65,000.	BANK WIRE	٥.		
			SOUTH AMERICA -						
			ARGENTINA,						
			BOLIVIA, BRAZIL,						
			CHILE, COLUMBIA,	COVID-19 RELIEF	60,406.	BANK WIRE	٥.		
			MIDDLE EAST AND						
			NORTH AFRICA -						
			ALGERIA, BAHRAIN,						
			DJIBOUTI, EGYPT,	EMERGENCY RELIEF	55,000.	BANK WIRE	٥.		
			SUB-SAHARAN						
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA FASO,	COVID-19 RELIEF	55,000.	BANK WIRE	0.		

EPISCOPAL RELIEF AND DEVELOPMENT

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED					
		BARBUDA, ARUBA,	DEVELOPMENT	80,082.	BANK WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	COVID-19 RELIEF	41,557.	BANK WIRE	٥.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	GENDER BASED VIOLENCE	40,000.	BANK WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED					
		BARBUDA, ARUBA,	DEVELOPMENT	38,861.	BANK WIRE	٥.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	INTEGRATED					
		BARBUDA, ARUBA,	DEVELOPMENT	35,000.	BANK WIRE	٥.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH,						
		BHUTAN, INDIA,	COVID-19 RELIEF	34,900.	BANK WIRE	0.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	EMERGENCY RELIEF	30,000.	BANK WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	COVID-19 RELIEF	24,000.	BANK WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC -	INTEGRATED					
		AUSTRALIA,	DEVELOPMENT/EMERGENCY					
		BRUNEI, BURMA,	RELIEF	22,000.	BANK WIRE	0.		

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outsid	e the United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (b) IDC and a section					
1(b) IRS code section and EIN (if applicable)(c) Region(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
EAST ASIA AND THE					
PACIFIC -					
AUSTRALIA,					
BRUNEI, BURMA, EMERGENCY RELIEF	20 515	BANK WIRE	٥.		
MIDDLE EAST AND	20,313.	DANK WIKE	•.		
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT, COVID-19 RELIEF	20 280	BANK WIRE	٥.		
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT, EMERGENCY RELIEF	20 000	BANK WIRE	٥.		
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT, EMERGENCY RELIEF	20 000.	BANK WIRE	0.		
SUB-SAHARAN					
AFRICA - ANGOLA,					
BENIN, BOTSWANA, INTEGRATED					
BURKINA FASO, DEVELOPMENT	20,000.	BANK WIRE	0.		
MIDDLE EAST AND	,				
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT, GENDER BASED VIOLE	ENCE 20,000.	BANK WIRE	0.		
CENTRAL AMERICA					
AND THE CARIBBEAN					
- ANTIGUA &					
BARBUDA, ARUBA, EMERGENCY RELIEF	19,320.	BANK WIRE	٥.		
SUB-SAHARAN					
AFRICA - ANGOLA,					
BENIN, BOTSWANA,					
BURKINA FASO, GENDER BASED VIOL	I5,850.	BANK WIRE	٥.		
CENTRAL AMERICA					
AND THE CARIBBEAN					
- ANTIGUA &					
BARBUDA, ARUBA, EMERGENCY RELIEF	15,000.	BANK WIRE	٥.		

EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264

			Real Franking Onderide Here				\ \	Faye
	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form S</u>			
1 (a) Name of organization	(b) IRS code section	(a) Degion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, Fl appraisal, other
		COUNTY AND TOA						
		SOUTH AMERICA -						
		ARGENTINA,						
		BOLIVIA, BRAZIL,		4.2				
		CHILE, COLUMBIA,	COVID-19 RELIEF	13,000.	BANK WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	COVID-19 RELIEF	12,000.	BANK WIRE	٥.		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	GENDER BASED VIOLENCE	10,659.	BANK WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	EMERGENCY RELIEF	10,000.	BANK WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	CLEAN WATER AND					
		BARBUDA, ARUBA,	SANITATION	10,000.	BANK WIRE	0.		
		SOUTH AMERICA -		,				
		ARGENTINA,						
		BOLIVIA, BRAZIL,						
		CHILE, COLUMBIA,	COVID-19 RELIEF	8 000.	BANK WIRE	0.		
		EUROPE (INCLUDING		-,				
		ICELAND &						
		GREENLAND) -	INTEGRATED					
		ALBANIA, ANDORRA,	DEVELOPMENT	8 000	BANK WIRE	0.		
		EAST ASIA AND THE		0,000.				
		PACIFIC -						
		AUSTRALIA,	EMEDGENCY DELTER	7 7 7 7	BANK WIRE	0.		
		BRUNEI, BURMA,	EMERGENCY RELIEF	1,121.	DUNE MIKE	<u> </u>		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	COVID-19 RELIEF	6,977.	BANK WIRE	0.		

Schedule	e F (Form 990)	EPISCOP	AL RELIEF AND DEVE	LOPMENT		73-1635	5264		Page 2
Part II		f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line ⁻)	
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	5,500.	BANK WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	ditional space is needed	I.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may</i> be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

332074 11-29-23

73-1635264 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

EPISCOPAL RELIEF & DEVELOPMENT TAKES ITS GRANT MONITORING

RESPONSIBILITIES SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS

IT FUNDS REFLECTS ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF &

DEVELOPMENT MAY REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A

NUMBER OF DIFFERENT REPORTS, INCLUDING: FINANCIAL REPORTS, (E.G. ACTUAL

VS. BUDGET REPORTS); EXPENSE MONITORING REPORTS (INCLUDING A REVIEW OF

RECEIPTS, CONTRACTS, TITLES AND BANK STATEMENTS), ON-SITE EVALUATIONS,

BANK RECONCILIATIONS AS WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	draisi	ng or Gaming A	ctiv	ities	DMB No. 1545-0047
(Form 990)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form 5,000	990, P on Foi	Part IV, line 17, 18, or rm 990-EZ, line 6a.	r 19 ,	or if the	2023
Department of the Treasury		Attach to Form 990 of	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and the	ne latest information	ı.		Inspection
Name of the organization								ntification number
		RELIEF AND DEVELOPMENT					73-163526	
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng activ	vities. (Check all that apply.			
a X Mail solicita	tions	e 🛛 Solicita	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f X Solicita	tion of	gover	nment grants			
c 🔄 Phone solici		g 🗌 Special	l fundra	aising	events			
d 🛛 In-person so	olicitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(inclue	ling of	ficers, directors, trust	tees,	or	
key employees list	ted in Form 990, P	art VII) or entity in connection with p	rofess	ional fi	undraising services?		X Yes	s 🔄 No
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	e fur	ndraiser is to be	e
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	fund have c	Did raiser custody	(iv) Gross receipts	tò (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)		or cor	ntrol of outions?	from activity		fundraiser ted in col. (i)	organization
SANKY COMMUNICATIO	NS - 599		Yes	No				
11TH AVE, NEW YORK		FUNDRAISING	100	x	6,188,916.		618,943.	5,569,973.
,	-,				.,,			
				<u> </u>				
				──				
				┼──				
				<u> </u>				
				<u> </u>				
Total				<u></u>	6,188,916.		618,943.	5,569,973.
	ich the organizatic	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								
AL, AR, CA, CO, CT, DE,	FL,GA,HI,IL,K	S, KY, MA, MD, MN, MS, NE, NH, NM, N	YY,ND	<u>, ok , o</u>	R,PA,RI			

SC,TN,UT,VA,WA,WV,WI

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		5		,	5	5
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa		Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, III e 19, 011	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
<u> </u>	1	Gross revenue				
	2	Cash prizes				

2 Cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes %	└── Yes % └── No	Yes %	
7 Direct expense summary. Add lines 2 through	15 in column (d)			
8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
s the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
, , , ,	woked, suspended, or te	rminated during the tax y	/ear?	Yes No
1	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conduct gaming action licensed to conduct gaming action f "No," explain: 	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: s the organization licensed to conduct gaming activities in each of these s f "No," explain:	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: s the organization licensed to conduct gaming activities in each of these states? f "No," explain:	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: s the organization licensed to conduct gaming activities in each of these states? f "No," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	EPISCOPAL RELIEF AND DEVELOPMENT	73-16352	64	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming	activity conducted in:			
a	The organization's facility		13a		%
					%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
				_	
15a	Does the organization have a cont	tract with a third party from whom the organization receives gaming revenue?	L	Yes	No No
b	If "Yes," enter the amount of gami	ng revenue received by the organization \$ and the amour	nt		
	of gaming revenue retained by the	e third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
a	•	state law to make charitable distributions from the gaming proceeds to		1	—
				Yes	No No
b		required under state law to be distributed to other exempt organizations or spent in th	e		
Da	organization's own exempt activiti Int IV Supplemental Information				
Га		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an applicable. Also provide any additional information. See instructions.	d Part III, II	nes 9,	90, 100,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
_					
3320	83 09-13-23	So	chedule G	(Form	990) 2023
		44			

Part IV	Supplemental Information	on (continued)		
				Schedule G (Form 990)
332084 04-01-2	23		45	

2023.05000 EPISCOPAL RELIEF AND DEVE 01631011

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		_	Attach to Form				Open to Public
		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization EPISCOPAL R	ELIEF AND DEVELO	OPMENT					Employer identification number 73-1635264
Part I General Information on Grant	s and Assistance						
1 Does the organization maintain record criteria used to award the grants or as	ssistance?						
2 Describe in Part IV the organization's							
Part II Grants and Other Assistance recipient that received more that	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government		(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
AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK, NY 10018	22-2584370	501(C)(3)	100,000.	0.			EMERGENCY RELIEF
CHURCH WORLD SERVICE - USA 28606 PHILLIPS ST., P.O. BOX 968							
ELKHART, IN 46515	13-4080201	501(C)(3)	25,000.	0.			HURRICANE RELIEF
DIOCESE OF ALABAMA 521 NORTH 20TH STREET BIRMINGHAM, AL 35203	63-0288860	501(C)(3)	7,000.	0.			EMERGENCY RELIEF
DIOCESE OF KENTUCKY 425 S. SECOND ST., SUITE 200	(1.0445001	501 (0) (2)	25,000				
LOUISVILLE, KY 40202 DIOCESE OF NORTHERN CALIFORNIA 350 UNIVERSITY AVE #280 SACRAMENTO, CA 95825	61-0445831 94-1408152		35,000.	0.			EMERGENCY RELIEF EMERGENCY RELIEF
DIOCESE OF PUERTO RICO SECTION 9602 SAINT JUST, PR 95825	66-0197834	501(C)(3)	495,465.	0.			HURRICANE RELIEF
2 Enter total number of section 501(c)(3	3) and government or	ganizations listed in th	ne line 1 table	•	•	•	16.
3 Enter total number of other organizati	ons listed in the line	1 table					0.

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

Schedule I (Form 990) EPISCOPAL RELIEF AND DEVELOPMENT

73-1635264 Page 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 non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF SOUTHWEST FLORIDA							
8005 25TH ST E							
PARRISH, FL 34219	59-1282026	501(C)(3)	175,000.	0.			HURRICANE RELIEF
DIOCESE OF TEXAS							
1225 TEXAS AVENUE							
HOUSTON, TX 77002	74-1143081	501(C)(3)	100,000.	0.			HURRICANE RELIEF
DIOCESE OF WESTERN LOUISIANA							
P.O. BOX 2031							
ALEXANDRIA, LA 71309	72-0876874	501(C)(3)	300,000.	0.			EMERGENCY RELIEF
EPISCOPAL FARMWORKERS MINISTRY							
2989 EASY ST							
DUNN, NC 28334	56-0552784	501(C)(3)	93,862.	0.			EMERGENCY RELIEF
THE EPISCOPAL DIOCESE OF LOUISIANA							
1623 SEVENTH STREET							
NEW ORLEANS, LA 70115	72-0876874	501(C)(3)	150,000.	0.			HURRICANE RELIEF
TOGETHER NEW ORLEANS							
2721 S. BROAD ST.							
NEW ORLEANS, LA 70125	85-2994623	501(C)(3)	75,000.	0.			EMERGENCY RELIEF
	05 2774025		, , , , , , , , , , , , , , , , , , , ,				
DIOCESE OF HAWAII							
229 QUEEN EMMA SQUARE							
HONOLULU, HI 96813	99-0073522	501(C)(3)	20,000.	0.			EMERGENCY RELIEF
THE EPISCOPAL CHURCH OF ST. JOHN							
THE DIVINE - 1047 AMSTERDAM AVENUE				_			
- NEW YORK, NY 10025	95-2234734	501(C)(3)	28,000.	0.			HURRICANE RELIEF
DIOCESE OF VERMONT							
5 ROCK POINT RD							
BURLINGTON, VT 05408	31-1629166	501(C)(3)	10,000.	Ο.			EMERGENCY RELIEF

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOCESE OF NORTH CAROLINA							
00 W. MORGAN STREET SUITE 300							
ALEIGH, NC 27601	56-0588469	501(C)(3)	11,596.	٥.			EMERGENCY RELIEF

Schedule I (Form 990)

EPISCOPAL RELIEF AND DEVELOPMENT

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 information	 	 	(b); and any other of	 ditional information	1

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:

EPISCOPAL RELIEF & DEVELOPMENT TAKES ITS GRANT MONITORING RESPONSIBILITIES

SERIOUSLY AS IT UNDERSTANDS THAT THE CHARITABLE EFFORTS IT FUNDS REFLECTS

ON THE ORGANIZATION. TO THAT END, EPISCOPAL RELIEF & DEVELOPMENT MAY

REQUIRE THE GRANTEE TO PROVIDE THE ORGANIZATION WITH A NUMBER OF DIFFERENT

REPORTS, INCLUDING: FINANCIAL REPORTS, (E.G. ACTUAL VS. BUDGET REPORTS);

EXPENSE MONITORING REPORTS (INCLUDING A REVIEW OF RECEIPTS, CONTRACTS,

TITLES AND BANK STATEMENTS), ON-SITE EVALUATIONS, BANK RECONCILIATIONS AS

WELL AS EXAMINATIONS BY INDEPENDENT AUDITORS.

SCH	HEDULE J	Compensation Information		OMB No. 1545-0047				
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	2		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				, La		
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Inspe				
	e of the organization		Employer id					
	C C	EPISCOPAL RELIEF AND DEVELOPMENT	73-16	35264				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s					
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)					
	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
•								
		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
			ammittaa					
		ther organizations Approval by the board or compensation of	ommittee					
4	During the year dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
	-	e payment or change-of-control payment?		4a		x		
		eive payment from a supplemental nonqualified retirement plan?				x		
	-	eive payment from an equity-based compensation arrangement?				x		
	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	-							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r							
а	The organization?			. 5a		x		
b	Any related organiz	ation?		. 5b		X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	et earnings of:						
а	The organization?			. <u>6a</u>		X		
b	Any related organiz	ation?		. 6b		X		
		or 6b, describe in Part III.						
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		. 7		X		
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne					
				8		X		
		id the organization also follow the rebuttable presumption procedure described in						
-	Regulations section			. 9		<u> </u>		
For F	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)) 2023		

LHA 332111 11-06-23

73-1635264

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ROBERT W. RADTKE	(i)	386,053.	0.	0.	35,485.	39,100.	460,638.	0.	
EX-OFFICIO-PRESIDENT & CEO	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(2) THE MOST REV. MICHAEL B. CURRY	(i)	0.	0.	0.	0.	0.	0.	0.	
PRES. BISHOP, EX-OFF. & HON CHAIR	(ii)	328,460.	0.	٥.	80,298.	30,998.	439,756.	0.	
(3) N. KURT BARNES	(i)	Ο.	0.	٥.	0.	0.	0.	0.	
EX-OFFICIO MEMBER & CFO (EC)	(ii)	287,686.	0.	٥.	34,522.	32,095.	354,303.	0.	
(4) ABAGAIL NELSON	(i)	266,976.	0.	٥.	24,586.	51,622.	343,184.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(5) ESTHER COHEN	(i)	244,828.	0.	٥.	22,355.	38,583.	305,766.	0.	
CHIEF OPERATING OFFICER	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(6) ELIZABETH DEISROTH	(i)	185,410.	0.	٥.	17,309.	38,380.	241,099.	0.	
VP, ADVANCEMENT	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(7) TAMMI MOTT	(i)	184,343.	0.	٥.	16,768.	32,085.	233,196.	0.	
VP, INTL PROGRAM OPS	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(8) VICIA S. CARRION	(i)	163,513.	0.	0.	15,503.	53,775.	232,791.	0.	
SENIOR DIRECTOR, HUMAN RESOURCES	(ii)	Ο.	0.	٥.	0.	0.	0.	0.	
(9) JANE CISLUYCIS	(i)	٥.	0.	٥.	0.	0.	0.	0.	
ACTING COO (AS OF 01/2023)	(ii)	165,385.	0.	0.	19,384.	25,743.	210,512.	0.	
(10) EMILY BLOOM	(i)	189,125.	0.	0.	16,351.	192.	205,668.	0.	
VP, BUSINESS DEVELOPMENT	(ii)	٥.	0.	٥.	0.	0.	0.	0.	
(11) SEAN MCCONNELL - SENIOR DIR.	(i)	167,221.	0.	٥.	14,301.	706.	182,228.	0.	
FAITH & COMMUNITY ENGAGEMENT	(ii)	٥.	0.	٥.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization			identification number
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EPISCOPAL RELIEF &	DEVELOPMENT WAS ESTABLISHED BY A RESOLUTION OF THE		
GENERAL CONVENTION	OF THE EPISCOPAL CHURCH IN 1940 IN ORDER TO MEET THE		
NEEDS OF EUROPEAN	REFUGEES FLEEING WORLD WAR II. TODAY, THE		
ORGANIZATION WORKS	WITH AN EXTENSIVE NETWORK OF FAITH AND COMMUNITY		
PARTNERS TO ADVANC	E LASTING CHANGE IN COMMUNITIES AFFECTED BY		
INJUSTICE, POVERTY	, DISASTER AND CLIMATE CHANGE.		
WORKING CLOSELY WI	TH ANGLICAN, ECUMENICAL AND SECULAR PARTNERS,		
EPISCOPAL RELIEF &	DEVELOPMENT SERVES THE NEEDS OF MORE THAN 3 MILLION		
PEOPLE EACH YEAR.	THROUGH ITS SUSTAINABLE DEVELOPMENT AND DISASTER		
RELIEF AND RECOVER	Y EFFORTS, THE ORGANIZATION IMPLEMENTS PROGRAMS IN		
THE FOLLOWING AREA	S: EARLY CHILDHOOD DEVELOPMENT, WOMEN AND GIRLS,		
CLIMATE RESILIENCE	AND DISASTER RESPONSE.		
MISSION AND MANDAT	E:		
HTTPS://WWW.EPISCO	PALRELIEF.ORG/WHO-WE-ARE/MISSION-AND-MANDATE		
WHAT WE DO:			
HTTPS://WWW.EPISCO	PALRELIEF.ORG/WHAT-WE-DO		
FINANCIALS			
HTTPS://WWW.EPISCO	PALRELIEF.ORG/WHO-WE-ARE/FINANCIALS/		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
EARLY CHILDHOOD DE	VELOPMENT (ECD) WE EQUIP AND SUPPORT PARENTS AND		
	THE QUALITY OF CARE THAT CHILDREN RECEIVE DURING THE	Caba	hulo ((Earm 000) 0000
LHA 332211 11-14-23	ion Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2023

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53 2023.05000 EPISCOPAL RELIEF AND DEVE 01631011

FIRST 1,000 DAYS OF LIFE AFFECTS THEM IN WAYS THAT LAST A LIFETIME. IN
PARTNERSHIP WITH LOCAL FAITH INSTITUTIONS AND COMMUNITY LEADERS,
EPISCOPAL RELIEF & DEVELOPMENT'S ECD PROGRAMMING FOCUSES ON A CHILD'S
FULL AND HEALTHY DEVELOPMENT. LEARN MORE AT
HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/CHILDREN.
WOMEN AND GIRLS WE FORGE PARTNERSHIPS TO REDUCE GENDER-BASED VIOLENCE
AND ADVANCE EQUALITY BY EQUIPPING AND SUPPORTING COMMUNITIES TO
CONFRONT HARMFUL SOCIAL NORMS AND BEHAVIORS. OUR WORK PROMOTES THE
RIGHTS OF WOMEN AND GIRLS AND MOVES TOWARD THE VISION THAT EVERYONE
DESERVES A LIFE FREE FROM VIOLENCE IN A SOCIETY WHERE THEY ARE TREATED
WITH DIGNITY AND RESPECT. LEARN MORE AT
HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/WOMEN.
CLIMATE RESILIENCE WE INVEST IN COMMUNITIES TO STRENGTHEN RESILIENCE
TO CLIMATE CHANGE. THROUGH A NETWORK OF LOCAL PARTNERS, WE REACH REMOTE
COMMUNITIES, EQUIPPING THEM WITH SKILL TRAINING, INFORMATION AND ACCESS
TO FINANCIAL RESOURCES THEY NEED TO COPE AND ADAPT TO RISING CLIMATE
RISKS AND UNCERTAINTY. LEARN MORE AT
HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO/PRIORITIES/CLIMATE.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S BYLAWS STIPULATE THAT THE BOARD OF DIRECTORS SHALL BE
SELF-PERPETUATING, AND THAT DIRECTORS SHALL BE ELECTED BY A MAJORITY VOTE
OF THE BOARD OF DIRECTORS; SUCH ELECTIONS MUST BE RATIFIED BY THE EXECUTIVE
COUNCIL OF THE EPISCOPAL CHURCH. THE EXECUTIVE COUNCIL SERVES AS THE
GOVERNING BODY OF THE EPISCOPAL CHURCH BETWEEN SESSIONS OF THE GENERAL
CONVENTION, AND IS TASKED WITH CARRYING OUT PROGRAMS AND POLICIES ADOPTED
332212 11-14-23 Schedule O (Form 990) 2023 54
81108 153424 0163101-00017 2023.05000 EPISCOPAL RELIEF AND DEVE 01631

Page **2** Employer identification number

73-1635264

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT

Schedule O (Form 990) 2023

123

Schedule O (Form 990) 2023	Page 2
Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73–1635264
EPISCOPAL RELIEF AND DEVELOPMENT	73-1035204
BY THE GENERAL CONVENTION.	
THE ORGANIZATION'S BYLAWS PROVIDE THAT ANY AMENDMENTS TO THE ORGANIZAT	ION'S
BYLAWS ARE ONLY EFFECTIVE UPON RATIFICATION BY THE EXECUTIVE COUNCIL OF	F THE
EPISCOPAL CHURCH.	
FORM 990, PART VI, SECTION A, LINE 7B:	
REFER TO PART VI, LINE 7A NARRATIVE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEW PROCESS OF FORM 990	
THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN	
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. INITIALLY, TH	HE
FORM 990 IS REVIEWED BY THE CHIEF OPERATING OFFICER, THEN PROVIDED TO	THE

AUDIT AND RISK COMMITTEE OF THE BOARD FOR REVIEW AND COMMENT. THEREAFTER, A

COPY OF THE DRAFT FORM 990 IS CIRCULATED ELECTRONICALLY TO THE FULL BOARD

OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED AMPLE

OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS

FILING WITH THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST POLICY

UPON HIRE, ALL EMPLOYEES ARE REQUIRED TO REVIEW AND COMPLETE A "CONFLICT OF

INTEREST" DECLARATION. BOARD AND STAFF CONFLICT OF INTEREST DISCLOSURES ARE

MONITORED BY THE OFFICE OF THE PRESIDENT & CEO AND HUMAN RESOURCES. THE

ORGANIZATION REQUIRES ALL NEW BOARD MEMBERS TO COMPLETE A DISCLOSURE UPON

COMMENCEMENT OF THEIR SERVICE. THESE DISCLOSURES ARE REQUIRED TO BE UPDATED

55

AND REVIEWED ANNUALLY.

332212 11-14-23

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

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

DETERMINATION AND REVIEW OF COMPENSATION

ALL SALARIES AT EPISCOPAL RELIEF & DEVELOPMENT ARE BASED ON MARKET-BASED

SALARY SURVEYS CARRIED OUT BY AN INDEPENDENT HUMAN RESOURCE CONSULTANT, IN

CONSULTATION WITH THE DEPARTMENT OF HUMAN RESOURCES OF EPISCOPAL RELIEF &

DEVELOPMENT. SALARY AND COMPENSATION REVIEWS WERE PERFORMED IN 2022 AND

2023. ACCORDINGLY, ALL SALARIES, INCLUDING THAT OF THE PRESIDENT & CEO, ARE

BENCHMARKED AGAINST THE SALARIES OF LIKE POSITIONS AT SIMILAR SIZED RELIEF

AND DEVELOPMENT ORGANIZATIONS. ALL SALARIES ARE REVIEWED ON AN ANNUAL

BASIS.

THE ORGANIZATION COMMISSIONED ITS MOST RECENT EXECUTIVE COMPENSATION STUDY

IN CALENDAR YEAR 2023 TO ENSURE THAT THE WAGES IT PAYS ARE COMPARABLE WITH

PEER INSTITUTIONS WITHIN ITS GEOGRAPHICAL MARKET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MN, MS, NH, NM, NY, ND, OK, OR, PA, RI, SC

TN, UT, VA, WA, WV, WI

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

ALL OF EPISCOPAL RELIEF & DEVELOPMENT'S AUDITED FINANCIAL STATEMENTS, IRS

FORM 990S, AND ANNUAL REPORTS ARE AVAILABLE ON THE ORGANIZATIONAL WEBSITE.

FINANCIAL INFORMATION IS ALSO AVAILABLE THROUGH OTHER WEBSITES, SUCH AS THE

BETTER BUSINESS BUREAU, CANDID AND CHARITY NAVIGATOR. GOVERNANCE DOCUMENTS

AND ORGANIZATIONAL POLICIES ARE AVAILABLE FROM OUR HEADQUARTERS UPON

REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT		Page 2 Employer identification number 73-1635264
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS HELD BY		
OTHERS	20,520.	
POSTRETIREMENT RELATED ACTIVITIES OTHER THAN SERVICE COST	-31,388.	
TOTAL TO FORM 990, PART XI, LINE 9	-10,868.	
³³²²¹² 11-14-23 57 81108 153424 0163101-00017 2023 050		Schedule O (Form 990) 2023

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2023.05000 EPISCOPAL RELIEF AND DEVE 01631011

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

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	cont	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DOMESTIC AND FOREIGN MISSIONARY SOCIETY -							
13-5562208, 815 SECOND AVE., NEW YORK, NY							
10017	RELIGIOUS	NEW YORK	501(C)(3)	LINE 1	N/A		х
	7						

Employer identification number 73-1635264

2023 Open to Public Inspection

Schedule R (Form 990) 2023

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j																						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	g Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income	Share of total income	Share of total income					Share of total income	Share of total income						Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No																					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
]								

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

Note: Co	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
1 Dur	ing the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rec	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	, grant, or capital contribution to related organization(s)	1b		
	, grant, or capital contribution from related organization(s)	1c		
	ins or loan guarantees to or for related organization(s)	1d		
e Loa	ins or loan guarantees by related organization(s)	1e		Ŧ
f Divi	idends from related organization(s)	1f		
g Sale	e of assets to related organization(s)	1g		
	chase of assets from related organization(s)	1h		
i Exc	hange of assets with related organization(s)	1i		
	se of facilities, equipment, or other assets to related organization(s)	1j		_
k Lea	ise of facilities, equipment, or other assets from related organization(s)	1k	x	
	formance of services or membership or fundraising solicitations for related organization(s)	11		
m Per	formance of services or membership or fundraising solicitations by related organization(s)	1m	x	
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
	aring of paid employees with related organization(s)	10	X	_
p Reir	mbursement paid to related organization(s) for expenses	1p	x	
	mbursement paid by related organization(s) for expenses	1q		$\frac{1}{2}$
r Oth	er transfer of cash or property to related organization(s)	1r		
s Oth	er transfer of cash or property from related organization(s)	1s		

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) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	м	1,100,980.	COST
(2) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	ĸ	356,598.	COST
(3) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	N	175,318.	соят
<u>(4)</u>			
(5)			
_(6)			

Schedule R (Form 990) 2023 EPISCOPAL RELIEF AND DEVELOPMENT

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23