

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending																													
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization EPISCOPAL RELIEF AND DEVELOPMENT</td> <td>D Employer identification number 73-1635264</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (855) 312-4325</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">815 SECOND AVE.</td> <td rowspan="2">G Gross receipts \$ 22,520,184.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ROBERT W. RADTKE SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">J Website: WWW.EPISCOPALRELIEF.ORG</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td>L Year of formation: 2002</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: NY</td> </tr> </table>	C Name of organization EPISCOPAL RELIEF AND DEVELOPMENT		D Employer identification number 73-1635264	Doing business as		E Telephone number (855) 312-4325	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	815 SECOND AVE.		G Gross receipts \$ 22,520,184.	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		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	J Website: WWW.EPISCOPALRELIEF.ORG		H(c) Group exemption number	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 2002			M State of legal domicile: NY
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ADVANCE LASTING CHANGE IN COMMUNITIES 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	61
	6 Total number of volunteers (estimate if necessary)	6	1502
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	37,226,485.	21,683,372.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-149,325.	818,061.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	18,751.
		37,077,160.	22,520,184.
Expenses	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.	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.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	40,880,575.	37,606,215.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,751,493.	3,819,835.
	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 Here	Signature of officer ESTHER COHEN, COO <i>Esther Cohen</i>		Date 11/11/2024		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>	Date 11/11/2024	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Phone no. (212) 599-0100		
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**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

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 - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. EPISCOPAL RELIEF AND DEVELOPMENT	Taxpayer identification number (TIN) 73-1635264
	Number, street, and room or suite no. If a P.O. box, see instructions. 815 SECOND AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return 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)

The books are in the care of ESTHER COHEN
815 SECOND AVENUE - NEW YORK, NY 10017

Telephone No. 212-518-0514 Fax No. 212-687-5302

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 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: Initial return Final return
 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	\$	0.
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	\$	0.
c 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	\$	0.

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

Part 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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,918,460. including grants of \$ 7,071,641.) (Revenue \$ 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 \$ 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/

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 23,480,184.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. (X); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ESTHER COHEN - 212-518-0514
815 SECOND AVENUE, NEW YORK, NY 10017

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT W. RADTKE EX-OFFICIO-PRESIDENT & CEO	40.00 0.00	X		X				386,053.	0.	74,585.
(2) THE MOST REV. MICHAEL B. CURRY PRES. BISHOP, EX-OFF. & HON CHAIR	1.00 40.00	X		X				0.	328,460.	111,296.
(3) N. KURT BARNES EX-OFFICIO MEMBER & CFO (EC)	1.00 40.00	X						0.	287,686.	66,617.
(4) ABAGAIL NELSON EXECUTIVE VICE PRESIDENT	40.00 0.00			X				266,976.	0.	76,208.
(5) ESTHER COHEN CHIEF OPERATING OFFICER	40.00 0.00			X				244,828.	0.	60,938.
(6) ELIZABETH DEISROTH VP, ADVANCEMENT	40.00 0.00					X		185,410.	0.	55,689.
(7) TAMMI MOTT VP, INTL PROGRAM OPS	40.00 0.00					X		184,343.	0.	48,853.
(8) VICIA S. CARRION SENIOR DIRECTOR, HUMAN RESOURCES	40.00 0.00					X		163,513.	0.	69,278.
(9) JANE CISLUYCIS ACTING COO (AS OF 01/2023)	1.00 40.00	X		X				0.	165,385.	45,127.
(10) EMILY BLOOM VP, BUSINESS DEVELOPMENT	40.00 0.00					X		189,125.	0.	16,543.
(11) SEAN MCCONNELL - SENIOR DIR. FAITH & COMMUNITY ENGAGEMENT	40.00 0.00					X		167,221.	0.	15,007.
(12) TERI LAWVER CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) THE RT. REV. HECTOR MONTERROSO VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(14) DR. DAVID M. MARTIN, JR. TREASURER	1.00 0.00	X		X				0.	0.	0.
(15) MIGUEL ESCOBAR SECRETARY	1.00 0.00	X		X				0.	0.	0.
(16) SHIRLEY STOVER ALLEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) DR. ROBERT J.I. MCCOUCH BOARD MEMBER	1.00 0.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THE REV. STEVEN D. PAULIKAS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) KAREN LONGENECKER, LCSW BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) MATT SILVA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) KENNETH JONES II BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) PUTNEY CLOOS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) PAUL FAETH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) THE REV. CANON MICHELE HAGANS BOARD MEMBER (AS OF 01/2023)	1.00 0.00	X						0.	0.	0.
(25) THE REV. CHRISTINE PURCELL BOARD MEMBER (AS OF 01/2023)	1.00 0.00	X						0.	0.	0.
(26) JOHN VAN DE WEERT BOARD MEMBER (AS OF 01/2023)	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,787,469.	781,531.	640,141.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,787,469.	781,531.	640,141.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 31

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SANKY COMMUNICATIONS, INC., 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036	FUNDRAISING	618,943.
BRANDTUITIVE, INC 1460 BROADWAY, NEW YORK, NY 10036	MARKETING AGENCY	185,485.
MOORE RESPONSE MGMT GRP 100 JAMISON CT, HAGERSTOWN, MD 21740	LOCKBOX SERVICE	154,214.
METRO GRAPHICS, LLC 393 MARCY AVE, BROOKLYN, NY 11206	PRINTING	138,795.
ACCENTURE LLP 395 9TH AVENUE, NEW YORK, NY 10001	ORGANIZATIONAL DEVELOPMENT	116,085.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,683,372.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		21,683,372.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		293,095.		293,095.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
				524,966.			
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	524,966.			
d	Net gain or (loss)		524,966.			524,966.	
8 a	Gross income from fundraising events (not 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						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	STUDY TOURS	611710	16,700.	16,700.		
	b	MISCELLANEOUS REVENUE	900099	2,051.		2,051.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		18,751.			
12	Total revenue. See instructions		22,520,184.	16,700.	0.	820,112.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	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.
	10a 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.	
Liabilities	17 Accounts payable and accrued expenses	1,993,199.	17	1,880,983.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		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 of Schedule D	1,758,294.	25	1,938,852.
	26 Total liabilities. Add lines 17 through 25	3,751,493.	26	3,819,835.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,710,809.	27	14,659,074.
	28 Net assets with donor restrictions	24,418,273.	28	19,127,306.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		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.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part 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	-5,334,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,129,082.
5	Net unrealized gains (losses) on investments	5	2,002,660.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-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.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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.

Section B. Total Support

Calendar 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.
12 Gross receipts from related activities, etc. (see instructions)					12	284,602.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (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 organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 85,036.

2020 AMOUNT: \$ 3,598.

2021 AMOUNT: \$ 1,785.

2022 AMOUNT: \$ 0.

2023 AMOUNT: \$ 2,051.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

EPISCOPAL RELIEF AND DEVELOPMENT

Employer identification number

73-1635264

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 \$ _____

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.

Schedule B (Form 990) (2023)

Name of organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

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	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT Employer identification number 73-1635264

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,152,378.	20,833,079.	20,176,893.	19,418,856.	18,526,543.
b Contributions					
c Net investment earnings, gains, and losses	2,527,626.	-3,952,607.	1,642,669.	3,402,914.	3,591,513.
d Grants or scholarships					
e Other expenditures for facilities and programs	844,059.	653,017.	896,401.	2,537,714.	2,569,882.
f Administrative expenses	68,557.	75,077.	90,082.	107,163.	129,318.
g End of year balance	17,767,388.	16,152,378.	20,833,079.	20,176,893.	19,418,856.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- 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 should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,450.	6,620.	1,830.
d Equipment		503,817.	465,198.	38,619.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				40,449.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFITS OTHER THAN PENSIONS	1,857,768.
(3) DUE TO DFMS	63,970.
(4) OPERATING LEASE LIABILITY	17,114.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,938,852.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	2b	1,632,896.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	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 12.)	5	22,520,184.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	2c	
d	Other (Describe in Part XIII.)	2d	
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 18.)	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 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION MAINTAINS TWO BENEFICIAL INTERESTS IN TRUSTS, THAT ARE

HELD AND MANAGED BY THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY 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 THIRD-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.

Part XIII Supplemental Information (continued)

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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(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 PACIFIC	0	0	GRANTMAKING		60,242.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		645,939.
SOUTH AMERICA	0	0	GRANTMAKING		509,330.
SOUTH ASIA	0	0	GRANTMAKING		114,879.
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.

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

Schedule F (Form 990) 2023

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	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED CLIMATE RESILIENCE	1,037,179.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED CLIMATE RESILIENCE	971,556.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EARLY CHILDHOOD DEVELOPMENT	943,145.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	UKRAINE	450,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED DEVELOPMENT	410,002.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED DEVELOPMENT	367,896.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY RELIEF	365,755.	BANK WIRE	0.		

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

3 Enter total number of other organizations or entities 0

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY RELIEF	350,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	INTEGRATED CLIMATE RESILIENCE	380,598.	BANK WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EMERGENCY RELIEF	331,705.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	352,691.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FOOD SECURITY	242,184.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HURRICANE RELIEF	256,420.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED CLIMATE RESILIENCE	207,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	INTEGRATED DEVELOPMENT	200,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	183,900.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	EMERGENCY RELIEF	195,897.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED DEVELOPMENT	176,996.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED DEVELOPMENT	156,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	150,771.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY RELIEF	150,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	COVID-19 RELIEF	120,000.	BANK WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	COVID-19 RELIEF	96,219.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	EMERGENCY RELIEF	95,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	INTEGRATED CLIMATE RESILIENCE	128,348.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & BARBUDA, ARUBA,	INTEGRATED CLIMATE 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, BANGLADESH, BHUTAN, INDIA,	INTEGRATED DEVELOPMENT/EMERGENCY RELIEF	73,002.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	FINANCIAL LITERACY	70,707.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HIV PREVENTION	65,000.	BANK WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	COVID-19 RELIEF	60,406.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY RELIEF	55,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	COVID-19 RELIEF	55,000.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 & BARBUDA, ARUBA,	INTEGRATED DEVELOPMENT	80,082.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	COVID-19 RELIEF	41,557.	BANK WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GENDER BASED VIOLENCE	40,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	INTEGRATED DEVELOPMENT	38,861.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	INTEGRATED DEVELOPMENT	35,000.	BANK WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	COVID-19 RELIEF	34,900.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	EMERGENCY RELIEF	30,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	COVID-19 RELIEF	24,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	INTEGRATED DEVELOPMENT/EMERGENCY RELIEF	22,000.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EMERGENCY RELIEF	20,515.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	COVID-19 RELIEF	20,280.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY RELIEF	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	EMERGENCY RELIEF	20,000.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	INTEGRATED DEVELOPMENT	20,000.	BANK WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENDER BASED VIOLENCE	20,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY RELIEF	19,320.	BANK WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	15,850.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EMERGENCY RELIEF	15,000.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, 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	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	GENDER BASED VIOLENCE	10,659.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EMERGENCY RELIEF	10,000.	BANK WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEAN WATER AND 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) - ALBANIA, ANDORRA,	INTEGRATED DEVELOPMENT	8,000.	BANK WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	EMERGENCY RELIEF	7,727.	BANK WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	COVID-19 RELIEF	6,977.	BANK WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GENDER BASED VIOLENCE	5,500.	BANK WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," 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)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," 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)* Yes 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? *If "Yes," 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)* Yes 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 No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," 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)* Yes No

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
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS - 599 11TH AVE, NEW YORK, NY 10036	FUNDRAISING		X	6,188,916.	618,943.	5,569,973.
Total				6,188,916.	618,943.	5,569,973.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, CA, CO, CT, DE, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NE, NH, NM, NY, ND, OK, OR, PA, RI
SC, TN, UT, VA, WA, WV, WI

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **EPISCOPAL RELIEF AND DEVELOPMENT** Employer identification number **73-1635264**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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 LOUISVILLE, KY 40202	61-0445831	501(C)(3)	35,000.	0.			EMERGENCY RELIEF
DIOCESE OF NORTHERN CALIFORNIA 350 UNIVERSITY AVE #280 SACRAMENTO, CA 95825	94-1408152	501(C)(3)	100,000.	0.			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) and government organizations listed in the line 1 table **16.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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.	0.			EMERGENCY RELIEF

Schedule I (Form 990)

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 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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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 ADVANCE LASTING CHANGE IN COMMUNITIES AFFECTED BY

INJUSTICE, POVERTY, DISASTER AND CLIMATE CHANGE.

WORKING CLOSELY WITH 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 RECOVERY EFFORTS, THE ORGANIZATION IMPLEMENTS PROGRAMS IN

THE FOLLOWING AREAS: EARLY CHILDHOOD DEVELOPMENT, WOMEN AND GIRLS,

CLIMATE RESILIENCE AND DISASTER RESPONSE.

MISSION AND MANDATE:

[HTTPS://WWW.EPISCOPALRELIEF.ORG/WHO-WE-ARE/MISSION-AND-MANDATE](https://www.episcopalrelief.org/who-we-are/mission-and-mandate)

WHAT WE DO:

[HTTPS://WWW.EPISCOPALRELIEF.ORG/WHAT-WE-DO](https://www.episcopalrelief.org/what-we-do)

FINANCIALS

[HTTPS://WWW.EPISCOPALRELIEF.ORG/WHO-WE-ARE/FINANCIALS/](https://www.episcopalrelief.org/who-we-are/financials/)

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

EARLY CHILDHOOD DEVELOPMENT (ECD) WE EQUIP AND SUPPORT PARENTS AND

CAREGIVERS BECAUSE THE QUALITY OF CARE THAT CHILDREN RECEIVE DURING THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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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](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](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](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

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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BY THE GENERAL CONVENTION.

THE ORGANIZATION'S BYLAWS PROVIDE THAT ANY AMENDMENTS TO THE ORGANIZATION'S BYLAWS ARE ONLY EFFECTIVE UPON RATIFICATION BY THE EXECUTIVE COUNCIL OF 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, THE 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 AND REVIEWED ANNUALLY.

Name of the organization EPISCOPAL RELIEF AND DEVELOPMENT	Employer identification number 73-1635264
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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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">EPISCOPAL RELIEF AND DEVELOPMENT</p>	Employer identification number <p align="center">73-1635264</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						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		X

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

Schedule R (Form 990) 2023

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	M	1,100,980.	COST
(2) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	K	356,598.	COST
(3) DOMESTIC AND FOREIGN MISSIONARY SOCIETY	N	175,318.	COST
(4)			
(5)			
(6)			

