

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization EPISCOPAL RETIREMENT SERVICES</td> <td>D Employer identification number 47-5651061</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 513-271-9610</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 9,263,844.</td> </tr> <tr> <td>3870 VIRGINIA AVE</td> <td></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45227</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: LAURA LAMB SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.EPISCOPALRETIREMENT.COM</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2015 M State of legal domicile: OH</td> </tr> </table>	C Name of organization EPISCOPAL RETIREMENT SERVICES		D Employer identification number 47-5651061	Doing business as		E Telephone number 513-271-9610	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,263,844.	3870 VIRGINIA AVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45227		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	F Name and address of principal officer: LAURA LAMB SAME AS C ABOVE		If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.EPISCOPALRETIREMENT.COM			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2015 M State of legal domicile: OH
C Name of organization EPISCOPAL RETIREMENT SERVICES		D Employer identification number 47-5651061																										
Doing business as		E Telephone number 513-271-9610																										
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,263,844.																										
3870 VIRGINIA AVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45227		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
F Name and address of principal officer: LAURA LAMB SAME AS C ABOVE		If "No," attach a list. See instructions																										
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶																										
J Website: ▶ WWW.EPISCOPALRETIREMENT.COM																												
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2015 M State of legal domicile: OH																										

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE CORPORATION IS TO BE ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO	
	2 Check this box <input type="checkbox"/> 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 15
	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 2021 (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 169
	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 722,604. Current Year 1,271,651.
	9 Program service revenue (Part VIII, line 2g)	3,123,318. 3,501,157.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,006. 455,274.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,537,197. 4,035,762.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,686,125. 9,263,844.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		4,644,193. 4,401,613.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,547,434. 3,351,563.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,191,627. 7,753,176.	
19 Revenue less expenses. Subtract line 18 from line 12	494,498. 1,510,668.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 24,906,332. End of Year 26,931,140.
	21 Total liabilities (Part X, line 26)	5,812,847. 5,777,890.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,093,485. 21,153,250.

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		Date		
	▶ DANIEL P STEWARD, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KAREN O. CRIM	KAREN O. CRIM	11/15/22	<input type="checkbox"/>	P00368385
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 6 S PATTERSON BLVD DAYTON, OH 45402	Phone no. 937-298-0201			

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

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:

THE PURPOSE OF THE CORPORATION IS TO BE ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE RELIGIOUS AND CHARITABLE PURPOSES OF EPISCOPAL RETIREMENT HOMES, INC. AND EPISCOPAL RETIREMENT SERVICES

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 \$ 7,005,588. including grants of \$) (Revenue \$ 7,537,479.) AFFORDABLE SENIOR LIVING: ALL OLDER ADULTS, REGARDLESS OF INCOME, DESERVE TO LIVE IN A SAFE, COMFORTABLE AND ENRICHING ENVIRONMENT. ACROSS OUR REGION AND AROUND THE COUNTRY, THE NEED FOR AFFORDABLE LIVING FOR SENIORS IS GROWING AT AN ALARMING PACE. FOR EVERY SINGLE SENIOR AFFORDABLE LIVING APARTMENT AVAILABLE, THERE ARE TEN INDIVIDUALS WAITING FOR HOUSING AND BY THE YEAR 2030, THE 65-YEAR-OLD POPULATION WILL HAVE DOUBLED. AT EPISCOPAL RETIREMENT SERVICES (ERS), WE ARE RAPIDLY POSITIONING OURSELVES TO BE LEADERS IN THE INDUSTRY TO ADDRESS THIS EMERGING NATIONAL CRISIS. AFFORDABLE SENIOR LIVING BY ERS IS MORE THAN A SET OF APARTMENT BUILDINGS. WE ARE IN THE BUSINESS OF BUILDING COMMUNITIES WHERE SENIORS CAN THRIVE PHYSICALLY, EMOTIONALLY, AND SOCIALLY BY PROVIDING A WIDE RANGE OF AMENITIES AND SERVICES.

4b (Code:) (Expenses \$ 747,588. including grants of \$) (Revenue \$) EPISCOPAL RETIREMENT SERVICES DEVELOPMENT, LLC: THE EPISCOPAL RETIREMENT SERVICES DEVELOPMENT LLC IS AN OHIO LIMITED LIABILITY COMPANY OF WHICH ERS IS THE SOLE MEMBER.

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 7,753,176.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	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	
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
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.		
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ OH**
- 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.
 Own website Another's website 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 **▶**
DANIEL P STEWARD - 513-271-9610
3870 VIRGINIA AVE, CINCINNATI, OH 45227

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, 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) LAURA LAMB CEO/PRESIDENT	10.00 30.00			X				0.	477,599.	57,463.
(2) DANIEL STEWARD CFO	10.00 30.00			X				0.	240,581.	26,267.
(3) GINNY UEHLIN VP, RESIDENTIAL HEALTHCARE	10.00 30.00			X				0.	210,247.	7,718.
(4) JOAN WETZEL VP, HR & ORD. DEVL.	10.00 30.00			X				0.	163,340.	8,665.
(5) BRYAN REYNOLDS VP, MARKETING & PUBLIC RELATIONS	10.00 30.00			X				0.	142,467.	19,463.
(6) MEGAN BRADFORD VP, MIDDLE MARKET & MINISTRY	10.00 30.00			X				0.	141,302.	3,986.
(7) JAMES WILSON VP, AFFORDABLE LIVING	10.00 30.00			X				0.	134,256.	5,652.
(8) KATHY ISON-LIND VP, AFFORDABLE LIVING UNTIL 02/2021	10.00 30.00			X				0.	57,426.	2,345.
(9) TOM REGAN CHAIRMAN	0.20 0.40	X		X				0.	0.	0.
(10) DORA ANIM DIRECTOR	0.20 0.20	X						0.	0.	0.
(11) ELEANOR BOTTS DIRECTOR	0.20 0.20	X						0.	0.	0.
(12) W. THOMAS COOPER DIRECTOR	0.20 0.40	X						0.	0.	0.
(13) THE REV. DARREN ELIN DIRECTOR	0.20 0.20	X						0.	0.	0.
(14) THE REV. JOHN FRITSCHNER DIRECTOR	0.20 0.20	X						0.	0.	0.
(15) JOANN HAGOPIAN DIRECTOR	0.20 0.40	X						0.	0.	0.
(16) GREGORY HOPKINS DIRECTOR	0.20 0.20	X						0.	0.	0.
(17) THE REV. CANON JACK KOEPKE DIRECTOR	0.20 0.40	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) DAVID LOWRY DIRECTOR	0.20 0.20	X						0.	0.	0.
(19) GERRON MCKNIGHT DIRECTOR	0.20 0.20	X						0.	0.	0.
(20) JENNY PAYNE DIRECTOR	0.20 0.20	X						0.	0.	0.
(21) THE REV. DAVID PFAFF DIRECTOR UNTIL 09/2021	0.20 0.20	X						0.	0.	0.
(22) RICHARD A. SETTERBERG DIRECTOR	0.20 0.20	X						0.	0.	0.
(23) ALBERT SMITHERMAN DIRECTOR	0.20 0.20	X						0.	0.	0.
(24) ELIZABETH ZWILLING DIRECTOR	0.20 0.20	X						0.	0.	0.
1b Subtotal								0.	1,567,218.	131,559.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,567,218.	131,559.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 **0**

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	401,918.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	869,733.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			1,271,651.			
Program Service Revenue	2 a	MGMT/DEVELOPER FEES	Business Code 531390	3,501,157.	3,501,157.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f			3,501,157.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		440,866.		440,866.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	13,377.	1,031.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		0.	0.		
	7 c	Gain or (loss)		13,377.	1,031.		
d Net gain or (loss)				14,408.		14,408.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 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					
9 b	Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	NON-OPERATING INCOME	Business Code 900099	3,369,888.	3,369,888.		
	b	MINISTRY REVENUE	900099	666,434.	666,434.		
	c	PARTNERSHIP INCOME	900099	-560.		-560.	
	d	All other revenue					
	e Total. Add lines 11a-11d			4,035,762.			
12 Total revenue. See instructions			9,263,844.	7,537,479.	0.	454,714.	

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 X

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,610,438.	3,610,438.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	515,963.	515,963.		
10 Payroll taxes	275,212.	275,212.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	96,791.	96,791.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,550,551.	2,550,551.		
12 Advertising and promotion	10,891.	10,891.		
13 Office expenses	112,706.	112,706.		
14 Information technology				
15 Royalties				
16 Occupancy	3,954.	3,954.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	139,270.	139,270.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,965.	82,965.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ACTIVITIES COST	116,397.	116,397.		
b TRAVEL, DUES & SUBSCRIP	110,540.	110,540.		
c _____				
d _____				
e All other expenses _____	127,498.	127,498.		
25 Total functional expenses. Add lines 1 through 24e	7,753,176.	7,753,176.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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	337,168.	1	1,839,569.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,562,410.	4	2,836,332.
	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	4,379.	9	3,856.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 769,838.		
	b Less: accumulated depreciation	10b 570,432.	267,828.	10c 199,406.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,778,978.	12	2,211,652.
	13 Investments - program-related. See Part IV, line 11	826,527.	13	1,391,318.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,129,042.	15	18,449,007.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,906,332.	16	26,931,140.	
Liabilities	17 Accounts payable and accrued expenses	1,261,767.	17	1,553,705.
	18 Grants payable		18	
	19 Deferred revenue	1,471,585.	19	1,165,168.
	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	3,079,495.	25	3,059,017.
	26 Total liabilities. Add lines 17 through 25	5,812,847.	26	5,777,890.
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	18,393,515.	27	20,453,280.
	28 Net assets with donor restrictions	699,970.	28	699,970.
	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	19,093,485.	32	21,153,250.
	33 Total liabilities and net assets/fund balances	24,906,332.	33	26,931,140.

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	9,263,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,753,176.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,510,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,093,485.
5	Net unrealized gains (losses) on investments	5	493,716.
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	55,381.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,153,250.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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? _____
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 Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
1		
2a		X
b		X
c		
3a		X
3b		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **EPISCOPAL RETIREMENT SERVICES** Employer identification number **47-5651061**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 2
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
EPISCOPAL RETIREMENT HOMES, I	31-0554071	10	X		0.	
EPISCOPAL RETIREMENT SERVICES	31-1570272	10	X		0.	
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	X	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		X

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		X
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		X

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

(This area is intentionally left blank for supplemental information.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

EPISCOPAL RETIREMENT SERVICES

Employer identification number

47-5651061

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).

Name of organization EPISCOPAL RETIREMENT SERVICES	Employer identification number 47-5651061
--	---

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/>	\$ <u>969,734.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>401,918.</u>	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 RETIREMENT SERVICES	Employer identification number 47-5651061
--	---

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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization EPISCOPAL RETIREMENT SERVICES	Employer identification number 47-5651061
--	---

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

(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

(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

(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

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

2021

Open to Public Inspection

Name of the organization EPISCOPAL RETIREMENT SERVICES Employer identification number 47-5651061

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 on 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	32,026,500.	29,674,844.	47,526,696.	52,796,022.	24,293,791.
b Contributions	6,151.	27,573.	1,249,114.	3,929,019.	23,777,278.
c Net investment earnings, gains, and losses	3,229,019.	3,437,508.	-16,356,492.	-2,618,920.	8,346,193.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,258,867.	1,113,245.	2,744,474.	6,579,425.	3,621,240.
f Administrative expenses					
g End of year balance	34,002,803.	32,026,500.	29,674,844.	47,526,696.	52,796,022.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 91.9490 %
 - b Permanent endowment 8.0510 %
 - c Term endowment .0000 %
- 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?
- 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		66,993.	54,579.	12,414.
d Equipment		702,845.	515,853.	186,992.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 199,406.

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) OTHER INVESTMENTS -		
(B) SECURITIES	2,211,652.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,211,652.	

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) OTHER INVESTMENTS -		
(2) PROGRAM RELATED	1,391,318.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,391,318.	

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) INTERPROGRAM RECEIVABLES	18,449,007.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,449,007.

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) INTERPROGRAM PAYABLES	3,059,017.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,059,017.

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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 INTENDED USE OF THE ORGANIZATION ENDOWMENTS IS TO USE 4.0% OF THE AVERAGE MARKET VALUE OF THE FUNDS OVER THE PREVIOUS 12 QUARTERS TO FUND THE SPECIFIC PROGRAMS REQUESTED BY DONORS WHICH INCLUDE: PASTORAL CARE, CARE CENTER FLOWERS, INDEPENDENT LIVING MAINTENANCE, FINANCIAL AID, MEMORY SUPPORT CARE, AFFORDABLE HOUSING AND GENERAL OPERATIONS OF EPISCOPAL RETIREMENT HOMES, INC.

THE ORGANIZATION ALSO RECEIVES DISTRIBUTIONS FROM AN ENDOWMENT THAT IS HELD AND ADMINISTERED BY THE TRUSTEES OF THE EPISCOPAL DIOCESE OF SOUTHERN OHIO.

Part XIII Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **EPISCOPAL RETIREMENT SERVICES** Employer identification number: **47-5651061**

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 type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 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		

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

Schedule J (Form 990) 2021

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

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) LAURA LAMB CEO/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	397,599.	80,000.	0.	25,000.	32,463.	535,062.	0.
(2) DANIEL STEWARD CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	225,581.	15,000.	0.	0.	26,267.	266,848.	0.
(3) GINNY UEHLIN VP, RESIDENTIAL HEALTHCARE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	195,247.	15,000.	0.	0.	7,718.	217,965.	0.
(4) JOAN WETZEL VP, HR & ORD. DEVL.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,340.	12,000.	0.	0.	8,665.	172,005.	0.
(5) BRYAN REYNOLDS VP, MARKETING & PUBLIC RELATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	130,467.	12,000.	0.	0.	19,463.	161,930.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

EPISCOPAL RETIREMENT HOMES INC, A RELATED PARTY, USES THE FOLLOWING METHODS

TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO:

-COMPENSATION SURVEY OR STUDY

-COMPENSATION COMMITTEE

-APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**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

2021

Open to Public
Inspection

Name of the organization

EPISCOPAL RETIREMENT SERVICES

Employer identification number

47-5651061

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE
RELIGIOUS AND CHARITABLE PURPOSES OF EPISCOPAL RETIREMENT HOMES, INC.
AND EPISCOPAL RETIREMENT SERVICES FOUNDATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION.

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

EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC (ERSAL) IS AN OHIO
LIMITED LIABILITY COMPANY OF WHICH ERS IS THE SOLE MEMBER. ERSAL
PROVIDES THE DEVELOPMENT AND MANAGEMENT SERVICES FOR THE PROJECTS OWNED
AND/OR MANAGED BY ERSAL. THESE PROJECTS PROVIDE THE HOUSING FOR
SENIORS, THE HANDICAPPED AND LOW INCOME PERSONS THROUGH VARIOUS
NONPROFIT CORPORATIONS, LIMITED PARTNERSHIPS, AND LIMITED LIABILITY
COMPANIES. DURING 2021 ERSAL HAD OWNERSHIP INTEREST IN AND/OR MANAGED
31 FACILITIES.

THERE WERE 2,370 INDIVIDUALS THAT SERVED AS AFFORDABLE LIVING RESIDENTS
IN 2021. TO KEEP PACE WITH GROWTH, \$400 PER RESIDENT IS PROJECTED
ANNUALLY TO SUPPORT MINISTRY SERVICES, AND 1 NEW AFFORDABLE LIVING
COMMUNITIES IS PLANNED PER YEAR FOR LOW INCOME SENIORS. MORE THAN 3,000
BUS TRIPS PER YEAR HELP RESIDENTS STAY CONNECTED TO THE BROADER
COMMUNITY. EVERY SENIOR DESERVES A PLACE TO FEEL AT HOME IN THEIR
RETIREMENT YEARS, NO MATTER WHAT THEIR FINANCIAL SITUATION. WE OFFER

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

Schedule O (Form 990) 2021

Name of the organization EPISCOPAL RETIREMENT SERVICES	Employer identification number 47-5651061
---	--

RENT-SUBSIDIZED AFFORDABLE SENIOR LIVING COMMUNITIES THAT PROVIDE A VARIETY OF AMENITIES, OPTIONS, AND SERVICES NOT OFTEN FOUND IN COMMUNITIES FOR SENIORS WITH LIMITED INCOMES.

ERS'S PURPOSE PERTAINING TO AFFORDABLE HOUSING IS TO PROVIDE SAFE, COMFORTABLE, AND ENRICHING COMMUNITY LIVING TO DESERVING OLDER ADULTS REGARDLESS OF THEIR INCOME LEVELS. WE WILL CONTINUE TO FOSTER LOW-INCOME HOUSING, AND DIRECTLY OR INDIRECTLY OWN, OPERATE, MANAGE, AND DEVELOP AFFORDABLE HOUSING PRIMARILY FOR THE ELDERLY. WE WILL ALSO PROVIDE NECESSARY GUIDANCE, MANAGEMENT SERVICE, STRATEGIC PLANNING, AND CORPORATE INFRASTRUCTURE FOR AFFORDABLE HOUSING FACILITIES SPONSORED BY ERS PRIMARILY FOR THE BENEFIT OF THE ELDERLY, THEIR FAMILIES, AND CAREGIVERS. WE ALSO ENGAGE IN ACTIVITIES TO SUPPORT AFFORDABLE HOUSING COMMUNITIES WHETHER OWNED OR OPERATED, DIRECTLY OR INDIRECTLY, BY ERS INCLUDING PROVIDING FINANCIAL SUPPORT THROUGH FUNDRAISING, FINANCING, OR GUARANTEES OF FINANCING.

FORM 990, PART VI, SECTION A, LINE 6:

AS PROVIDED IN SECTION 1702.14 OF THE OHIO REVISED CODE, THE MEMBERS OF EPISCOPAL RETIREMENT SERVICES (ERS) SHALL CONSIST OF THE INDIVIDUALS SERVING FROM TIME TO TIME AS MEMBERS OF THE BOARD OF DIRECTORS OF ERS WHO SHALL HAVE ALL THE RIGHTS AND PRIVILEGES OF MEMBERS SET OUT IN THE OHIO NONPROFIT CORPORATION LAW. A DIRECTOR SHALL CEASE TO BE A MEMBER WHEN HE/SHE CEASES TO BE A DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BISHOP OF THE EPISCOPAL DIOCESE OF SOUTHERN OHIO HAS THE POWER TO APPOINT ONE BOARD MEMBER AND THE EPISCOPAL CHURCH HOME FOUNDATION HAS THE POWER TO APPOINT TWO BOARD MEMBERS. ALL OTHER BOARD MEMBERS ARE ELECTED BY

Name of the organization EPISCOPAL RETIREMENT SERVICES	Employer identification number 47-5651061
---	--

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS, WHICH MAKE UP THE BOARD OF DIRECTORS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED AND APPROVED BY THE EPISCOPAL RETIREMENT SERVICES (ERS) CFO. THE 990 IS THEN SHARED WITH THE ERS FINANCE COMMITTEE AND THE EPISCOPAL RETIREMENT SERVICES BOARD PRIOR TO SUBMISSION.

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

EPISCOPAL RETIREMENT SERVICES (ERS) HAS A WRITTEN CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. THE CEO'S EXECUTIVE SECRETARY IS RESPONSIBLE TO ENSURE ALL INDIVIDUALS RESPOND TO THIS ANNUAL REQUEST. IN ADDITION, EVERY ERS STAFF MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT AS PART OF THEIR ANNUAL PERFORMANCE EVALUATION.

FORM 990, PART VI, SECTION C, LINE 18:

EPISCOPAL RETIREMENT SERVICES MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE USE OF THE EPISCOPAL RETIREMENT SERVICES WEBSITE.

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

THE EPISCOPAL RETIREMENT SERVICES GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME AS

Name of the organization EPISCOPAL RETIREMENT SERVICES	Employer identification number 47-5651061
--	---

SET FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	807,523.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	807,523.

MANAGEMENT FEE:

PROGRAM SERVICE EXPENSES	1,743,028.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,743,028.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,550,551.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PARTNERSHIP INCOME FROM K-1'S NOT INCLUDED IN FINANCIAL STATEMENTS	-4,603.
OTHER CHANGES IN NET ASSETS	-1,069,287.
TRANSFER TO UNRESTRICTED ERSF	1,129,271.
TOTAL TO FORM 990, PART XI, LINE 9	55,381.

**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

2021

Open to Public Inspection

Name of the organization **EPISCOPAL RETIREMENT SERVICES** Employer identification number **47-5651061**

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
EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC - 45-5531364, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	2,665,399.	18,247,643.	EPISCOPAL RETIREMENT SERVICES, INC
EPISCOPAL RETIREMENT HOMES DEVELOPMENT, LLC - 27-5489338, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	OWNERSHIP OF EPISCOPAL RETIREMENT SERVICES STRATEGIC INVESTMENTS, LLC	OHIO	-491,723.	8,670,120.	EPISCOPAL RETIREMENT SERVICES, INC
EPISCOPAL RETIREMENT HOMES STRATEGIC INVESTMENTS, LLC - 30-0835888, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	INVESTMENT	OHIO	0.	13,377.	EPISCOPAL RETIREMENT HOMES DEVELOPMENT, LLC
ERHAL HOLDINGS, LLC - 35-2514889 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	4,167.	1,365,000.	EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

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
EPISCOPAL RETIREMENT SERVICES FOUNDATION - 31-1570272, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	INVESTMENT	OHIO	501(C)(3)	LINE 11	EPISCOPAL RETIREMENT HOMES, INC.	X	
CANTERBURY COURT, INC. - 20-1750198 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	501(C)(3)	LINE 9	EPISCOPAL RETIREMENT SERVICES	X	
CAMBRIDGE HEIGHTS APARTMENTS, INC. - 20-8007307, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	501(C)(3)	LINE 7	EPISCOPAL RETIREMENT SERVICES	X	
ST. PAUL VILLAGE I, INC. - 11-3763686 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	501(C)(3)	LINE 9	EPISCOPAL RETIREMENT SERVICES	X	

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
ERHAL OHIO HOLDINGS, LLC - 61-1762060 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	0.	420,788.	EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC
SPRINGFIELD SHAWNEE PARKING, LLC - 26-2851174, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	2,167.	21,668.	ERHAL, INC
PARKWAY PLACE, LLC - 47-2459213 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	0.	179,033.	ERHAL, INC
ERS ANDERSON PROPERTY, LLC - 61-1905717 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	0.	0.	EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC
ERS WILMINGTON PROPERTIES LLC - 61-1905717 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OHIO	0.	0.	EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
EPISCOPAL CHURCH HOME - 61-0461720 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	INVESTMENT	OHIO	501(C)(3)	LINE 11	EPISCOPAL RETIREMENT SERVICES	X	
EPISCOPAL RETIREMENT HOMES INC - 31-0554071 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	INVESTMENT	OHIO	501(C)(3)	LINE 11	EPISCOPAL RETIREMENT SERVICES	X	

Schedule R (Form 990) 2021 **EPISCOPAL RETIREMENT SERVICES**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
THOMASTON WOODS GP, LLC - 46-4713631, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	EPISCOPAL RETIREMENT SERVICES AFFORDABLE	EXCLUDED	0.	4,517,392.		X	N/A	X		60.00%
THOMASTON WOODS LIMITED PARTNERSHIP - 37-1758458, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	THOMASTON WOODS GP, LLC	EXCLUDED	-224,028.	8,841,691.		X	N/A	X		.06%
ERHAL SENIOR HOUSING AT ANDERSON LIMITED PARTNERSHIP - 46-2342810, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	PARKVIEW PLACE	EXCLUDED	-195,347.	5,012,956.		X	N/A	X		1.00%
CANTERBURY COURT LIMITED PARTNERSHIP - 33-1166690, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	CANTERBURY COURT, INC.	EXCLUDED	160,855.	6,995,315.		X	N/A	X		.10%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ERHAL, INC. - 80-0872042 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF VARIOUS PARTNERSHIPS	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X
ERH ANDERSON GP LLC - 90-0950283 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF ERH AL SENIOR HOUSING AT ANDERSON LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	9.	100%		X
ST. PAUL I, INC. - 90-0607146 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF ST. PAUL VILLAGE I LIMITED PARTNERSHIP	OH	ST. PAUL VILLAGE I, INC.	C CORP	0.	845.	80.00%		X
ST. PAUL II, INC. - 80-0707896 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF ST. PAUL VILLAGE II LIMITED PARTNERSHIP	OH	ST. PAUL VILLAGE I, INC.	C CORP	33.	-1,692.	80.00%		X
WALNUT COURT GENERAL PARTNER LLC - 36-4776567, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	GP OF WALNUT COURT LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	-737.	100%		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CAMBRIDGE HEIGHTS APARTMENTS LIMITED PARTNERSHIP - 26-2481170, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	CAMBRIDGE HEIGHTS APARTMENTS, INC.	EXCLUDED	-136,638.	4,141,225.		X	N/A	X		.10%
ST. PAUL VILLAGE I LIMITED PARTNERSHIP - 27-1225466, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ST. PAUL I, INC.	EXCLUDED	-64,559.	6,689,765.		X	N/A	X		.10%
ST. PAUL VILLAGE II LIMITED PARTNERSHIP - 45-2049065, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ST. PAUL II, INC.	EXCLUDED	-264,582.	9,130,746.		X	N/A	X		.10%
FOREST SQUARE ASSOCIATES LLC - 26-3011613, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	INVESTMENT IN REAL ESTATE	OH	ERHAL, INC.	EXCLUDED	0.	2,138.		X	N/A	X		75.00%
FOREST SQUARE APARTMENTS LP - 26-3011655, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	FOREST SQUARE ASSOCIATES LLC	EXCLUDED	-110,507.	2,032,880.		X	N/A	X		.10%
SHAWNEE REVITALIZATION ASSOCIATION, LLC - 20-8401234, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	REAL ESTATE DEVELOPMENT	OH	ERHAL, INC.	EXCLUDED	0.	330,064.		X	N/A	X		75.00%
SHAWNEE PLACE LIMITED PARTNERSHIP - 20-8401695, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	SHAWNEE REVITALIZATION ASSOCIATION, LLC	EXCLUDED	-219,061.	5,169,418.		X	N/A	X		.10%
WOODBURN POINTE ASSOCIATES, LLC - 27-4255752, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ERHAL, INC.	EXCLUDED	0.	7,163.		X	N/A	X		75.00%
WOODBURN POINTE LLC - 27-3022404, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	WOODBURN POINTE ASSOCIATES, LLC	EXCLUDED	0.	1,310,658.		X	N/A	X		.10%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ELBERON ASSOCIATES, LLC - 27-2872934, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	REAL ESTATE HOLDING CO.	OH	ERHAL, INC.	EXCLUDED	0.	186,812.		X	N/A		X	75.00%
ELBERON SENIOR APARTMENTS, LLC - 27-2873041, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ELBERON ASSOCIATES, LLC	EXCLUDED	-80,201.	2,365,595.		X	N/A		X	.10%
SPRINGFIELD SHAWNEE COMMERCIAL, LLC - 90-0918444, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ERHAL, INC.	EXCLUDED	-20,179.	-270,749.		X	N/A		X	75.00%
CENTRAL Y SENIOR APARTMENTS LLC - 46-3485363, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	PARKWAY PLACE LLC	EXCLUDED	-298,902.	9,925,917.		X	N/A		X	.25%
WALNUT COURT LIMITED PARTNERSHIP - 37-1748033, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	WALNUT COURT GENERAL PARTNER, LLC	EXCLUDED	-183,349.	6,298,026.		X	N/A		X	.10%
TRENT SENIOR VILLAGE LIMITED LIABILITY LIMITED PARTNERSHIP - 38-3927221, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	TRENT SENIOR VILLAGE GENERAL PARTNER, LLC	EXCLUDED	-342,088.	7,573,119.		X	N/A		X	.60%
KNOWLTON NORTHSIDE LIMITED PARTNERSHIP - 61-1744709, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	KNOWLTON NORTHSIDE GP, LLC	EXCLUDED	-365,515.	8,712,235.		X	N/A		X	1.00%
MARLOWE COURT COMMERCIAL LLC - 47-5046724, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	EPISCOPAL RETIREMENT SERVICES AFFORDABLE	EXCLUDED	-446,592.	10,176,644.		X	N/A		X	90.00%
MK MEADOWS GP LLC - 35-2540795, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	ERHAL, INC.	EXCLUDED	0.	1,637,679.		X	N/A		X	10.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MK MEADOWS LP - 47-5090609 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	EPISCOPAL RETIREMENT SERVICES AFFORDABLE	EXCLUDED	-237,272.	16,064,939.		X	N/A	X		.10%
MARLOWE COURT COMMERCIAL LLC - 36-4822705, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	EPISCOPAL RETIREMENT SERVICES AFFORDABLE	EXCLUDED	-16,814.	539,087.		X	N/A	X		70.00%
PRAIRIE VIEW LIMITED PARTNERSHIP - 84-2359608, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	PRAIRIE VIEW GP	EXCLUDED	-194,148.	7,475,931.		X	N/A	X		99.90%
RACHEL COURT LIMITED PARTNERSHIP - 84-2345160, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	RACHEL COURT GP	EXCLUDED	-297,290.	6,213,117.		X	N/A	X		80.00%
SCHEPER RIDGE LIMITED LIABILITY LIMITED PARTNERSHIP - 83-4405161, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	SCHEPER RIDGE GP	EXCLUDED	-244,087.	9,300,143.		X	N/A	X		99.90%
MADISON VILLA LIMITED PARTNERSHIP - 37-1870376, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	MADISON VILLA GP LLC	EXCLUDED	-330,481.	12,153,081.		X	N/A	X		.10%
SUNRISE TERRACE LIMITED PARTNERSHIP - 38-4048980, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	SUNRISE TERRACE GP LLC	EXCLUDED	-224,163.	5,524,676.		X	N/A	X		.10%
WESTMINSTER COURT I LIMITED PARTNERSHIP - 83-1562584, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	WESTMINSTER COURT I GP, LLC	EXCLUDED	-222,278.	8,212,851.		X	N/A	X		.10%
WESTMINSTER COURT II LIMITED PARTNERSHIP - 83-1562853, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	WESTMINSTER COURT II GP, LLC	EXCLUDED	0.	0.		X	N/A	X		.10%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PRAIRIE GARDENS LIMITED PARTNERSHIP - 85-2913484, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	PRAIRIE GARDENS GP, LLC	EXCLUDED	0.	0.		X	N/A	X		.10%
PEDRETTI PLACE LIMITED PARTNERSHIP - 88-2431982, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	LOW INCOME HOUSING	OH	PEDRETTI PLACE GP, LLC	EXCLUDED	0.	0.		X	N/A	X		.10%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TRENT SENIOR VILLAGE GENERAL PARTNER, LLC - 30-0812171, 3870 VIRGINIA AVENUE, CINCINNATI, OH 45227	GP OF TRENT SENIOR VILLAGE LIMITED LIABILITY LIMITED	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	539,906.	100%		X
KNOWLTON NORTHSIDE GP, LLC - 32-0446794 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF KNOWLTON NORTHSIDE LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	380,495.	99.99%		X
MARLOWE COURT GP, LLC - 38-3978543 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF MARLOWE COURT LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	530,725.	90.00%		X
PRAIRIE VIEW GP - 84-2308633 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF PRAIRIE VIEW LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X
RACHEL COURT GP - 84-2297232 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF RACHEL COURT LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	20.00%		X
SCHEPER RIDGE GP - 32-0597100 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF SCHEPER RIDGE LIMITED LIABILITY LIMITED PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	1,118,000.	100%		X
MADISON VILLA GP LLC - 36-4873828 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF MADISON VILLA LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	90.00%		X
SUNRISE TERRACE GP LLC - 35-2602346 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF SUNRISE TERRACE LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	80.00%		X
WESTMINSTER COURT I GP, LLC - 35-2636465 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF WESTMINSTER COURT I LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X
WESTMINSTER COURT II GP, LLC - 30-1120126 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF WESTMINSTER COURT II LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X
PRAIRIE GARDENS GP, LLC - 85-2804223 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF PRAIRIE GARDENS LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X
PEDRETTI PLACE GP, LLC - 88-2393487 3870 VIRGINIA AVENUE CINCINNATI, OH 45227	GP OF PEDRETTI PLACE LIMITED LIABILITY PARTNERSHIP	OH	EPISCOPAL RETIREMENT SERVICES	C CORP	0.	0.	100%		X

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) EPISCOPAL RETIREMENT HOMES, INC	M	1,743,028.	FMV
(2) EPISCOPAL CHURCH HOME	R	600,000.	FMV
(3) EPISCOPAL RETIREMENT SERVICES FOUNDATION	C	401,918.	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CANTERBURY COURT, INC.

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

NAME OF RELATED ORGANIZATION:

CAMBRIDGE HEIGHTS APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

NAME OF RELATED ORGANIZATION:

ST. PAUL VILLAGE I, INC.

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

THOMASTON WOODS GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING, LLC

NAME OF RELATED ORGANIZATION:

CAMBRIDGE HEIGHTS APARTMENTS LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: CAMBRIDGE HEIGHTS APARTMENTS, INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

SHAWNEE PLACE LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: SHAWNEE REVITALIZATION ASSOCIATION, LLC

NAME OF RELATED ORGANIZATION:

WOODBURN POINTE LLC

DIRECT CONTROLLING ENTITY: WOODBURN POINTE ASSOCIATES, LLC

NAME OF RELATED ORGANIZATION:

TRENT SENIOR VILLAGE LIMITED LIABILITY LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: TRENT SENIOR VILLAGE GENERAL PARTNER, LLC

NAME OF RELATED ORGANIZATION:

MARLOWE COURT COMMERCIAL LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING
LLC

NAME OF RELATED ORGANIZATION:

MK MEADOWS LP

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING
LLC

NAME OF RELATED ORGANIZATION:

MARLOWE COURT COMMERCIAL LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE LIVING
LLC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

ERHAL, INC.

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

ERH ANDERSON GP LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

WALNUT COURT GENERAL PARTNER LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

TRENT SENIOR VILLAGE GENERAL PARTNER, LLC

PRIMARY ACTIVITY: GP OF TRENT SENIOR VILLAGE LIMITED LIABILITY LIMITED

PARTNERSHIP

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

KNOWLTON NORTHSIDE GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MARLOWE COURT GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

PRAIRIE VIEW GP

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

RACHEL COURT GP

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

SCHEPER RIDGE GP

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

MADISON VILLA GP LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

SUNRISE TERRACE GP LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

Part VII Supplemental Information

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

LIVING, LLC

NAME OF RELATED ORGANIZATION:

WESTMINSTER COURT I GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

WESTMINSTER COURT II GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

PRAIRIE GARDENS GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC

NAME OF RELATED ORGANIZATION:

PEDRETTI PLACE GP, LLC

DIRECT CONTROLLING ENTITY: EPISCOPAL RETIREMENT SERVICES AFFORDABLE

LIVING, LLC