			EXTENDED TO MAY 15, 2023								
	0	90	Return of Organization Exempt From		OMB No. 1545-0047						
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (
Depa	rtment o	of the Treasury	 Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the lat 		Open to Public Inspection						
		nue Service e 2021 calend		JUN 30, 2022							
Bc	heck if	C Name o	f organization	D Employer identifi							
a	pplicabl	le:	·								
	Addre] Chang	е тпс	EPIPHANY SCHOOL, INC.								
	Name chang Initial	e Doing b	usiness as	04-33917							
	_return Final		and street (or P.O. box if mail is not delivered to street address)	ite E Telephone numbe 617-326-							
L	termin-										
	ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended DORCHESTER, MA 02124 H(a) Is this a group re										
	Applic tion	^{a-} F Name a	nd address of principal officer: JOHN H. FINLEY, IV	for subordinates							
	pendir		AS C ABOVE	H(b) Are all subordinates ir							
		empt status:		527 If "No," attach a	list. See instructions						
			EPIPHANYSCHOOL.COM	H(c) Group exemptio							
		Summary		ear of formation: 1998	M State of legal domicile: MA						
			be the organization's mission or most significant activities: SEE SCHE	DULE O.							
Governance	•	Drielly descrit	be the organization similation of most significant activities. $\frac{2}{2}$								
rna	2	Check this bo	x ►	ore than 25% of its net as	ssets.						
ove			ting members of the governing body (Part VI, line 1a)		25						
يە 2			dependent voting members of the governing body (Part VI, line 1b)		25						
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)		86						
tivi			of volunteers (estimate if necessary)		100						
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.						
		Net unrelated		Prior Year	Current Year						
Ð	8	Contributions	and grants (Part VIII, line 1h)	8,442,154.	7,079,381.						
nue			ice revenue (Part VIII, line 2g)	231,430.	253,908.						
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	1,048,738.	290,939.						
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,300.							
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,728,622. 82,051.	7,545,393. 151,435.						
			milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	02,051.	0.						
S		-		3,436,651.	3,996,995.						
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 801,254.	150,000.	150,000.						
xpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ▶ 801,254.								
Û	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,206,013.							
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,874,715.							
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12	3,853,907.	948,296.						
Net Assets or Fund Balances	20	Total accord	Part X, line 16)	Beginning of Current Year 36,688,339.	End of Year 35,518,377.						
Asse Bal	20		Part X, line 16) 5 (Part X, line 26)	171,597.							
Fund	22		fund balances. Subtract line 21 from line 20	36,516,742.	-						
Pa	art II	Signatur	e Block								
			I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is						
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.							
<u>.</u>		Signatur	e of officer	Date							
Sigi Her		,	H. FINLEY, IV, HEAD OF SCHOOL	Duit							
I ICI	e		print name and title								
		Print/Type pre	parer's name Preparer's signature	Date Check	PTIN						
Paic	I	THOMAS	F. MULDOON, CPA THOMAS F. MULDOON, (C12/14/22	_{red} P01561688						
	barer	Firm's name	AAFCPAS, INC.	Firm's EIN 🕨	04-2571780						
Use	Only	Firm's address	50 WASHINGTON STREET		0 266 0100						
N 4 -	, +k''		WESTBOROUGH, MA 01581		8-366-9100 X Yes No						
-	01 12-0		s return with the preparer shown above? See instructions For Paperwork Reduction Act Notice, see the separate instructions.		X Yes No Form 990 (2021)						
1320			DULE O FOR ORGANIZATION MISSION STATE	MENT CONTINUA							
591		4 71504									

16591214 715045 53036			
10331214 /13043 33030	16591214	715045	53036

	1 990 (2021) THE EPIPHANY SCHOOL, INC.	04-3391788 _{Pag}
Pa	rt III Statement of Program Service Accomplishments	Г
1	Check if Schedule O contains a response or note to any line in this Part III	
•	Briefly describe the organization's mission: SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed on a riser form 000 570	
	prior Form 990 or 990·EZ? 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 serv	vices? Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,338,088. including grants of \$ 151,435.)	(Revenue \$ 259,683
ти	EPIPHANY SERVED 81 MIDDLE SCHOOL STUDENTS, 44 INFANTS	S, TODDLERS AND
	PRESCHOOLERS AND MORE THAN 420 YOUNG ADULTS THROUGH (
	SUPPORT PROGRAM. AT THE MIDDLE SCHOOL WHEN IN PERSO	
	PROVIDED 8-HOUR SCHOOL DAYS, OBSERVING THE COVID-19 (MASKING AND SOCIAL DISTANCING. WHEN NOT IN PERSON, 1	
	ROBUST REMOTE LEARNING ENVIRONMENT. EPIPHANY PROVIDE	
	SNACKS DAILY TO EACH STUDENT. IN THIS ACADEMIC SCHOOL	
	SERVED OVER 35,000 MEALS TO STUDENTS, FACULTY AND GRA	
	ENSURED 100% OF OUR COMMUNITY HAD ACCESS TO MULTI-LAY	
	SERVICES (COUNSELING, FINANCIAL LITERACY, DENTAL, VI AT THE EARLY LEARNING CENTER, EPIPHANY PARTNERS WITH	
	(MOTHERS, FATHERS, EXTENDED FAMILY) BEGINNING IN THE	
4b	(Code:) (Expenses \$ including grants of \$)	
		· · ·
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 ► 5,338,088.	- 000 /
	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION	Form 990 (2 O N (S)
	SEE SCHEDULE O FOR CONTINUATIO	

Form 990 (2021)

Part IV Checklist of Required Schedules

THE EPIPHANY SCHOOL, INC.

1 Its me cognization exceeds of the schedule () (3) of x42/(3)(1) (3) etc. 1 main a private foundation? 1 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X 2 X X 2 X 3 X 2 X 4 X 4 Section 50((2)) cognizations Coll the organization engage in bobbing activities on behalf of or in coposition 1 or and/details on accounts? If Yes, "complete Schedule C, Part II 4 X 5 Did the organization maintan and orden sort assement in charding cosements for which accounts? If Yes, "complete Schedule D, Part II 6 X 7 Did the organization report and do conservation accounts? If Yes, "complete Schedule D, Part II 6 X 10 Did the organization report an amount nor H and X. In the 21, for escrew or custodial account? A theys, "complete Schedule D, Part II 10 X 11 If the organization report an amount nor lin-thy buildings, and expipment in				Yes	No
2 Is the organization required to complete Schedule 0. Schedule of Contributors? See instructions 1 1 1 3 X 3 Did the organizations. Did the organization orgage in böbying activities, or have a section 501(b) decision in effect during the super 1/* Nes, "complete Schedule C, Part 1 4 X 4 Section 501(c)(3) organizations. Did the organization and organization that receives membership dues, assessments, or similar amounts as defined in Park Proc. 98.191 of * Yes," complete Schedule C, Part 1 5 X 6 Did the organization aniatian any doner advised funds or any similar funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in auth funds or accounts 20 Yes," complete Schedule C, Part 1 6 X 7 X Did the organization maintain any doner advised funds or any similar maccounts for which donors have the right to provide activities on the advisor activities (D, Part 1) 6 X 7 X Did the organization maintain collections of works of art, historical treasures, or other similar amounts in all donorweats of which a section and the donard size of the organization amounts in all donard account liability, serve as a custodian for any organization related organization, discity or through a neited organization, histore advised b, Part 10 10 X 10 Did the organization discity or through a neited organization, hist assets in donor-restricted ind	1			v	
3 Ddl the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule <i>Q</i> , Part <i>I</i> 3 X 4 Section S01(q3) organizations. Dd the organization engage in bobying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule <i>Q</i> , Part <i>II</i> 4 X 5 Is the organization markina and one of solicity organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99 (19) If Yes," complete Schedule <i>Q</i> , Part <i>II</i> 6 X 7 DD d the organization markina and uses and infinitional or accounts? If Yes," complete Schedule <i>D</i> , Part <i>II</i> 6 X 7 DD d the organization markina and use can similar functional geosements to proservo open space, the environment, instance locations of works of ant, historical treasures, or other similar assets? If Yes," complete Schedule <i>D</i> , Part <i>II</i> 7 X 9 Dd the organization markina and the organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes," complete Schedule <i>D</i> , Part V 7 X 10 Dd the organization serves or an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule <i>D</i> , Part VI 10 X 11 It organization report an amount for lond, buildings, and equipment in Part X, line 12. This 5% or more of its total assets reported in Par	•				
public office // 'fes' 'complete Schedule C, Part // 3 X 4 Section 501(h) election in effect during the tax year // Yes' complete Schedule C, Part // 4 X 5 Is the organization a section 501(c)(A) 501			2	~	
4 Sectors 501(c)(3) organizations. Dd Hu organization engage in bobying activities, or have a sectors 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a sectors 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 81:197 If "Yes," complete Schedule C, Part III 5 X 6 Did the organization mestime and quote arises during or again main funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X 8 Did the organization mestime and on distribution or investment of an unitarian engage in biotic schedule account liability, serve as a custodial account liability, serve as a custodian services? If "Yes," complete Schedule D, Part IV 7 X 9 Did the organization directly of through a related organization, hold assets in donorrestricted endowments or in quasi endowment? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, line is 5% or more of its total assets reported in Part X, line 12/ If "Yes," complete Schedule D, Part VII. 10 X 11 If the organization report an amount for investments - order media in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 11/ "Yes," compl	3				v
during the tax year //it Yes,* complete Schedule C, Part II. 4 X 5 Is the organization a section Sol(A)45 OI(C)(6) or SOI(C)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 /ff Yes,* complete Schedule C, Part III. 6 X 6 Did the organization maintain any done advised funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounds. Dr which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounds. Dr West, "complete Schedule D, Part III. 8 X 7 X 8 8 X 9 Did the organization report an amount In Part X, Iine 21, for escrove or custodial account liability, serve as a custodian for amounts not listed in Part X, pic 2, complete Schedule D, Part IV 7 X 10 Did the organization, directly or through a reliated organization, hold assets in donor-restricted andowments or in quasi anowment 87. If Yes, "complete Schedule D, Part V 10 X 11 11 He organization report an amount for lead, buildings, and equipment in Part X, line 10. If Yes, "complete Schedule D, Part V 10 X 12 D bit the organization report an amount for investments - program bailed in Part X, line 12, that is 5%, or more of its total assets reported in Part X, line 167. If Yes, "complete Schedule D, Part VII <	4		3		
6 Is the organization ascient of 01(c)(4), 0510(c)(6) or os11(c)(6) or os1	4		4		x
a miniter amounts as defined in Rev. Proc. 98-197 M 'Yes,' complete Schedule C, Part III. 5 X 6 Dot the organization maintain any doore advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X 7 Did the organization reveive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 X 9 Did the organization, directly or provide cried counseling, debt management, credit regain, or debt negatization services? 9 X 10 Did the organization directly or provide cried counseling, debt management, credit regative, as a custodian for amounts no through a related organization, hold assets in donor-restricted endowments or in quasi andowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 1101 'Ws,' complete Schedule D, Part V 11a X 111 K Did the organization report an amount for investments - broer securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 101 'Ws,' complete Schedule D, Part VI 11a X 112 Did the organization report an amount for investments	5		4		- 23
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 for thes; complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histotic land areas, or historic structures f(I' 'Ves,' complete Schedule D, Part II 7 X 8 Did the organization advisor on the order of and the store at the assets? I' 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for hand, buildings, and equipment in Part X, line 10? II' 'I''s, "complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other sacurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? I' 'Yes, "complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other ascurities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? I' 'Yes, "complete Schedule D, Part VI 11a X 13	5		5		x
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7 Ded the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "kes," complete Schedule D, Part II. 7 X 8 Dot the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Dot the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian in the maintain collections of works of art, historical treasures, or profiles Schedule D, Part VI. 8 X 10 Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian in the maintain asset and moments? If "Yes," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 IF "Yes," complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI. 114 X 13 Did the organization report an amount for threassets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI. 116 X 14 Did the organization report an amount for threassetis in Part X, line 35% or more of its total assets rep	Ŭ		6		x
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9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 121, 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 116 X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 X 10 Did the organization report an amount for investments - program related in Part X, line 25? If "Yes," complete Schedule D, Part X 116 X 10 Did the organization report an amount for other assets in Part X, line 25? If	-		7		x
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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? y X 10 Did the organization, directly or through a related organization, hold assets in donon-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 13 Did the organization report an amount for investments - orber amaled in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 14 Did the organization report an amount for other labilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11a X 14 Did the organization report an amount for other labilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amount for other labilities in Part X, line 13, That is 5% or more of its total assets reported in Part X. 111d X <td></td> <td>-</td> <td>8</td> <td></td> <td>x</td>		-	8		x
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X, as applicable. 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 14 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11d X 11 Did the organization report an amount for other liabilities in Part X, line 25/ If "Yes," complete Schedule D, Part X 11d X 11 Did the organization obtain separate, independent audited financial statements for the tax year? 11d X 11 Z Z Z X 11d X 12 Did the organization obtain separate, independent audited financial statements for the tax year?<	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VII, VII, VI, VI		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,		If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X, as applicable. 11 IV a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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? If "Yes," complete Schedule D, Part VIII 11d X d) Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e) Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization ascharate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization ascharate and XII. Did the organization ascharate addresses investments and XII is optional 113 X 12a Did the organization ascharate. Did the organization ascharate addresses 111 X <t< td=""><td>10</td><td></td><td></td><td></td><td></td></t<>	10				
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
			21		x
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24 2021.05010 THE EPIPHANY SCHOOL, INC. 53036_1

Form	990	(2021)
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%	00		x
7	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
_/	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>	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		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</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21		Yes	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
b) 1c	x	

Form 990 (2021)	THE	EPIPHANY	SCHOOL,	INC.
Part V Statements	Regardi	ing Other IRS	Filings and	Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	t
	filed for the calendar year ending with or within the year covered by this return 2a 86			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	I
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			1
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		_	
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
C	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	the english and the paymente for model tarming between administration tar year :	14b		┨
4a	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O		—	┨
4a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			- 1
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Į
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			
4a b 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15		
4a b 5 6	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15 16		
4a 5 6 7	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	15		

Form 990	(2021)
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THE EPIPHANY SCHOOL, INC.

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			
Sec	tion A. Governing Body and Management			_
			Yes	1
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		L
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		L
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Γ
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			Γ
а	The governing body?	8a	Х	Γ
	Each committee with authority to act on behalf of the governing body?	8b	Х	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	Ι
0a	Did the organization have local chapters, branches, or affiliates?	10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			t
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120		┢
C		12c	x	
2	on Schedule O how this was done	13	X	╀
13	Did the organization have a written whistleblower policy?		X	╀
14	Did the organization have a written document retention and destruction policy?	14	~	┝
15	Did the process for determining compensation of the following persons include a review and approval by independent			L
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	L
	The organization's CEO, Executive Director, or top management official	15a	X	┞
b	Other officers or key employees of the organization	15b	Х	L
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			L
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			L
	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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ►MA, CT, WA, FL, MD, NY, CA			
8	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) avail	а
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	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			
-	BARBARA FLETCHER - $617-326-0425$			
	154 CENTRE STREET, DORCHESTER, MA 02124			
3200	5 12-09-21	Form	990	(:
	27	5		(-
91	214 715045 53036 2021.05010 THE EPIPHANY SCHOOL, INC.	530	036	

Part VII	Compensation of Officers,	Directors, 1	Trustees, I	Key Employees,	Highest	Compensated
	Employees, and Independe	nt Contract	tors			

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of	
	week		, unie cer an					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		e	pense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com /ee		1099-NEC)		and related organizations
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE SANCHEZ	40.00	-	-	0	×	Ξ	LE.			
PRINCIPAL						x		152,907.	0.	9,698.
(2) THE REV. JOHN H. FINLEY IV	40.00									
HEAD OF SCHOOL				Х				59,784.	Ο.	79,012.
(3) KARA FAGAN-RAYNER	40.00									
DIRECTOR OF ANNUAL GIVING						Х		133,361.	0.	19,546.
(4) FRANK PENNEY	40.00									
VICE PRINCIPAL						Х		100,406.	0.	24,209.
(5) BARBARA FLETCHER	40.00									
DIRECTOR OF FINANCE AND OP				Х				85,920.	0.	19,012.
(6) JENNIFER B. FULTON	1.00									
PRESIDENT	1 0 0	Х		Х				0.	0.	0.
(7) ERICA PAPPENDICK	1.00								0	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) KENNETT BURNES	1.00								0	0
TREASURER	1 0 0	Х		Х				0.	0.	0.
(9) PETER K. LEVITT	1.00	v		v				0	0	0
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(10) TESS V. ATKINSON	1.00	x						0.	0.	0.
EX-OFFICIO (11) THE RT. REV. ALAN GATES	1.00	^						0.	0.	0.
(11) THE RT. REV. ALAN GATES HONORARY CHAIR	1.00	x						0.	0.	0.
(12) REV. JENNIFER DALY	1.00	<u>^</u>						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(13) ASA FANELLI	1.00								••	
TRUSTEE		x						0.	0.	0.
(14) ANNAGRET SACERDOTE	1.00							•••		
TRUSTEE		х						0.	0.	0.
(15) DIANE B. PATRICK	1.00									
TRUSTEE		х						0.	0.	0.
(16) CAROL BRAYBOY	1.00									
TRUSTEE		х						0.	Ο.	0.
(17) PETER M. KEATING	1.00									
TRUSTEE		Х						0.	0.	0.
132007 12-09-21						20				Form 990 (2021)

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2021.05010 THE EPIPHANY SCHOOL, INC.

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Form 990 (2021)
Dort VII	•

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
(A)	(B)			•	C)			(D)	(E)		((F)	
Name and title	Average	(do	not c	Pos		ר than	one	Reportable	Reportable		Estir	mated	
	hours per	box	, unle	ess pe	erson	is bot	h an	compensation	compensation		amo	ount of	i
	week		cer ar	10 a 0	Irecu	or/trus	lee)	from	from related		ot	ther	
	(list any	ector						the	organizations		compe		on
	hours for related	or di	æ			ated		organization	(W-2/1099-MISC	;/		m the	
	organizations	istee	truste			pens		(W-2/1099-MISC/	1099-NEC)		•	nizatio	
	below	al tru	onal		oloye	ee com		1099-NEC)				related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	IZALIOI	15
(18) C. FRITZ FOLEY	1.00	=	-	9	₹.	포티	윤			\rightarrow			
	1.00	x						0.		ο.			^
TRUSTEE	1 00	<u>^</u>			-			0.		<u>.</u>			0.
(19) LIA DER MARDEROSIAN	1.00	l.,						0					^
TRUSTEE	1 00	X						0.		0.			0.
(20) JOSE A. ROSA	1.00												~
TRUSTEE		Х						0.		0.			0.
(21) MINDY WRIGHT	1.00												
TRUSTEE		Х						0.		0.			0.
(22) DENNIS GOLDSTEIN	1.00										-		
TRUSTEE		X						0.		0.			0.
(23) MARTINA ALBRIGHT	1.00									\neg			
TRUSTEE		x						0.		0.			Ο.
(24) JUDE JASON	1.00												
TRUSTEE		x						0.		0.			0.
(25) TODD B. BLAND	1.00	11								<u> </u>			<u>.</u>
TRUSTEE	1.00	x						0.		ο.			0.
	1 00							0.		<u>••</u>			0.
(26) ALICIA A. SOUTHWELL	1.00	- 											^
TRUSTEE		X						0.		0.			0.
1b Subtotal								532,378.		0.	151		
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								532,378.		0.	151	, 47	7.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wł	ho r	eceived more than \$100	,000 of reportable				
compensation from the organization													4
										_	Y	/es I	No
3 Did the organization list any former officer	, director, trust	ee, I	key e	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	such individual				-		-		-		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15			-					-	5	- 1	4	x	
5 Did any person listed on line 1a receive or									dual for services				
rendered to the organization? If "Yes," con										- 1	5		Х
Section B. Independent Contractors			0, 0,		pore								
1 Complete this table for your five highest co	mponeated in	don	ondo	ont c	ont	racto	ore t	that received more than	\$100.000 of comp				
										51136			
the organization. Report compensation for	the calendar y	ear	enai	ing v	MILLI	Or w			year.				
(A) Name and business	address							(B) Description of s	envices	C	(C) ompens		
								Description of a			Jinpena	ation	
COMMUNITY RESOURCE CONSU			~ ^	<u>-</u> 1	~ 1						1 5 0	~ ~	^
11 DRISCOLL DRIVE, DORCH		MA	04	21.	24		_	CONSULTING			150	,00	0.
NOTRE DAME MISSION VOLUN		_		•		~ ~					100		~
5405 LOCH RAVEN BLVD, BA	LTIMORE	, 1	MD	2	12.	39		AMERICORP PR	OGRAM		126	,50	0.
2 Total number of independent contractors (includina but r	not li	mite	d to	o tho	se li	ster	above) who received m	ore than				
\$100,000 of compensation from the organ				0		2		,					
SEE PART VII, SECTIO		ידז	NUZ	AT.	IOI	N S	SH	EETS			Form 9 9	90 100	1211
132008 12-09-21												120	
102000 12-03-21													

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Form 990 THE EPIPE	ANY SCH	HOC)Ъ	, 1	INC	с.			04-339	1788
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	es, a	nd H	High	nest	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	(all t	that	app	oly)	compensation	compensation	amount of
	per					e		from the	from related	other
	week (list any	to				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	stee o	rustee			oen sat				and related
	organizations	ual tru	onal t		ployee	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LINDA C. WISNEWSKI	1.00	-	-	0	×	Ŧ	Ē			
TRUSTEE	1.00	x						0.	0.	0.
(28) JOHN F. KENNEDY	1.00									
TRUSTEE		x						0.	0.	0.
(29) GEORGE C. ESTES	1.00									
TRUSTEE		x						0.	0.	0.
(30) ZACHARY GUND	1.00									
TRUSTEE		X						0.	0.	0.
(31) JENNA MILLER	1.00									_
TRUSTEE		Х						0.	0.	0.
(32) STEPHANIE J. MARTINEZ	1.00									0
TRUSTEE (RESIGNED 11/21)		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
ts, (Am		С	Fundraising events 1c	812,508.				
Gifi ilar		d	Related organizations 1d					
ns,			Government grants (contributions) 1e	155,279.				
utio er S		f	All other contributions, gifts, grants, and	111 504				
Oth				111,594.				
ont		-		525,831.	7 070 201			
aC		h	Total. Add lines 1a-1f		7,079,381.			
•	~	_	PROGRAM FEES	Business Code 611110	253,908.	253,908.		
Program Service Revenue	2			011110	255,900.	233,900.		
Ser		b c						
m ver		d						
Be		e						
Pre			All other program service revenue					
			Total. Add lines 2a-2f		253,908.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)	►	290,939.			290,939.
	4		Income from investment of tax-exempt bond p	-				
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6		Gross rents 6a 5,775.					
					5,775.	5,775.		
	7		Gross amount from sales of (i) Securities	(ii) Other	377731	577750		
	•	u	assets other than inventory 7a	(
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		с	Gain or (loss) 7c					
			Net gain or (loss)	▶				
her	8	а	Gross income from fundraising events (not					
Oth			including \$ 812,508. of					
			contributions reported on line 1c). See	10 000				
			Part IV, line 18					
			Less: direct expenses 8b	· ·	-84,610.			-84,610
	~		Net income or (loss) from fundraising events	····· ►	-04,010.			-04,010
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities	-				
	10		Gross sales of inventory, less returns					
			and allowances	a				
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
S				Business Code				
eon	11	а						
llan		b						
Miscellaneous Revenue		С						
			All other revenue					
	40		Total. Add lines 11a-11d		7,545,393.	259,683.	0.	206,329.
1000-	12		Total revenue. See instructions			,003.		Form 990 (2021
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THE EPIPHANY SCHOOL, INC.

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Form 990 (2021)

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Part IX Statement of Functional Expenses

THE EPIPHANY SCHOOL, INC.

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 respons Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
	151,435.	151,435.		
Individuals. See Part IV, line 22 Grants and other assistance to foreign	101,100.	101/1001		
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	251,748.	42,536.	145,410.	63,802
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	3,018,650.	2,567,943.	78,736.	371,971
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	62,732.	61,890.		842
9 Other employee benefits	428,232.	369,832.	15,851.	42,549
IO Payroll taxes	235,633.	190,982.	18,932.	25,719
I1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,600.		28,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	150,000.			150,000
f Investment management fees	30,999.		30,999.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	215,214.	171,960.	27,448.	15,806
12 Advertising and promotion				1
13 Office expenses	230,294.	175,069.	7,325.	47,900
I4 Information technology				
15 Royalties		0.0.2 0.0.0	0 010	10.000
16 Occupancy	230,757.	203,080.	9,810.	17,867
17 Travel	16,245.	15,281.		964
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1 101	1 101		
20 Interest	1,421.	1,421.		
21 Payments to affiliates	699,298.	685,312.	6,993.	6 002
22 Depreciation, depletion, and amortization	69,298.	27,980.	41,236.	6,993 285
Insurance Other expanses, Itemize expanses not expanded	09,001.	41,900.	41,430.	200
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 amount exceeds 10% of line 25, column (A).				
amount, list line 24e expenses on Schedule 0.)	197,084.	176,724.	7,198.	13,162
b DONATED GOODS	165,628.	165,628.	1,190•	1,102
MEALC	124,871.	124,871.		
d MISCELLANEOUS	105,378.	91,377.		14,001
e All other expenses	183,377.	114,767.	39,217.	29,393
	6,597,097.	5,338,088.	457,755.	801,254
Z5 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization		3,333,000	10,,,00,	001,201
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure 1 if following SOP 98-2 (ASC 958-720)				
32010 12-09-21				Form 990 (20

132010 12-09-21

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1,165,449. 1,429,918. 2 2 Savings and temporary cash investments 119,360. 122,824. 3 3 Pledges and grants receivable, net 34,052. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 141,001. 141,407. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 24,357,207. basis. Complete Part VI of Schedule D 10a 6,244,049. b Less: accumulated depreciation _____ 10b 18,594,372. 18,113,158. 10c 11,963,721. 11,085,134. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 36,688,339. 35,518,377. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 171,597. 170,654. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, -iabilities 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 24 Unsecured notes and loans payable to unrelated third parties 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 25 171,597. 170,654. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 35,943,020. 34,679,272. Net assets without donor restrictions 27 27 573,722. 668,451. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 36,516,742. 35,347,723. Total net assets or fund balances 32 32 36,688,339. 35,518,377. 33 33 Total liabilities and net assets/fund balances Form 990 (2021)

THE EPIPHANY SCHOOL, INC.

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

Cash - non-interest-bearing

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(B)

End of year

4,591,884.

(A)

Beginning of year

4,704,436.

1

Form 990 (2021)

1

JZ I)		+	111.
Balance	Sheet		

Form	990 (2021) THE EPIPHANY SCHOOL, INC.	04-	3391	788	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	·····				
			7	E 4 6		0.2
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,545		
2	Total expenses (must equal Part IX, column (A), line 25)	2	0	, 597		<u>97.</u> 96.
3	Revenue less expenses. Subtract line 2 from line 1	3	26			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,516		
5	Net unrealized gains (losses) on investments	5	-2	, /	, 3	15.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		25	215	, ,	າງ
Do	column (B))	10	35	,347	','	23.
Fa	t XII Financial Statements and Reporting					X
	Check if Schedule O contains a response or note to any line in this Part XII				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г	_	103	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	0	-			
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		····· -	Za		- 25
	separate basis, consolidated basis, or both:	lona				
	Separate basis, consolidated basis, or born.					
Ь	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			20		
	consolidated basis, or both:	e Dasis,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit				
Ũ	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	-		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		1
				Form	990	(2021)
						. ,

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
r	identification number

Name of the	organization
-------------	--------------

Name	of the organization								identification number		
		EPIPHANY S							4-3391788		
Par	t I Reason for Public	Charity Status.	(All organizations	s must c	omplete th	nis part.) S	See instruction	าร.			
The o	rganization is not a private found			•	•	,					
1	A church, convention of ch					on 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	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 L											
. Г	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 L	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 L	An organization that norma		intial part of its s	upport f	rom a gov	ernmental	unit or from t	the general	public described in		
- F	section 170(b)(1)(A)(vi). (C										
8 L	A community trust describe										
9	An agricultural research org	-	-					-	-		
	or university or a non-land-g	grant college of agric	culture (see instru	ictions).	Enter the	name, city	y, and state o	f the colleg	je or		
10	university:										
10 L	An organization that norma										
	activities related to its exen										
	income and unrelated busin See section 509(a)(2). (Co		(less section 5)	r tax) in	om busine	sses acqu	lifed by the o	rganization	alter Julie 30, 1975.		
11 [An organization organized a	,	ively to test for p	ublic ca	foty Soo	saction 5(O(a)(4)				
12 [An organization organized a	-	•		•			arry out the	purposes of one or		
12 1	more publicly supported or										
	lines 12a through 12d that										
а	Type I. A supporting orga								/ aivina		
	the supported organization										
	organization. You must c				·····j-···j						
b	Type II. A supporting org				tion with it	s support	ed organizatio	on(s). bv ha	avina		
	control or management o						•		-		
	organization(s). You mus				·			0			
с	Type III functionally inte	grated. A supportin	g organization of	perated	in connec [.]	tion with,	and functiona	lly integrat	ed with,		
	its supported organizatio	n(s) (see instructions	s). You must cor	nplete F	Part IV, Se	ections A,	D, and E.				
d	Type III non-functionally	y integrated. A supp	oorting organizati	on oper	ated in co	nnection v	with its suppo	rted organ	ization(s)		
	that is not functionally int	egrated. The organiz	zation generally r	nust sat	isfy a dist	ribution re	quirement an	d an attent	iveness		
	requirement (see instruct	ions). You must cor	nplete Part IV, S	Sections	A and D,	and Part	V .				
е	Check this box if the orga	anization received a	written determina	ation fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
	functionally integrated, or	r Type III non-functio	nally integrated	supporti	ng organiz	zation.					
f	Enter the number of supported of	organizations									
g	Provide the following information				(iv) to the error	nization listed					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organ (described on line		(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)		
	organization		above (see instru		Yes	No	support (see in	istructions)	support (see instructions)		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

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Total

Cobodulo A	(Carm		000
Schedule A		990	202

Schedule A	(Form 990) 2021	THE	EPIPHANY	SCHOOL,	INC.	04-3391788	Page 2
Part II	Support Schedule for	or Orga	inizations De	scribed in Se	ections	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 organ						ation
	fails to qualify under the te	sts listed	l below, please co	omplete Part III.)			

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	he organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructior	ns ►
						Schedule A	(Form 990) 2021

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
=							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
e	ction B. Total Support				•		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6						
	Gross income from interest,						
00	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						
	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
2	Other income. Do not include gain						
	or loss from the sale of capital						
ł	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	organization's f	irst socond third	fourth or fifth tax	Voar as a soction	$\frac{1}{501(c)(3)}$ or a	anization
•	-	organization s i			-		
	check this box and stop here	Support De					
	•		•	(f)		45	
	Public support percentage for 2021 (lir		•			15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						
	Investment income percentage for 202					17	%
8	Investment income percentage from 20	020 Schedule A,	Part III, line 17			18	%
9a	33 1/3% support tests - 2021. If the c	organization did I	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the c						1/3%, and
	line 18 is not more than 33 1/3%, chec						
0	Private foundation. If the organization						
<u> </u>		aid not oneon d	. 507 011 1110 14, 19		115 DON AND SEE IN		dule A (Form 990) 2021
201	22 01 04 22						
:02	23 01-04-22			37		Sche	dule A (Form 990) 2021
	23 01-04-22 214 715045 53036	20	21.05010 1	37 1915 50104	ANV COUCO		

THE EPIPHANY SCHOOL, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

dule A (Form 990) 2021	ΓHE	EPIPHANY	SCHOOL,	INC
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Sche	dule A (Form 990) 2021 THE EPIPHANY SCHOOL, INC. 04-33	<u>39178</u>	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

3a

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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.

THE EPIPHANY SCHOOL, INC.

(B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6 7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

1

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

Par	t V Type III Non-Functionally Integrated 509	0(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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	990) 2021	THE	EPIPHANY	SCHOOL,	INC.	04-3391788 _{Page}
Part I line 1 Sectio	V, Section A, lines 1 Part IV, Section D,	, 2, 3b, 30 lines 2 an	c, 4b, 4c, 5a, 6, 9a nd 3; Part IV, Sect	a, 9b, 9c, 11a, 1 [.] ion E, lines 1c, 2	1b, and 11c; Part IV, a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Employer identification number

04 - 3391788

Name of the organization

THE EPIPHANY SCHOOL, INC.

		(a) Donor advised funds	(b) Funds and other accounts
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 ad	vised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
a	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV, line 7.
1			
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a conservation easement on the Held at the End of the T
_	day of the tax year.		
a	Total number of conservation easements		
b			
с 4	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired a		
d			
3	listed in the National Register		
5	year >	leased, extinguished, or terminated by	
4	Number of states where property subject to conservation ea	sement is located	
- 5	Does the organization have a written policy regarding the per		_ of
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	vation easements during the year
	▶\$		
В	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.		
a	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put		•
_	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	irtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ciai gain, provide
~	the following amounts required to be reported under FASB A		¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 99
I۸	I OF I APERWORK NEULUUN ACT NOUCE, SEE UIE INSUUCUON	3 101 1 01111 3301	
	1 10-28-21		

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical 1	reasures,	or Other	Similar As	sets(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	at make sigr	nificant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progr	am				
b	Scholarly research	е	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organizat	ion's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical tre	easures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's	collection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complet	e if the organizat	ion answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermedi	ary for contributi	ons or other as	ssets not ind	cluded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or	custodial acco	ount liability	?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has bee	en provided or	Part XIII				
Par	t V Endowment Funds. Complete i	-	wered "Yes" on	<u></u>					
		(a) Current year	(b) Prior year		rs back (d)	Three years ba	ack (e) Four	r years	back
1a	Beginning of year balance	12,165,656.	6,423,20	2. 6,39	1,121.	5,981,63	LO. 4	,886,	509.
b	Contributions	950,416.	3,961,894	1. 10	0,500.	115,32	25.	848,	536.
с	Net investment earnings, gains, and losses	-1,826,376.	1,800,26). 18	8,707.	510,64	18.	415,	904.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			23	3,915.	194,3	75.	149,	399.
f	Administrative expenses	30,999.	19,70). 2	3,211.	22,08	37.	19,	940.
g	End of year balance	11,258,697.	12,165,65	5. 6,42	3,202.	6,391,12	21. 5	,981,	610.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	97.9100	%						
b	Permanent endowment 2.0900	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	ered for the	organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule F	?			3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a	See Form 99	0, Part X, lin	ie 10.			
	Description of property	(a) Cost or ot	ner (b) Co	st or other	(c) Accı	umulated	(d) Boo	k valu	е
		basis (investm	,	s (other)	depre	eciation			
1a	Land			52,614.			1,75		
	Buildings			08,738.		02,972.	15,91	-	
	Leasehold improvements			24,676.		32,338.		2,3	
d	Equipment		8	71,179.	61	.8,739.	25	2,4	40.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		K, column (B), line	10c.)		►	18,11	3,1	58.
						Scheo	lule D (Forn	n 990)	2021

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	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or enc	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under		-	

THE EPIPHANY SCHOOL, INC.

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2021 THE EPIPHANY SCHOOL, INC.	04	4-3	391788	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu				
	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	5,532	,979.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		,315.			
b	Donated services and use of facilities 2b 39	,290.			
с					
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	-2,078	
3	Subtract line 2e from line 1		3	7,611	,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 30	,999.			
b	Other (Describe in Part XIII.) 4b -96	,610.			
с	Add lines 4a and 4b		1c		,611.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,545	.393.
			•		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen		etur		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ses per R	etur	'n.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per R	etur		
	Image: state with the state with th	ses per R		'n.	
1	Image: state with the state with th	ses per R		'n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ses per R		'n.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ses per R		'n.	
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ses per R		n. 6,701	,998.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ses per R		n. 6,701, 39,	<u>,998.</u> ,290.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ses per R , 290 .	1	n. 6,701	<u>,998.</u> ,290.
1 2 b c d e	Image: Network State in the system of the	290.	1 2e	n. 6,701, 39,	<u>,998.</u> ,290.
1 2 b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 39 Donated services and use of facilities 2a 39 Prior year adjustments 2b 2b Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 30	290.	1 2e	n. 6,701, 39,	<u>,998.</u> ,290.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 39 Donated services and use of facilities 2b 2b Prior year adjustments 2b 2c Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a 30	290.	1 2e	n. 6,701 39 6,662	,998. ,290. ,708.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 39 Donated services and use of facilities 2a 39 Prior year adjustments 2b 2c Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 30 Other (Describe in Part XIII.) 4b -96	290. 290. 299. 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 2e 3	n. 6,701, 39, 6,662,	,998. ,290. ,708.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 39 Donated services and use of facilities 2a 39 Prior year adjustments 2b 2c Other losses 2c 2d Other (Describe in Part XIII.) 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 4a 30 Other (Describe in Part XIII.) 4a 30 Other (Describe in Part XIII.) 4a 30	290. 290. 299. 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1 2e 3	n. 6,701 39 6,662	,998. ,290. ,708.

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 X, LINE 2:

THE SCHOOL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC
TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SCHOOL HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30,
2022. THE SCHOOL'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE
FEDERAL AND STATE JURISDICTIONS AND GENERALLY REMAIN OPEN FOR THE MOST
RECENT THREE YEARS.

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Schedule D (Form 990) 2021 THE EPIPHANY SCHOOL, INC. Part XIII Supplemental Information (continued)	04-3391788 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-96,610.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-96,610.
132055 10-28-21	Schedule D (Form 990) 2021

16591214 715045 53036 2021.05010 THE EPIPHANY SCHOOL, INC. 53036_1

SC	HEDULE E	Schools	OMB No.	1545-00	47
(For	(Form 990) Complete if the organization answered "Yes" on Form 990,				
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.				
	ment of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to		ic
	Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspect		
Name	e of the organizatio				
_		THE EPIPHANY SCHOOL, INC. 04-	3391	.788	
Pa	rtl			1	
				YES	NO
1		ation have a racially nondiscriminatory policy toward students by statement in its charter,			
		erning instrument, or in a resolution of its governing body?	. 1	X	
2	-	ation include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and c	ther written communications with the public dealing with student admissions, programs, and scholarships	? 2	X	
3		ion publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	10,	ough newspaper or broadcast media during the period of solicitation for students, or during the			
		t if it has no solicitation program, in a way that makes the policy known to all parts of the general			
		es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	. 3	X	
		PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY	-		
		THE SCHOOL'S WEBSITE, ANNUAL REPORT, APPLICATION	-		
	FORM, ANL	ALL PUBLIC RELATIONS MATERIALS.	-		
			-		
			-		
4	Does the organiza	ation maintain the following?			
а	Records indicatin	g the racial composition of the student body, faculty, and administrative staff?	. 4a	X	
		nting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? $_{\dots}$. 4b	X	
С	Copies of all cata	ogues, brochures, announcements, and other written communications to the public dealing			
		issions, programs, and scholarships?		X	
d	Copies of all mate	erial used by the organization or on its behalf to solicit contributions?	. 4d	X	
	If you answered "	No" to any of the above, please explain. If you need more space, use Part II.			
			-		
			-		
			-		
			-		
5		ation discriminate by race in any way with respect to:			
а	Students' rights c	r privileges?	. 5a		X
b	Admissions polici	es?	. 5b		X
с	Employment of fa	culty or administrative staff?	. 5c	 	X
d	Scholarships or o	ther financial assistance?	. 5d	 	X
е	Educational polici	es?	. 5e		X
f	Use of facilities?		. 5f		X
g	Athletic programs	?	. 5g		Х
h	Other extracurricu	Ilar activities?	. 5h		X
	If you answered "	Yes" to any of the above, please explain. If you need more space, use Part II.			
			_		
			_		
6a	Does the organiza	ation receive any financial aid or assistance from a governmental agency?	. 6a	X	
b	Has the organizat	ion's right to such aid ever been revoked or suspended?	. 6b		X
		Yes" on either line 6a or line 6b, explain on Part II.			
7		tion certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc	. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	. 7	X	
LHA			lule E (Fo	orm 99) 2021

132061 10-18-21

Schedule E (Form 990) 2021 THE	EPIPHANY SCHOOL	, INC.	04-	3391788 Pag
Part II Supplemental Information applicable. Also provide any othe		uired by Part I, lines 3, 4		
LINE 6 - EXPLANATION OF	GOVERNMENT FINA	NCIAL AID:		
THE SCHOOL RECEIVES FUN	DS FOR THE FEDER	AL SCHOOL LU	INCH PROGRAM	AND
VOUCHERS, AS WELL AS FU	NDING FROM THE C	ITY OF BOSTC	N FOR TITLE	1
EDUCATION.				
32062 10-18-21		49	Sche	edule E (Form 990) 2
91214 715045 53036	2021.05010 т		SCHOOL, INC	. 53036_

SCHEDULE G	Suppleme	ental Information Regarding	J Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service	► G	► Attach to Form 990 to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection		
Name of the organization	า						Employer i	dentification number		
Part I Fundrais		PHANY SCHOOL , INC . Complete if the organization answe		(ee" o	n Form 990 Part IV					
	complete this par		ereu i	65 0	nn onn 990, Part IV,		. 1 0111 990	-LZ mers are not		
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indir	s f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra l fundra	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	XY			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (oi fi	Amount paic r retained by undraiser ed in col. (i)			
COMMUNITY RESOURCE			Yes	No						
CONSULTANTS, LLC -	11	CHIEF DEVELOPMENT OFFICER		X	0.		150,00	0150,000		
Total							150,00	0150,000		
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is e	exempt fron	n registration		
MA,CA,CT,FL,	MD,NY,WA									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

THE EPIPHANY SCHOOL, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		2022 GALA (event type)	(event type)	(total number)	col. (c))
1			(000.003)00)	(1010) (1010)	
1	Gross receipts	824,508.			824,508
2	Less: Contributions	812,508.			812,508
3	Gross income (line 1 minus line 2)	12,000.			12,000
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	19,703.			19,703
7	Food and beverages	40,862.			40,862
8	Entertainment				
9					36,045
10	Direct expense summary. Add lines 4 through			▶	96,610
1.					-84,610
arτ	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
			(b) Pull tabs/instant		(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
			0 1 0 0		
	Gross revenue				(
1	Gross revenue				
1	Gross revenue				
1	Cash prizes				
2	Cash prizes				
1 2 3 4	Cash prizes				
1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes%	Yes%	
1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			└── Yes % └── No	
1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	Yes%	No	
1 2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No	Yes%	No No	
3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	Yes%	No No	
1 2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No % gh 5 in column (d) 7 from line 1, column (d)	Yes%	No No	
1 2 3 4 5 6 7 8 8 5	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	□ No ►	
1 2 3 4 5 6 7 8 8 5	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	□ No ►	
1 2 3 4 5 6 7 8 8 5	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	□ No ►	
1 2 3 4 5 6 7 8 8 8 8 8 5 1 7 8 8 9 1 7 8 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line nter the state(s) in which the organization conc the organization licensed to conduct gaming a "No," explain: //ere any of the organization's gaming licenses	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	No	Yes N
1 2 3 4 5 6 7 8 8 8 8 8 5 1 7 8 8 9 1 7 8 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	Yes% No states?	No	

2021.05010 THE EPIPHANY SCHOOL, INC. 53036_1

Sch	edule G (Form 990) 2021	THE	EPIPHANY	SCHOOL,	INC.	04-3	391	.788	Page 3
11	Does the organization conduct g	aming act	tivities with nonme	mbers?				Yes	No
	Is the organization a grantor, ben								
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gamin	ng activity	conducted in:						
	The organization's facility						13a		%
	An outside facility						13b		%
14	Enter the name and address of the	ne person	who prepares the	e organization's	gaming/special ev	ents books and records:			
	Name 🕨								
	Address								
15a	Does the organization have a cor	ntract with	n a third party fron	n whom the ora	anization receives	gaming revenue?		Yes	No No
	3		. ,	5					
b	If "Yes," enter the amount of gan	ning rever	nue received by th	e organization	▶\$	and the amount			
	of gaming revenue retained by th	e third pa	arty 🕨 \$						
С	If "Yes," enter name and address	s of the th	ird party:						
	Name 🕨								
	Address								
16	Gaming manager information:								
10	Gaming manager mormation.								
	Name 🕨								
	Gaming manager compensation	▶ \$							
	Description of services provided	▶							
	Director/officer		ployee		ident contractor				
			ipioyee		Ident contractor				
17	Mandatory distributions:								
	Is the organization required unde	er state la	w to make charital	ole distributions	from the gaming	proceeds to			
	retain the state gaming license?							Yes	🗌 No
b	Enter the amount of distributions	required	under state law to	be distributed	to other exempt o	rganizations or spent in the			
_	organization's own exempt activi								
Pa			-	=	-	b, columns (iii) and (v); and Pa	ırt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicat	ole. Also provide a	ny additional in	formation. See ins	tructions.			
SC	HEDULE G, PART I,	T.TNI		Γ ΟΓ ΤΕΝ	HIGHEST	PATD FUNDRATSER	ss:		
<u> </u>				- 01 121					
(I) NAME OF FUNDRAI	SER:	COMMUNITY	Y RESOUR	CE CONSUL	TANTS, LLC			
(I) ADDRESS OF FUND	RAISI	ER: 11 DR:	ISCOLL D	RIVE, DOR	CHESTER, MA 02	2124		
1320	83 10-21-21				52	Sched	ule G (Form	990) 2021

16591214 715045 53036 2021.05010 THE EPIPHANY SCHOOL, INC. 53036_1

Schedule G	
Dort IV	Quanta

	Schedule G	(Forn
32084 11-18-21	53 2021.05010 THE EPIPHANY SCHOOL, INC. 530	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047 2021 Open to Public Inspection										
Name of the organization											
Part I General Info	THE EPIPH	ANY SCHOO	L, INC.					04-3391788			
1 Does the organizat criteria used to awa	ion maintain records ard the grants or assis	to substantiate the stance?	e amount of the grants	· · · · · · · · · · · · · · · · · · ·							
Part II Grants and	Other Assistance to	Domestic Organiz	zations and Domestic be duplicated if additi	c Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and addr or gover	U U	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
			C								
			ganizations listed in th	e line 1 table			•	·			
3 Enter total number LHA For Paperwork R	of other organization eduction Act Notice							Schedule I (Form 990) 2021			

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

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID	33	0.	151,435.	FAIR MARKET VALUE	

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

PART I, LINE 2:

FINANCIAL AID IS AWARDED TO STUDENTS WHO GRADUATE FROM THE SCHOOL AND GO ON

TO ATTEND PRIVATE HIGH SCHOOLS AND COLLEGES, WHICH REQUIRE TUITION.

FINANCIAL AID IS AWARDED BASED ON NEED.

SCHEDU	SCHEDULE J			OMB No. 1545-0047		
(Form 990) For certain Officers, Directors, Truste		For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		i
Department of	Partment of the Treasury			Open to Inspe		
	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of th	ne organizatior		Employer id			mber
		THE EPIPHANY SCHOOL, INC.	04-3	39178	8	
Part I	Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Fravel for com					
		ation and gross up payments				
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chet)			
h 14	of the barres	an line to ave absolved, did the averagination follows a written a formation of the				
		on line 1a are checked, did the organization follow a written policy regarding payment or		16		
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
liusie	es, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		🔼		
3 Indica	te which if an	y, of the following the organization used to establish the compensation of the organization's	e			
	,	ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	•	ompensation consultant				
	•	her organizations X Approval by the board or compensation of	ommittee			
		, , , , , , , , , , , , , , , , , ,				
4 During	g the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
		ated organization:				
a Recei	ve a severanc	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?		4b		X
c Partic	ipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For pe	ersons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	ngent on the re					37
a Theo	rganization?			5a		X
		ation?		5b		X
		r 5b, describe in Part III.				
-		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a section of the section of t	on			
	•	et earnings of:		0-		x
a ineo	rganization?			<u>6a</u>		X
		ation? r 6b, describe in Part III.		<u>6b</u>		- 21
			e			
	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					x
	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					
						x
	 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 					
		53.4958-6(c)?		9		
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2021
	•	·		• • •		

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04-3391788

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			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE SANCHEZ	(i)	152,907.	0.	0.	7,954.	1,744.	162,605.	0.
PRINCIPAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KARA FAGAN-RAYNER	(i)	133,361.	0.	0.	2,069.	17,477.	152,907.	0.
DIRECTOR OF ANNUAL GIVING	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Par

t IV, lines 29 or		
mation.	Open to Pub Inspection	
	mployer identification n	umber
	04-3391788	3
	(d)	

Department of the Treasury Internal Revenue Service Attach to Form 990. Open Go to www.irs.gov/Form990 for instructions and the latest information. Inservice								
Name of the organizationEmployer identificationTHE EPIPHANY SCHOOL, INC.04-339								
Pa	Part I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar	•	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	16	360,203.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	x	100,000	153,317.	Б. М. Т. 7			
19	Food inventory		100,000	155,517.	E M V			
20	Drugs and medical supplies			•				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts Other (SUPPLIES)	X	82	12,311.	דיא <i>וז</i> ע			
25 00			02	12,911.				
26 27	Other ► () Other ► ()							
21 28	Other ► ()							
29	Number of Forms 8283 received by the organ	I ization durin	a the tax year for c	ontributions				
ZJ	for which the organization completed Form 82		0 ,					
	for which the organization completed rolling	.00,1 art v, L		Z			Yes	No
30a	During the year, did the organization receive b	ov contributio	on any property rer	orted in Part L lines 1 throu	ah 28 that it		100	
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period			•		30a		X
b	If "Yes," describe the arrangement in Part II.	•						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	utions?	31		X
	Does the organization hire or use third parties		-	•				
	contributions?		0			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of property	y for which column (a) is che	ecked,			
	describe in Part II.	() · -	21 I I I I I I I	()				

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

Schedule M (Form 990) 2021

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A THIRD PARTY TO PROCESS AND SELL DONATED

SECURITIES.

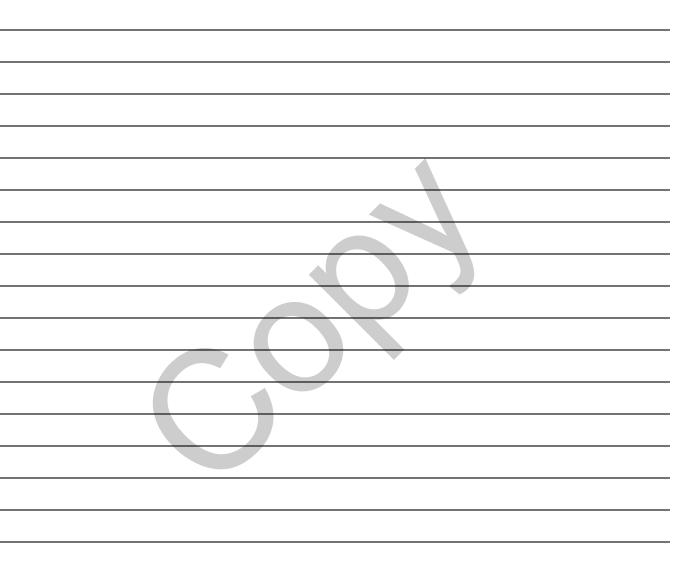
Schedule M (Form 990) 2021

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



04 - 3391788

THE EPIPHANY SCHOOL, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EPIPHANY SCHOOL IS AN INDEPENDENT SCHOOL FOR CHILDREN OF ECONOMICALLY DISADVANTAGED FAMILIES IN BOSTON, WITH SCHOLARSHIPS FOR ALL. WE ADMIT CHILDREN OF DIVERSE FAITHS, RACES, CULTURES AND COGNITIVE PROFILES, BELIEVING IN THE EPISCOPAL TRADITION THAT WE FIND GOD IN AND THROUGH EACH OTHER. IN CLOSE PARTNERSHIP WITH FAMILIES AND COMMUNITY PARTNERS, WE ARE AN INNOVATIVE LEARNING COMMUNITY. WE OFFER STRUCTURED SUPPORT TO ENABLE CHILDREN TO DISCOVER AND DEVELOP THE FULLNESS OF THEIR INDIVIDUAL GIFTS AND TO HELP THEIR FAMILIES THRIVE. OUR EARLY LEARNING CENTER SERVES INFANTS, TODDLERS AND PRESCHOOLERS THROUGH A RICH, CHILD-CENTERED CURRICULUM AND WHOLE-FAMILY PROGRAM MODEL TO ENSURE KINDERGARTEN READINESS AND FAMILY SELF-SUFFICIENCY. OUR MIDDLE SCHOOL OFFERS SMALL CLASSES, INDIVIDUALIZED CURRICULA, AND EXTENDED SCHOOL HOURS PROVIDING RIGOROUS ACADEMIC, MORAL AND SOCIAL INSTRUCTION TO CHILDREN IN GRADES FIVE THROUGH EIGHT. OUR GRADUATE SUPPORT PROGRAM PROVIDES ABIDING PERSONAL, EDUCATIONAL, AND CAREER GUIDANCE AND ASSISTANCE TO OUR GRADUATES ENSURING THEY ARE PREPARED TO CONTRIBUTE INTELLIGENTLY, MORALLY, AND ACTIVELY TO THE SOCIETY THEY WILL INHERIT. OUR TEACHER TRAINING PROGRAMS SUPPORT ASPIRING URBAN TEACHERS. INCLUDING MANY OF OUR GRADUATES. OUR IMPACT CENTER SHARES BEST PRACTICES TO IMPROVE EDUCATIONAL OUTCOMES ON A BROAD SCALE. TOGETHER, WE ARE A SCHOOL THAT NEVER GIVES UP ON A CHILD.

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

TO OFFER HOME VISITS TO SUPPORT FAMILIES' PHYSICAL, SOCIAL AND

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE EPIPHANY SCHOOL, INC.	Employer identification number 04-3391788
EMOTIONAL WELL-BEING TO ENSURE HEALTHY BRAIN DEVELOPMENT	OF THEIR
BABIES AND MINIMIZE RISK FACTORS, SUCH AS TOXIC STRESS, A	SSOCIATED WITH
CONTROLLABLE DEVELOPMENTAL DELAYS. EPIPHANY PROVIDES REGG	IO EMILIA AND
MONTESSORI-BASED EARLY EDUCATION AND CORE CURRICULUM TO I	TS CHILDREN
AND FREE COMPREHENSIVE COACHING AND PARENTING EDUCATION A	Т ЕАСН
DEVELOPMENTAL STAGE FROM PREGNANCY THROUGH EACH CHILD'S B	IRTH, GROWTH
AND DEVELOPMENT. EPIPHANY DISTRIBUTED \$124,000 IN LAST DO	LLAR
SCHOLARSHIPS AS FINANCIAL AID TO EPIPHANY GRADUATES TO CO	NTINUE THEIR
EDUCATION. EPIPHANY HOUSED AND EMPLOYED 13 TEACHING FELL	OWS. 3 OF
THESE TEACHING FELLOWS GRADUATED WITH THEIR MASTER'S DEGR	EES FROM
BOSTON COLLEGE.	

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

THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE, AUDIT AND RISK

COMMITTEE, AND THE BOARD PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE SCHOOL SENDS AND COLLECTS CONFLICT OF INTEREST FORMS TO ALL OFFICERS AND DIRECTORS. THE FORMS ARE PRESENTED AND COMPLETED AT A SCHEDULED MEETING.

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

AN EVALUATION COMMITTEE, WHO HAS OUTSIDE EXPERTISE IN THE AREA, MEETS

PERIODICALLY, REVIEWS THE HEAD OF SCHOOL BASED ON ESTABLISHED GOALS,

CONSIDERS COMPARABLE DATA TO ENSURE COMPENSATION IS REASONABLE GIVEN THE

JOB AND THROUGH DELIBERATIONS REPORTS THEIR RECOMMENDATIONS TO THE BOARD.

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THE BOARD MINUTES REFLECT THESE DISCUSSIONS.

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AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

A SEPARATE AUDIT AND RISK COMMITTEE, COMPRISED OF THREE MEMBERS, WAS

FORMED BY THE BOARD OF TRUSTEES. THIS COMMITTEE IS RESPONSIBLE FOR

SELECTING AN INDEPENDENT ACCOUNTING FIRM AND OVERSEEING THE AUDIT

PROCESS EACH YEAR, WHICH INCLUDES REVIEWING THE AUDITED FINANCIAL

STATEMENTS AND HAVING A SEPARATE CONVERSATION WITH THE AUDITOR ABOUT

THE RESULTS OF THE AUDIT.

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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	congrato	application	for c	ach i	roturn

Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instructions. Tage				ridentificatio	n number (TIN)
print	THE EPIPHANY SCHOOL, INC.				04-33	91788
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.			
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DORCHESTER, MA 02124						
Enter th	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) BARBARA FLETCH	07				
• If the • If this box • 1 Ir th • 2 If	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an check reas	emption Number (GEN), . Ich a list with the names and TINs o Y 15, 2023 , to file s return for: d ending JUN 30, 2022 on: Initial return	If this is fo f all memb	r the whole (ers the extended or extended or ganization or ganization of the second o	
ar	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	·		3a	\$	0.
	 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 			\$	0.	
 Balance due. Subtract line 3b from line 3a. Include your par 					Ŧ	
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	: If you are going to make an electronic funds withdrawal			3453-TE ar	nd Form 887	9-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 8	8868 (Rev. 1-2022)

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