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|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <div>FORM N-PX FILER INFORMATION</div> <div>Form N-PX</div> | <div>UNITED STATES<br/>SECURITIES AND EXCHANGE<br/>COMMISSION<br/>Washington, D.C. 20549</div> <div>FORM N-PX<br/>ANNUAL REPORT OF PROXY VOTING<br/>RECORD</div> | <div>OMB APPROVAL</div> <div>OMB Number: 3235-0582</div> <div>Estimated average burden<br/>hours per response: 20.8</div> |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

## N-PX: Filer Information

|                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Filer CIK:                                                                      | 0001881739                                     |
| Filer CCC:                                                                      | *****                                          |
| Date of Report:                                                                 | 06/30/2026                                     |
| Are you a Registered Management Investment Company or an Institutional Manager? | Registered Management Investment Company       |
| Filer Investment Company Type                                                   | Form N-2 Filer (Closed-End Investment Company) |
| Is this a LIVE or TEST Filing?                                                  | LIVE                                           |
| Is this an electronic copy of an official filing submitted in paper format?     |                                                |

### Submission Contact Information

|                |                         |
|----------------|-------------------------|
| Name           | Edgar Agents            |
| Phone          | 212-265-3347            |
| E-mail Address | filings@edgaragents.com |

### Notification Information

|                                 |                         |
|---------------------------------|-------------------------|
| Notify via Filing Website only? |                         |
| Notification E-mail Address:    | filings@edgaragents.com |

## N-PX: Series/Class (Contract) Information

## N-PX: Cover Page

### Name and address of reporting person:

|                                                                                                                                     |                             |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of reporting person (For registered management investment companies, provide exact name of registrant as specified in charter) | Variant Impact Fund         |
| Street 1                                                                                                                            | C/O UMB FUND SERVICES, INC. |
| Street 2                                                                                                                            | 235 WEST GALENA STREET      |
| City                                                                                                                                | MILWAUKEE                   |
| State/Country                                                                                                                       | WI                          |
| Zip code and zip code extension or foreign postal code                                                                              | 53212                       |
| Telephone number of reporting person, including area code:                                                                          | 414-299-2270                |

### Name and address of agent for service:

|                                                        |                                         |
|--------------------------------------------------------|-----------------------------------------|
| Name of agent for service                              | Tim Bonin                               |
| Street 1                                               | 235 W Galena Street                     |
| Street 2                                               |                                         |
| City                                                   | Milwaukee                               |
| State/Country                                          | WI                                      |
| Zip code and zip code extension or foreign postal code | 53212                                   |
| Reporting Period:                                      | Report for the year ended June 30, 2026 |

|                                                     |                      |
|-----------------------------------------------------|----------------------|
| SEC Investment Company Act or Form 13F File Number: | 811-23741            |
| CRD Number (if any):                                | 000289261            |
| Other SEC File Number (if any):                     |                      |
| Legal Entity Identifier (if any):                   | 549300KSEZ2Y7CT74A16 |

Report Type (check only one):

|                                                                                                                     |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you wish to provide explanatory information pursuant to Special Instruction B.4?:<br><br>Additional information: | Registered Management Investment Company.                                                                                                                                                                                      |
|                                                                                                                     | <input type="checkbox"/> Fund Voting Report (Check here if the registered management investment company held one or more securities it was entitled to vote.)                                                                  |
|                                                                                                                     | <input checked="" type="checkbox"/> Fund Notice Report (Check here if the registered management investment company did not hold any securities it was entitled to vote.)                                                       |
|                                                                                                                     | Institutional Manager.                                                                                                                                                                                                         |
|                                                                                                                     | <input type="checkbox"/> Institutional Manager Voting Report (Check here if all proxy votes of this reporting manager are reported in this report.)                                                                            |
|                                                                                                                     | <input type="checkbox"/> Institutional Manager Notice Report (Check here if no proxy votes are reported in this report and complete the notice report filing explanation section below)                                        |
|                                                                                                                     | <input type="checkbox"/> Institutional Manager Combination Report (Check here if a portion of the proxy votes for this reporting manager are reported in this report and a portion are reported by other reporting person(s).) |
|                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                            |
|                                                                                                                     |                                                                                                                                                                                                                                |

N-PX: Summary - Included Series

|                   |   |
|-------------------|---|
| Number of Series: | 0 |
|-------------------|---|

N-PX: Signature Block

|                         |                                         |
|-------------------------|-----------------------------------------|
| Reporting Person:       | Variant Impact Fund                     |
| By (Signature):         | Robert W. Elsasser                      |
| By (Printed Signature): | Robert W. Elsasser                      |
| By (Title):             | President (Principal Executive Officer) |
| Date:                   | 08/18/2026                              |

UMB FUND SERVICES, INC.  
235 West Galena Street  
Milwaukee, Wisconsin 53212  
(414) 299-2000

Securities and Exchange Commission  
100 F Street N.E.  
Washington, D.C. 20549

Re: Variant Impact Fund  
Registration No.: 811-23741

Filing pursuant to Rule 30b2-1 and Section 24(b) of the Investment Company Act of 1940

Dear Sir or Madam:

On behalf of the above-named registrant and pursuant to Rule 30b1-4 under the Investment Company Act of 1940, as amended, we hereby file the Fund's Form N-PX for the period ended June 30, 2026. Any questions regarding this filing may be directed to the undersigned at the telephone number provided above.

Sincerely,

/s/ Timothy M. Bonin  
Timothy M. Bonin  
Director of Fund Operations

Encl.