#### \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

<u>A</u>	For th	e 2019 calendar year, or tax year beginning and	a enaing	_									
В	Check if applicab	C Name of organization		D Employer identifie	cation number								
	Addre												
	Name	Doing business as		13-18092	74								
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number									
Г	Final return	5 HANOVER SOLIARE 22ND FLOOR		(212)759									
	termin			G Gross receipts \$	1,607,346.								
Г	Amen	ded NEW YORK NY 10004		H(a) Is this a group re									
F	return Applio		N	for subordinates? Yes X No									
	tiòn pendi	SAME AS C ABOVE	.14										
_				1									
		empt status:	) or 527	<b>-</b>	list. (see instructions)								
		te: WWW.CHRISTOPHERS.ORG			n number ▶ 0928								
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1945  N	A State of legal domicile: NY								
P	art I	Summary											
d)	1	Briefly describe the organization's mission or most significant activities: $\underline{GROU}$											
č		PRINCIPLES, THE CHRISTOPHERS' MISSION IS	TO USI	E ALL FORMS	OF MEDIA								
rna	2	Check this box  if the organization discontinued its operations or disposition	eck this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5								
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4								
o S	5 5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7								
i <del>i</del> .	6	Total number of volunteers (estimate if necessary)			4								
Activities & Governance	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
¥	[] ' L	Net unrelated business taxable income from Form 990-T, line 39			0.								
	<del>                                     </del>	Thet differences taxable income from 1 offi 990-1, life 39		Prior Year	Current Year								
		Contributions and suggets (Dout VIII line 41)		534,060.	705,920 <b>.</b>								
e	8	Contributions and grants (Part VIII, line 1h)											
Revenue	9	Program service revenue (Part VIII, line 2g)		53,092.	54,064.								
şe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		49,610.	248,359.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		192.	687.								
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		636,954.	1,009,030.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,550.	8,304.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		703,344.	834,062.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
e e	b	Total fundraising expenses (Part IX, column (D), line 25)   60, 0	47.										
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		866,603.	833,202.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,576,497.	1,675,568.								
	19	Revenue less expenses. Subtract line 18 from line 12		-939,543.	-666,538.								
		Trevenue 1999 expendees eastract line to trem line to		ginning of Current Year	End of Year								
Net Assets or	20	Total assets (Part X, line 16)		6,187,441.	6,053,337.								
\SSE	21	Total liabilities (Part X, line 16)		295,432.	310,445.								
let /	<b>1</b> 2 1	Net assets or fund balances. Subtract line 21 from line 20		5,892,009.	5,742,892.								
	art II	Signature Block		3,052,005.	3,142,032.								
					. I.m. a								
		alties of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is								
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vnich preparer	nas any knowledge.									
		Cincolina of officer		Dete									
Sig	ın	Signature of officer		Date									
He	re	MARY ELLEN ROBINSON, PRESIDENT											
		Type or print name and title											
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Pai	d	EDWARD G. O'CONNOR EDWARD G. O'CON	INOR C	1/26/21 if self-employ	ed P00434443								
Pre	parer	Firm's name ▶ PKF O'CONNOR DAVIES, LLP			27-1728945								
	only	Firm's address 665 FIFTH AVENUE											
	•	NEW YORK, NY 10022		Phone no 21	2-286-2600								
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No								
	,	a.coaco a.no rotarri mar aro proparor oriown abovo: (000 mondollollo)		· · · · · · · · · · · · · · · · · · ·	110								

Other program services (Describe on Schedule O.)

441,613. including grants of \$

8,304.) (Revenue \$

6,378.)

932002 01-20-20

1,415,312.

Form **990** (2019)

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### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
_	Schedule D, Part III	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?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2019) THE CHRISTOPHERS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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 lines 28a or 28b? If			
	"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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	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			
	5. "		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 22  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  0			
b	Enter the number of Fermi W 2d included in line 1d. Enter 6 in Not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
02000	(gambling) winnings to prize winners?	1c Form	990	(2019)
302002	· 01-20-20	1 01111		(CIU_)

2019.05030 THE CHRISTOPHERS, INC.

Form 990 (2019) THE CHRISTOPHERS, INC.

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

	Continued)				
		ı		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	7			
_	filed for the calendar year ending with or within the year covered by this return	2a 7		Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ	
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other at		4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial at If "Yes," enter the name of the foreign country	county?	44		<u> </u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRΔR)			
5a	Was the constitution of the form of the fo		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
c	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				
	and the discontinuous and the description of the description of the discontinuous and the discontinuous and the discontinuous and the description of the des		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		$\vdash$
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior and are a chica different.		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		۰		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
_	organization is licensed to issue qualified health plans	13b			
C 1/12	Enter the amount of reserves on hand	13c	1/10		Х
14a			14a 14b		<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner.		14D		$\vdash$
10	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
_	If "Yes," complete Form 4720, Schedule O.				
			Form	990	(2010)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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	닉		
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	Na
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		25
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
Ū	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	MARY ELLEN ROBINSON - (212) 759-4050			
	5 HANOVER SQUARE, 22ND FLOOR, NEW YORK, NY 10004			

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization r									rector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	oox, unless persor officer and a direct			on is both an ector/trustee)		compensation	compensation	amount of
	week (list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trust	lal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	lust	Officer	Key	High	Former			
(1) MARY ELLEN ROBINSON	35.00									
VICE PRESIDENT & COO	1	Х		Х				120,327.	0.	23,517.
(2) YANEZA SANTOS, ASSISTANT	35.00							400 050		40 450
SECRETARY / FINANCE MANAGER				Х				102,050.	0.	10,450.
(3) REV. EDWARD M. DOUGHERTY, M.M.	2.50	.,						10 000	0	0
DIRECTOR	0.50	Х						10,900.	0.	0.
(4) JOHN F. FLAHERTY, ESQ	0.50	v		х				0.	0.	0.
CHAIRMAN OF THE BOARD (5) ROBERT V. OKULSKI	4.00	Х		^				0.	0.	0.
PRESIDENT & TREASURER	4.00	Х		х				0.	0.	0.
(6) MSGR PETER G. FINN	0.50	Δ		^				0.	0.	0.
DIRECTOR	0.30	Х						0.	0.	0.
<u> </u>		22						<u> </u>		<b>.</b>
		1								
		1								
		1								
	1									
		-								
		-								

Form 990 (2019)

Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	<u>l Hiç</u>	ghes	<u>t C</u>	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss per	rson i	than o	an	compensation	compensatio	n	an	nount	of
	week		cer an	dad	irecto	r/trust	ee)	from	from related			other	
	(list any hours for	recto						the	organization			pensa	
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,C)		om th anizat	
	organizations	ruste	ıl trus		ee (ee	m pen		(***2/1099***********************************				arıızar d relat	
	below	Individual trustee or director	Institutional trustee	70	Key employee	Highest compensated employee	eL					anizati	
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
											ļ		
		-											
										$\dashv$			
										$\dashv$			
1b Subtotal					<u> </u>			233,277.		0.	3	3,9	67.
c Total from continuation sheets to Part VII								0.		0.		<u> </u>	0.
d Total (add lines 1b and 1c)								233,277.		0.	3	3,9	
Total number of individuals (including but no							o re	•	000 of reportable	 }		,	
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					2
<u> </u>												Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	3100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
(A)	1-1							(B)		0	(C		
Name and business							_	Description of s	services		ompe	nsatio	n
GIBNEY, ANTHONY & FLAHERT	•	22									1 0	- 0	00
665 5TH AVENUE, NEW YORK,	MX TOO	<u> </u>					4	LEGAL SERVIC	ED		т 0	5,0	0 Ø •
							$\dashv$						
							$\dashv$						

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

						ERS, INC			13-1809	274 Page <b>9</b>
Pai	rt V	Ш	Statement of Re	venu	ie					
			Check if Schedule O	contair	ns a response	or note to any lin				
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>10</b> 10	_	_	Fodewated compaigns		1a					300010113 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns							
हुं हुं										
Ŧ\$,			Fundraising events							
ig ig			Related organizations							
Sir.			Government grants (contr							
utio		T	All other contributions, gifts,			705,920.				
ë₽			similar amounts not included			105,320.				
		_	Noncash contributions included in				705,920.			
O e		n	Total. Add lines 1a-1f			Business Code	705,520.			
	2	_	INSPIRATIONAL	т.т	ጥፑፑ ልጥ፣፣	511130	47,686.	47,686.		
Program Service Revenue	2		OTHER PROGRAM			813110	4,928.	4,928.		
		C	LEADERSHIP PR			611710	1,450.	1,450.		
m S		d	DUADURDIIII IR	OGIC	ZIII ICLI V	011710	1,450.	1,450.		
gra Re		u e								
Pro		-	All other program service	reveni	10					
			Total. Add lines 2a-2f				54,064.			
	3	9	Investment income (include				0 1 / 0 0 1 0			
	Ū		other similar amounts)	U	,	<i>'</i>	142,664.			142,664.
	4		Income from investment of				,			,
	5		Royalties			-				
	_		· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·		(i) Real	(ii) Personal				
	6	а	Gross rents	6a	.,					
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)	)						
	7		Gross amount from sales of		(i) Securities	(ii) Other				
			assets other than inventory	7a 7	04,011.					
		b	Less: cost or other basis							
e			and sales expenses	7b 5	98,316.					
/enne		С	Gain or (loss)	7c 1	.05,695.					
Other Rev		d	Net gain or (loss)		<u></u>		105,695.			105,695.
ЭĒ	8	а	Gross income from fundraising	ng ever	nts (not					
₹			including \$		of					
			contributions reported on	line 1	c). See					
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from		· —	<b>_</b>				
	9	а	Gross income from gamin	-						
			Part IV, line 19							
			Less: direct expenses			<u></u>				
			Net income or (loss) from		-	<u> </u>				
	10	а	Gross sales of inventory, I							
			and allowances		I .					
			Less: cost of goods sold			0				
$\dashv$		С	Net income or (loss) from	sales (	ot inventory .	Pusings Ord				
sn	4.4	_	MTCCFT.T.ANDOTE			Business Code 900099	687.			687.
sellaneous evenue	17		MISCELLANEOUS			300033	007.			007.
llar		b								
ě či		С						1	l	l

932009 01-20-20

Form **990** (2019)

0. 249,046.

d All other revenue .....

Total revenue. See instructions

54,064.

687 ,009,030. 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	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,304.	8,304.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	267,244.	234,130.	28,799.	4,315
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 101	204 254	10.500	
7	Other salaries and wages	398,421.	384,351.	10,520.	3,550
8	Pension plan accruals and contributions (include	40 000	00 005	01 610	
	section 401(k) and 403(b) employer contributions)	49,897.	28,287.	21,610.	
9	Other employee benefits	77,746.	77,746.	0 110	400
0	Payroll taxes	40,754.	38,145.	2,110.	499
1	Fees for services (nonemployees):				
а	Management	105 000	00 750	F 0.F.0	
b	Legal	105,000.	99,750.	5,250.	
С	Accounting	39,184.		39,184.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	40 505		40 505	
f	Investment management fees	48,525.		48,525.	
g	Other. (If line 11g amount exceeds 10% of line 25,	67 070	60 570	1 205	4 000
	column (A) amount, list line 11g expenses on Sch O.)	67,970. 26,455.	62,579.	1,295.	4,096 683
12	Advertising and promotion		25,089.		31,333
13	Office expenses	229,394.	188,871.	9,190.	
14	Information technology	57,919.	44,177.	10,346.	3,396
15	Royalties	121,817.	103,464.	12,202.	6,151
16	Occupancy	12,541.	103,404.	1,185.	1,145
17	Travel	14,541.	10,211.	1,103.	1,143
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
?1 ?2	Payments to affiliates	92,903.	79,611.	8,940.	4,352
3	Insurance	72,703.	75,011.	0,540.	4,334
.3 24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEDIA RECORDING & PRODU	23,923.	23,901.	22.	
b	EQUIPMENT RENTAL AND MA	4,319.	3,787.	316.	216
c	MISCELLANEOUS	3,052.	2,759.	7.	286
d	DUES AND SUBSCRIPTIONS	200.	150.	25.	25
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,675,568.	1,415,312.	200,209.	60,047
26	Joint costs. Complete this line only if the organization	-	-		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			71,191.	1	63,186.
	2	Savings and temporary cash investments			4,993.	2	4,996.
	3	Pledges and grants receivable, net			206,353.	3	90,388.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
Ř	9	Prepaid expenses and deferred charges			16,906.	9	14,650.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	152,838.	40 550		10.001
	b	Less: accumulated depreciation		142,817.	13,779.		10,021.
	11	Investments - publicly traded securities	5,538,964.	11	5,614,612.		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	225 255	14	255 404		
	15	Other assets. See Part IV, line 11			335,255.	15	255,484.
	16	Total assets. Add lines 1 through 15 (must equ			6,187,441.	16	6,053,337.
	17	Accounts payable and accrued expenses		165,449.	17	224,583.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or formatrustee, key employee, creator or founder, subs					
bilit		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				2-7	
		parties, and other liabilities not included on line					
		of Schedule D	-	·	129,983.	25	85,862.
	26	Total liabilities. Add lines 17 through 25			295,432.	26	310,445.
		Organizations that follow FASB ASC 958, che	eck here	X			·
es		and complete lines 27, 28, 32, and 33.		<i>′</i> —			
anc	27				5,832,851.	27	5,687,326.
Bal	28	Net assets with donor restrictions			59,158.	28	55,566.
pu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds	·			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, o	r other funds		31	
Net	32	Total net assets or fund balances			5,892,009.	32	5,742,892.
	33	Total liabilities and net assets/fund balances			6,187,441.	33	6,053,337.

	1330 (2013)				ıα	<u>gc</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				30.
2	Total expenses (must equal Part IX, column (A), line 25)	2				68.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	89	2,0	09.
5	Net unrealized gains (losses) on investments	5		52	1,0	13.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u> </u>	3,5	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5,	74	2,8	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Au	dit			
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** THE CHRISTOPHERS, 13-1809274 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2019 THE CHRISTOPHERS, INC. 13-1809 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>5e</u> 0	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
_	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			•	_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						
	<b>Total support.</b> Add lines 7 through 10	. ,					
	Gross receipts from related activities,	`	,			12	
13	First five years. If the Form 990 is for	Ü	, ,		•	( /( /	. □
Sec	organization, check this box and stop	c Support Per	rcentage				
	Public support percentage for 2019 (li	• • •		column (f))		14	%
	Public support percentage from 2018		•	***		15	%
	<b>33 1/3% support test - 2019.</b> If the co						
	<b>stop here.</b> The organization qualifies					nord, driddik tind bo	<b>.</b> .
b	<b>33 1/3% support test - 2018.</b> If the co		-				
	and <b>stop here.</b> The organization quali	~					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	_	-				
	meets the "facts-and-circumstances"			=	· · · · · · · · · · · · · · · · · · ·	-	
b	10% -facts-and-circumstances test						
_	more, and if the organization meets th	_	-				
	organization meets the "facts-and-circ				-		<b>▶</b> □
18	<b>Private foundation.</b> If the organizatio		-				s
	<u> </u>		,			edule A (Form 990	

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1309577.	973,032.	847,979.	534,060.	705,920.	4370568.
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	86,488.	72,800.	69,854.	53,092.	54,064.	336,298.
3	Gross receipts from activities that	,	•	•	•	•	•
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1396065.	1045832.	917,833.	587,152.	759,984.	4706866.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4706866.
Sec	ction B. Total Support						1700000
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	1396065.	1045832.	917,833.	587,152.	759,984.	4706866.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,					_	
	and income from similar sources	69,865.	100,073.	109,643.	130,919.	142,664.	553,164.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	69,865.	100,073.	109,643.	130,919.	142,664.	553,164.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			14,349.	192.	687.	15,228.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1465930.	1145905.	1041825.	718,263.	903,335.	5275258.
	First five years. If the Form 990 is for		first, second, third	d. fourth, or fifth ta		-	ation.
	·				•		·
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			column (f))		15	89.23 %
	Public support percentage from 2018					16	92.54 %
	ction D. Computation of Inves	·					
	Investment income percentage for 20			ne 13 column (f))		17	10.49 %
18	Investment income percentage from			ic 10, colariir (i))		18	7.21 %
	33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
4c		
-10		
5a		
- Cu		
5b		
5c		
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9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

	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 in (b) and (c)	110		
h	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<b>V</b>	NI.
4	Mary a majority of the avacuitation's divectors by twictors duving the toy year also a majority of the divectors		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	1		
Sec	the supported organization(s). stion 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 in (2), 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			
800	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	í		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr			
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
	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 in (a) 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 (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b	ı I	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	TV │ Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:						
MISCELLANEOUS						
2017 AMOUNT: \$ 14,349.						
2018 AMOUNT: \$ 192.						
2019 AMOUNT: \$ 687.						

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

	THE CHRISTOPHERS, INC.	13-1809274						
Organization type (chec	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundate	ation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.						
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a c	• • • • • • • • • • • • • • • • • • • •						
Special Rules								
sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receions exclusively for religious, charitable, etc., purposes, but no such contributions ter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization lable, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box rely religious, charitable, etc., because it received <i>nonexclusively</i>						
but it <b>must</b> answer "No'	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sch on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$6,464.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,092.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$5,263.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

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

Name of organization Employer identification number

### THE CHRISTOPHERS, INC.

13-1809274

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization **Employer identification number** THE CHRISTOPHERS, INC. 13-1809274 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CHRISTOPHERS, INC.

**Employer identification number** 13-1809274

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

932051 10-02-19

Schedule D (Form 990) 2019

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

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not i	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabili	ty?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	<b>(d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment	Board designated or quasi-endowment %									
b	Permanent endowment %										
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the possession of the organization that are held and administered for the organization										
								Yes	No		
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o			or other		ccumulate		(d) Bool	k valu	е
		basis (investr	nent)	pasis	(other)	aep	reciation				
_	Land										
b	Buildings			า	7 500		27 5	<u> </u>	1 /	2 0	21
С.	Leasehold improvements	445 050   445 050					10,021.				
	Equipment		+	<u> </u>	5,258.		.⊥၁,∠:	20.			0.
	Other	•						<del>_</del>	1 /	0,0	21
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x colum	n (R) line 1	(IC)					U.	<b>4</b>

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

85,862.

(5) (6)(7)(8)(9)

PRIOR TO 2016.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the organization	Employer identification number						
THE	13-1809274						
	on Grants and Assistance						
1 Does the organization maint	tain records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the g							X Yes  No
	nization's procedures for monit						
	sistance to Domestic Organia				anization answered "\	es" on Form 990, Part	t IV, line 21, for any
•	d more than \$5,000. Part II can				(f) Mothod of	T	
1 (a) Name and address of or or government	ganization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of sectio	n 501(c)(3) and government or	ganizations listed in the	e line 1 table	ı	L		<b>•</b>
	organizations listed in the line	-					
LHA For Paperwork Reduction							Schedule I (Form 990) (2019)

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

(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			
PRIZES AND DONATIONS	20	8,304.	0.					
	5		<u> </u>					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.				
PART I, LINE 2:								
EVERY YEAR, WE INVITE HIGH SCHOOL S	STUDENTS	ALL ACROSS	THE UNITE	D STATES -				
GRADES 9 THROUGH 12TO CREATE A PO	STER THA	T VISUALLY	INTERPRET	S THE				
TIMELESS THEME, "YOU CAN MAKE A DIF	FERENCE	" USING PH	OTOGRAPHS.	HAND-DRAWN				
PICTURES OR IMAGES CREATED WITH THE	E ASSISTA	NCE OF COM	PUTER GRAP	HICS, THESE				
PUPILS WORK TO ARTISTICALLY CONVEY	WHAT MAK	ING A DIFF	ERENCE IN	ACTION MEANS				
TO THEM. AT THE CHRISTOPHERS, WE TY	PICALLY	RECEIVE OV	ER 1,000 E	NTRIES EVERY				
YEAR, BOTH THROUGH OUR REGULAR MAII	AND VIA	E-MAIL. S	ARAH E. HO	LINSKI. OUR				
YOUTH COORDINATOR, AND HER TEAM ARE IN CHARGE OF THE REVIEW PROCESS. THE								

Schedule I (Form 990) THE CHRISTOPHERS, INC.  Part IV   Supplemental Information	13-1809274 Page 2
STUDENTS ARE FIRST NOTIFIED OF THEIR WINNINGS VIA E-MAIL, A	ND LATER
RECEIVING OFFICIAL LETTERS WITH THEIR PRIZES, DELIVERED DIR	ECTLY TO THEIR
HOME ADDRESSES.	
OUR ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS IS CONDUCTED	IN A SIMILAR
MANNER. IN THIS COMPETITION, WE LOOK FOR FILMS THAT VISUALLY	Y PORTRAY THE
BELIEF THAT ONE PERSON, ONE ORGANIZATION, EVEN ONE SIMPLE A	CT OF KINDNESS
TRULY CAN MAKE A DIFFERENCE. THE JUDGING PROCESS OF THE VID	EO CONTEST IS
IDENTICAL TO THAT OF OUR POSTER CONTEST. WE HAVE FIRST, SECO	OND AND THIRD
PRIZE WINNERS AND, DEPENDING ON THE QUANTITY OF SUBMISSIONS	THAT YEAR,
ANYWHERE FROM THREE TO FIVE HONORABLE MENTIONS.	
THIS YEAR'S 31ST ANNUAL VIDEO CONTEST WINNER WAS BRANDON GO	SSELIN FOR HIS
AUTOBIOGRAPHICAL FILM ONE PERSON CAN MAKE A DIFFERENCE: NEV	ER GIVE UP,
WHICH TELLS THE STORY OF HIS COMEBACK FROM A TRAUMATIC BRAIN	N INJURY.
GOSSELIN'S STORY SHOWS THE TREMENDOUS STRUGGLE THAT ACCOMPAN	NIES BRAIN
INJURY AND THE DETERMINATION, ADAPTATION, AND CREATIVE THIN	KING NEEDED ON
THE PART OF ALL IN SOCIETY TO CHART A COURSE OF RECOVERY FOR	R THOSE WHO ARE
SUFFERING.	

Schedule I (Form 990)

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## 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 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE CHRISTOPHERS, INC. **Employer identification number** 13-1809274

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (RADIO, VIDEO, WEB, PRINT) ALONG WITH LEADERSHIP COURSES TO ENCOURAGE INDIVIDUALS TO PUT THEIR FAITH INTO ACTION, AND TO REMIND THEM OF THE "DO NOT BE OVERCOME BY EVIL, BUT OVERCOME EVIL GOSPEL-BASED MANDATE, WITH GOOD." MOTIVATED BY A LOVE OF GOD AND HUMANITY, ALL PEOPLE CAN BE CHRISTOPHERS - OR CHRIST-BEARERS - IN THE COURSE OF THEIR DAILY LIVES BY SEEING PROBLEMS AND WORKING TO SOLVE THEM INSTEAD OF SIMPLY COMPLAINING ABOUT THEM. CHRISTOPHERS SEE THESE INSTANCES AS OPPORTUNITIES TO BE SOLUTION-ORIENTED ROLE MODELS, SERVING AS SOURCES OF DIVINE LIGHT IN THE DARKNESS OF SOCIETAL ILLS AND PERSONAL CHALLENGES. IN FACT, THE CHRISTOPHER APPROACH IS BEST SUMMED UP IN OUR "IT'S BETTER TO LIGHT ONE CANDLE THAN TO CURSE THE DARKNESS." SINCE 1945, WE HAVE USED OUR LITERATURE, BROADCASTS, AWARDS. PRISON MINISTRY, AND YOUTH CONTESTS TO BRING POSITIVE AND CONSTRUCTIVE VALUES INTO THE MAINSTREAM OF SOCIETY.

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, IRREPLACEABLE CHILD OF GOD WHO CAN MAKE A DIFFERENCE, AND THAT CONSTRUCTIVE ACTION WORKS MIRACLES. EACH OF US HAS, BY THE GRACE OF THE POWER TO CHANGE THE WORLD FOR THE BETTER. EVERY ACT OF CARE AND CONCERN FOR OTHERS HAS A RIPPLE EFFECT, TOUCHING MANY LIVES. THE LOVE TO WHICH WE ARE CALLED BY THE GOSPEL EXTENDS NOT ONLY TO OUR NEIGHBORS BUT TO ALL WHO LIVE ON GOD'S GOOD EARTH. TO BE A CHRISTOPHER MEANS TO BE A CHRIST-BEARER - WHERE THERE IS HATE, TO BRING LOVE, AND WHERE THERE IS DARKNESS, TO CARRY LIGHT.

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

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Name of the organization 13-1809274 THE CHRISTOPHERS, INC. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUALS OR FAMILIES TROUBLED WITH THE PRESSING SOCIAL ILLS OF OUR TIME, SUCH AS ADDICTION, DOMESTIC VIOLENCE, GRIEF, SUICIDE, MENTAL OR PHYSICAL ILLNESS, AGING, DIVORCE, ANGER, SELF-ESTEEM PROBLEMS, LACK OF COMMUNICATION, AND INTOLERANCE. WE PUBLISH OUR ANNUAL "THREE MINUTES A DAY" BOOK OF DAILY STORIES AND PRAYERFUL REFLECTIONS; AN ANNUAL CALENDAR WITH BIBLICAL AND INSPIRATIONAL QUOTES FOR EACH DAY OF THE YEAR; AND PRAYER CARDS THAT PROVIDE HOPE AND GUIDANCE TO ALL. OUR BOOKS AND NEWS NOTES ARE DONATED TO PRISON AND JAIL MINISTRIES AROUND THE COUNTRY AND HAVE PROVED TO BE POPULAR SOURCES OF INSPIRATION AND GUIDANCE WITH INMATES. AS ONE PRISONER IN CHICAGO STATED, "IF IT IS FROM THE CHRISTOPHERS, IT IS GOOD." DONATIONS GIVEN FOR CHRISTOPHER MATERIALS HELP FUND FURTHER CHRISTOPHER WORK. HOWEVER, MANY OF OUR MATERIALS ARE PROVIDED FREE TO THOSE IN NEED. OUR SYNDICATED WEEKLY "LIGHT ONE CANDLE" COLUMNS ARE DISTRIBUTED FREE-OF-CHARGE TO NEWSPAPERS AND WEBSITES WHO HAVE REQUESTED TO USE THEM. OUR WEBSITE OFFERS FREE MATERIAL SUCH AS PRAYERS, NEWS NOTES, AND "LIGHT ONE CANDLE" COLUMNS. IN ADDITION, THE CHRISTOPHERS' BLOG REACHES A WIDE-RANGING AUDIENCE WITH POSTS ABOUT POPULAR CULTURE, ORIGINAL INTERVIEWS, AND STORIES OF INSPIRATION. ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND TWITTER LINKS. WE RECENTLY RECEIVED A BEAUTIFUL NOTE FROM A HOSPITAL CHAPLAIN WHO WORKS WITH PATIENTS WITH SEVERE MENTAL ILLNESS. HE WROTE TO TELL US OF THE SUCCESS HE'S HAD INCORPORATING OUR THREE MINUTES A DAY READINGS INTO THE SPIRITUAL REFLECTIONS HE LEADS ON THE VARIOUS WARDS. HE STARTED WITH THE TEENAGE WARD, WRITING, "IT'S NO SURPRISE THAT ADOLESCENTS CAN BE HARD TO REACH, BUT THE REAL-LIFE STORIES AND THE 'NON-PREACHINESS' OF THE STORIES HAVE WORKED VERY WELL." HE THEN

Name of the organization **Employer identification number** 13-1809274 THE CHRISTOPHERS, INC. EXPANDED THESE MEDITATIONS TO THE OTHER WARDS AND REPORTS THAT HE'S NOW REACHING HALF THE PATIENTS IN THE ENTIRE HOSPITAL WITH READINGS FROM THREE MINUTES A DAY. THE CHAPLAIN EXPRESSED HOW VITAL OUR THREE MINUTES A DAY BOOKS ARE TO HIS MINISTRY AND REQUESTED COPIES OF OUR 2020 BOOKS, AND WE WERE MORE THAN HAPPY TO SEND HIM A SHIPMENT SO THAT THIS BEAUTIFUL OUTREACH CAN CONTINUE IN THE COMING YEAR. SPANISH OUTREACH THE CHRISTOPHERS RECOGNIZE THE IMPORTANCE OF SHARING OUR MESSAGE WITH THE SPANISH SPEAKING COMMUNITY, SO WE OFFER SPANISH TRANSLATIONS OF CERTAIN NEWS NOTES AND PRAYER CARDS IN ORDER TO MAKE A SELECTION OF OUR MATERIALS ACCESSIBLE TO THIS IMPORTANT DEMOGRAPHIC. IN ADDITION, WE HAVE CREATED A SPANISH TRANSLATION OF THE CHRISTOPHER LEADERSHIP COURSE. THIS OUTREACH WILL ENABLE MINISTERS AND OTHER DEDICATED INDIVIDUALS TO HAVE THE RESOURCES TO BETTER SERVE SPANISH SPEAKING PEOPLE IN THEIR PARISHES, COMMUNITIES AND OUTREACH CENTERS, INCLUDING THOSE ON THE MARGINS OF SOCIETY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INTO THE BETTER SIDE OF THEIR HUMAN NATURE BY SEEING POSITIVE EXAMPLES PRESENTED TO THEM IN ENGAGING AND ENTERTAINING WAYS. THE ANNUAL CHRISTOPHER AWARDS CEREMONY IS A HIGH PROFILE MEDIA EVENT REGULARLY HOSTED BY A FAMOUS TV PERSONALITY. RECENT WINNERS INCLUDE ABC NEWS ANCHOR DAVID MUIR, BEST-SELLING AUTHOR DAVID MCCULLOUGH, ACTRESS/PRODUCER DOLLY PARTON, ACTOR/PRODUCER MICHAEL B. JORDAN, AND ACTOR/PRODUCER MARK WAHLBERG. DOLLY PARTON IS A THREE-TIME CHRISTOPHER AWARD WINNER FOR HER AUTOBIOGRAPHICAL TV MOVIES "DOLLY PARTON'S COAT OF MANY COLORS" AND "CHRISTMAS OF MANY COLORS," AND FOR HER NETFLIX FILM "DOLLY PARTON'S Schedule O (Form 990 or 990-EZ) (2019) Name of the organization

**Employer identification number** 

13-1809274 THE CHRISTOPHERS, INC. HEARTSTRINGS: THESE OLD BONES." PARTON HAD THIS TO SAY ABOUT THE AWARD: "I LOVE THE CHRISTOPHER AWARD SLOGAN, 'BETTER TO LIGHT A CANDLE THAN TO CURSE THE DARKNESS.' I PERSONALLY BELIEVE THAT WITH ALL MY HEART. I THINK THE MOVIE, 'COAT OF MANY COLORS,' A TRUE STORY FROM MY CHILDHOOD, REALLY DOES THROW A LIGHT ON A LOT OF THINGS LIKE FAMILY, HOPE, LOVE, KINDNESS, UNDERSTANDING, AND ACCEPTANCE. IT REALLY SPOKE TO THE ISSUE OF BULLYING. I AM VERY PROUD AT HOW GOD WORKS THROUGH ME TO SHINE A LIGHT, AND TO HELP HEAL A LOT OF HURT IN A LOT OF PEOPLE, AND I AM VERY PROUD OF THIS AWARD." AND SEAN ANDERS, WRITER/DIRECTOR/PRODUCER OF THE 2019 FEATURE FILM WINNER "INSTANT FAMILY," SAID, "TO LIGHT A CANDLE IN THE DARKNESS WAS VERY MUCH OUR INTENTION WHEN MAKING 'INSTANT FAMILY.' KIDS AND FAMILIES IN THE FOSTER CARE SYSTEM DON'T OFTEN GET TO TELL THEIR STORIES ON A WORLD STAGE. AND TOO OFTEN WHEN THESE STORIES ARE TOLD, THEY FOCUS ONLY ON THE DARKNESS. WE SET OUT TO SHED SOME LIGHT ON THE STRUGGLES AND PAIN BUT ALSO THE LOVE, LAUGHTER AND TRIUMPH OF FAMILIES THAT ARE BORN OUT OF TRAGEDY. WE ARE SO GRATEFUL FOR THE HONOR OF BEING RECOGNIZED FOR A CHRISTOPHER AWARD AND WE HOPE THIS RECOGNITION WILL LEAD TO MORE FAMILIES SEEING THE FILM AND OPENING THEIR HEARTS, MINDS AND MAYBE EVEN THEIR HOMES TO THE HUNDREDS OF THOUSANDS OF KIDS IN OUR COUNTRY WHO NEED FAMILIES."

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

HALLMARK CHANNEL ACTRESS AND ALZHEIMER'S ASSOCIATION SPOKESPERSON NIKKI

DELOACH; COMEDY WRITER AND BRAIN TUMOR SURVIVOR JEANNIE GAFFIGAN;

OLYMPIC GOLD MEDALISTS SIMONE BILES, GABRIELLE DOUGLAS AND SHAWN

JOHNSON; AUTHOR DEAN KOONTZ; AND SINGERS JENNIFER NETTLES, MATT MAHER

AND GRAMMY WINNER MANDISA. EVERYDAY PEOPLE WHO ARE MAKING A DIFFERENCE

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** Name of the organization 13-1809274 THE CHRISTOPHERS, INC. ARE ALSO FEATURED ON THE PROGRAM. RECENT EXAMPLES INCLUDE ANTOINETTE TUFF, WHO CONVINCED A MENTALLY ILL GUNMAN WHO HAD TAKEN A SCHOOL HOSTAGE TO SURRENDER TO POLICE WITHOUT HURTING ANYONE; CHICAGO DEACON DON GROSSNICKLE, WHO CREATED A MICROFINANCE PROGRAM TO FIGHT POVERTY AND DISEASE IN UGANDA; KATHY IZARD, WHO INSTITUTED A PROGRAM TO HOUSE THE HOMELESS IN CHARLOTTE, NORTH CAROLINA; INDIANA DOCTOR CHUCK DIETZEN, WHOSE MINISTRY TO DISABLED CHILDREN IS PROVIDING HOPE AND HEALING AROUND THE WORLD; JIM ZIOLKOWSKI, FOUNDER OF THE NONPROFIT "BUILD ON," WHICH INVITES INNER CITY KIDS TO BUILD SCHOOLS IN POVERTY-STRICKEN AREAS AROUND THE WORLD; AND NASHVILLE NATIVE KATIE DAVIS MAJORS, WHO MOVED TO UGANDA AND BECAME THE ADOPTIVE MOTHER OF 13 ORPHANS. THE WEEKLY PROGRAM AIRS ON SIRIUS-XM AND NUMEROUS OTHER STATIONS. THE PROGRAM IS ALSO AVAILABLE AS A FREE PODCAST THROUGH THE CHRISTOPHERS' BLOG AND WEBSITE. THE MODERN INCARNATION OF "CHRISTOPHER CLOSEUP" CONTINUES A TRADITION STARTED IN 1952 BY OUR FOUNDER, FATHER JAMES KELLER, WHEN HE BEGAN THE TELEVISION VERSION OF THE SHOW FEATURING SUCH GUESTS AS BOB HOPE, JACK BENNY, BING CROSBY, MARIO LANZA, ART LINKLETTER, AND MORE. "CHRISTOPHER MINUTES" ARE ONE-MINUTE PUBLIC SERVICE ANNOUNCEMENTS SENT TO 200 RADIO STATIONS NATIONWIDE, INCLUDING SIRIUS-XM'S THE CATHOLIC CHANNEL. THEY PROVIDE LISTENERS WITH INSPIRATIONAL STORIES AND PRACTICAL ADVICE ABOUT STAYING POSITIVE IN THE MIDST OF ADVERSITY. "CHRISTOPHER MINUTES" ARE ALSO AVAILABLE ON OUR WEBSITE. TELEVISION SEVERAL CLASSIC CHRISTOPHER FILMS FROM THE 1950'S AIR PERIODICALLY ON EWTN. AND EACH YEAR DURING THE CHRISTMAS SEASON NUMEROUS TV STATIONS AIR CHRISTOPHER SPONSORED CLAY-ANIMATIONS FOR KIDS CONSISTING OF "THE FIRST CHRISTMAS," "THE CHIMES," "MICHAEL THE VISITOR, " AND "MARTIN THE COBBLER."

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 13-1809274 THE CHRISTOPHERS, INC. ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND TWITTER. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTH CONTESTS - EVERY YEAR, WE INVITE HIGH SCHOOL STUDENTS ALL ACROSS THE UNITED STATES - GRADES 9 THROUGH 12--TO CREATE A POSTER THAT VISUALLY INTERPRETS THE TIMELESS THEME, "YOU CAN MAKE A DIFFERENCE." USING PHOTOGRAPHS, HAND-DRAWN PICTURES OR IMAGES CREATED WITH THE ASSISTANCE OF COMPUTER GRAPHICS, THESE PUPILS WORK TO ARTISTICALLY CONVEY WHAT MAKING A DIFFERENCE IN ACTION MEANS TO THEM. AT THE CHRISTOPHERS, WE TYPICALLY RECEIVE OVER 1,000 ENTRIES EVERY YEAR, BOTH THROUGH REGULAR MAIL AND VIA E-MAIL. SARAH E. HOLINSKI, OUR YOUTH COORDINATOR, AND HER TEAM ARE IN CHARGE OF THE REVIEW PROCESS. THE STUDENTS ARE FIRST NOTIFIED OF THEIR WINNINGS VIA E-MAIL, AND LATER RECEIVING OFFICIAL LETTERS WITH THEIR PRIZES, DELIVERED DIRECTLY TO THEIR HOME ADDRESSES. OUR ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS IS CONDUCTED IN A SIMILAR MANNER. IN THIS COMPETITION, WE LOOK FOR FILMS THAT VISUALLY PORTRAY THE BELIEF THAT ONE PERSON, ONE ORGANIZATION, EVEN ONE SIMPLE ACT OF KINDNESS CAN MAKE A DIFFERENCE. THE JUDGING PROCESS OF THE VIDEO CONTEST IS IDENTICAL TO THAT OF OUR POSTER CONTEST. WE HAVE FIRST, SECOND AND THIRD PRIZE WINNERS AND, DEPENDING ON THE QUANTITY OF SUBMISSIONS THAT YEAR, ANYWHERE FROM THREE TO FIVE HONORABLE MENTIONS. THIS YEAR'S 32ND ANNUAL VIDEO CONTEST WINNER WAS UNIVERSITY OF FLORIDA STUDENT QUAN MCWIL, FOR HIS WUFT NEWSCAST ENTITLED "A HERO AMONG US." MCWIL'S VIDEO HIGHLIGHTS THE PHILANTHROPIC EFFORTS OF RICH JOHNSON, WHO WENT ABOVE AND BEYOND THE CALL OF DUTY TO HELP HIS COMMUNITY IN THE DEVASTATING AFTERMATH OF HURRICANE MICHAEL, JUST A COUPLE OF YEARS AGO.

THE WINNER OF OUR POSTER CONTEST WAS IMANI ANAISCE KING, A SENIOR AT

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** 

Name of the organization 13-1809274 THE CHRISTOPHERS, INC. SOUTHSIDE CHRISTIAN HIGH SCHOOL, LOCATED IN SIMPSONVILLE, SOUTH CAROLINA. THIS PERSONAL PHOTOGRAPH SHOWS KING LEANING DOWN TO PLACE A TENDER KISS ON HER GRINNING GRANDFATHER'S BALD HEAD. THE CAPTION READS: "YOU CAN MAKE A DIFFERENCEFIGHTING THE FIGHT AGAINST ALZHEIMER'S WITH LOVE."

CHRISTOPHER LEADERSHIP PROGRAM AND SEMINARS - THE CHRISTOPHER LEADERSHIP PROGRAM OFFERS COURSES, SEMINARS, AND WORKSHOPS TO ADULTS AND YOUTHS. PARTICIPANTS EXPLORE LIFE'S PURPOSES AND CHALLENGES, BUILD SELF-CONFIDENCE, DEVELOP LEADERSHIP QUALITIES, GROW IN FAITH AND SPIRITUALITY, SHARPEN COMMUNICATION SKILLS, AND BECOME MORE OPTIMISTIC. WE HOLD AN ANNUAL WEEKEND LEADERSHIP COURSE AT THE UNIVERSITY OF SAINT MARY OF THE LAKE, HOME OF MUNDELEIN SEMINARY AND THE SCHOOL OF THEOLOGY FOR THE ARCHDIOCESE OF CHICAGO. MUNDELEIN IS THE LARGEST MAJOR SEMINARY IN THE UNITED STATES AND DIOCESES FROM AROUND THE COUNTRY SEND SEMINARIANS THERE FOR FORMATION. BY HOLDING OUR ANNUAL COURSE AT MUNDELEIN, THE CHRISTOPHERS PARTICIPATE IN BUILDING UP THE NEXT GENERATION OF LEADERS IN THE CHURCH. IN OUR WEEKEND COURSE AT MUNDELEIN, SEMINARIANS AND LAYPEOPLE ENGAGE IN AN INVIGORATING EXPLORATION OF LEADERSHIP SKILLS IN A RELAXED AND SUPPORTIVE **ENVIRONMENT.** IN 2019, WE HELD OUR 27TH ANNUAL LEADERSHIP RETREAT AT THE UNIVERSITY OF SAINT MARY OF THE LAKE, AND THIS POPULAR COURSE CONTINUES TO CHANGE LIVES AND EMPOWER THE NEXT GENERATION OF LEADERS TO IMPROVE THEIR COMMUNITIES AND REMAIN TRUE TO THEIR FAITH. ONE RECENT GRADUATE WROTE,

CHRIST AND MAKE A DIFFERENCE. THANK YOU!!!"

Schedule O (Form 990 or 990-EZ) (2019)

"THIS OPPORTUNITY IS AN INVALUABLE GIFT THAT CHANGES LIVES, MY OWN AND

OTHERS. IT'S INSPIRATIONAL TO GO OUT INTO THE WORLD AS A LIGHT OF

Name of the organization THE CHRISTOPHERS, INC. Employer identification number 13-1809274

PRISON MINISTRY - OUR OUTREACH TO THOSE ON THE FRONT LINES OF PRISON MINISTRY REMAINS A VITAL PART OF THE EFFORT TO BRING HOPE AND HEALING TO PEOPLE ON THE MARGINS OF SOCIETY. WORKING MAINLY THROUGH PRISON CHAPLAINS, WE PROVIDE AN EVER-GROWING LIBRARY OF READING MATERIAL THANKS TO THE SUPPORT OF CHRISTOPHER FRIENDS. THIS INCLUDES OUR "THREE MINUTES A DAY" BOOK SERIES, CHRISTOPHER NEWS NOTES, AND A CALENDAR DESIGNED ESPECIALLY FOR THOSE IN JAILS AND PRISONS. COUNTLESS CHAPLAINS, AS WELL AS PRISONERS THEMSELVES, FREQUENTLY CONTACT OUR OFFICE TO EXPRESS THANKS FOR THE MANY DONATED ITEMS WE MAKE AVAILABLE TO THEM. FOR INSTANCE, IN RESPONSE TO ONE OF OUR CHRISTMAS MAILINGS, DEACON PETER ANDRE, DIRECTOR OF PRISON MINISTRY FOR THE DIOCESE OF SAINT PETERSBURG, FLORIDA, WROTE: "ON BEHALF OF A SINCERELY GRATEFUL MINISTRY, I HUMBLY ACKNOWLEDGE RECEIPT OF 7 CASES OF WONDERFUL 'THREE MINUTES A DAY' BOOKS, WHICH ARRIVED IN PERFECT ORDER THIS MORNING. WE ARE ACTIVELY PUTTING TOGETHER OUR ADVENT AND CHRISTMAS MAILINGS. THESE BOOKS WILL BE THE INTEGRAL PART OF OUR SPECIAL SPIRITUAL 'GIFTS' TO THE INMATES AND EX-OFFENDERS IN OUR CARE. SINCE 1997, WE HAVE DONE OUR BEST TO PROVIDE INMATES AND EX-OFFENDERS WITH 'TOOLS' ON THE FAITH TO ASSIST THEM (WALKING STICKS IF YOU WILL) ON THEIR SPIRITUAL JOURNEY. IN AUGUST OF 1998, THE CHRISTOPHERS BEGAN THEIR LONG AND FAITHFUL, UTTERLY GENEROUS SUPPORT AND PARTNERSHIP WITH OUR PRISON MINISTRY. HOW BLESSED WE ARE TO BE ABLE TO MAKE THAT STATEMENT! TO YOU, YOUR WILLING STAFF AND ALL YOUR BENEFACTORS, WE SEND OUR PRAYERFUL GRATITUDE; FROM OVERFLOWING HEARTS, WE THANK YOU AND WISH YOU PEACE AND JOY IN THE HOLY ADVENT AND CHRISTMAS SEASON STILL TO COME."

WE HOPE THAT OUR CHRISTOPHER MATERIALS BRING THE LIGHT OF GOD'S LOVE TO

Name of the organization THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

HIS CHILDREN WHO COULD USE A POSITIVE MESSAGE IN THEIR LIVES.

EXPENSES \$ 441,613. INCLUDING GRANTS OF \$ 8,304. REVENUE \$ 6,378.

FORM 990, PART VI, SECTION A, LINE 2:

THE ORGANIZATION, AS OF YEAR END, INCURRED \$105,088 IN LEGAL SERVICES

PROVIDED BY GIBNEY ANTHONY & FLAHERTY, LLP OF WHICH ROBERT V. OKULSKI,

PRESIDENT/TREASURER OF THE BOARD, IS A MEMBER.

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

THE CHRISTOPHERS, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING

FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL

REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE

ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION.

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

THE CHRISTOPHERS, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY
WHICH ALL BOARD MEMBERS HAVE RECEIVED A COPY OF. THE POLICY MANDATES THAT
ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY DISCLOSE ANY POTENTIAL OR
ACTUAL CONFLICTS THAT MAY EXIST. IN ADDITION, EACH MEMBER OF MANAGEMENT AND
THE GOVERNING BODY IS REQUIRED TO SIGN AN ANNUAL CONFLICT DISCLOSURE
STATEMENT. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE
POLICY SETS FORTH THE PROCEDURES TO BE FOLLOWED TO ADDRESS THE ISSUE.

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

COMPENSATION OF THE CHIEF EXECUTIVE IS DETERMINED BY THE NON-INTERESTED

MEMBERS OF THE BOARD OF DIRECTORS. FACTORS THAT ARE CONSIDERED INCLUDE THE

**Employer identification number** Name of the organization 13-1809274 THE CHRISTOPHERS, INC. EXECUTIVE'S PERFORMANCE, DUTIES AND RESPONSIBILITIES. THE TOTAL COMPENSATION PACKAGE IS COMPARED TO THAT OF SIMILARLY SITUATED EXECUTIVES IN OTHER NON-PROFIT ORGANIZATIONS TO DETERMINE THE REASONABLENESS THEREOF. COMPENSATION OF OTHER KEY EMPLOYEES AND OFFICERS IS DETERMINED BY A PERFORMANCE EVALUATION INVOLVING THE EXECUTIVE AND CERTAIN BOARD MEMBERS. THE COMPENSATION IS ALSO COMPARED TO PERSONS IN SIMILARLY SITUATED POSITIONS AT OTHER NON-PROFIT ORGANIZATIONS. THE PROCESS WAS LAST UNDERTAKEN IN 2019 AND DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE CHRISTOPHERS, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON ITS WEBSITE, WWW.CHRISTOPHERS.ORG, AND CHARITY NAVIGATOR.ORG. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO 5 HANOVER SQUARE, 22ND FLOOR NEW YORK, NY 10004, OR BY CALLING THE ORGANIZATION DIRECTLY AT (212) 759-4050. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST IN TRUST -3,592. FORM 990 PAGE 12, PART XII, LINE 2C THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS FROM THE PRIOR YEAR.

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 13-1809274 THE CHRISTOPHERS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5 HANOVER SQUARE, 22ND FLOOR return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 10004 NEW YORK, NY Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARY ELLEN ROBINSON • The books are in the care of  $\blacktriangleright$  5 HANOVER SQUARE, 22ND FLOOR - NEW YORK, NY 10004 Telephone No.  $\triangleright$  (212)  $7\overline{59-4050}$ Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

923841 12-30-19

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

Form 8868 (Rev. 1-2020)