

** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning

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

and ending

Open to Public Inspection

_							
В	Check it applicate	C Name of organization	D Employer identif	ication number			
	Addr	THE CHRISTOPHERS, INC.					
	Nam- chan		13-18092	74			
	Initia returi						
	Final	5 HANOVER SQUARE, 22ND FLOOR	(212)759				
	termi	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,539,084.			
	Amer	NEW YORK, NY 10004	H(a) Is this a group r				
	Appli tion pend	F Name and address of principal officer: MARY ELLEN ROBINSON		? Yes X No			
_		SAME AS C ABOVE	H(b) Are all subordinates in				
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 501(c) (If "No," attach a	list. See instructions			
	Webs		H(c) Group exemption				
	art I	f organization: X Corporation Trust Association Other L Yes	ear of formation: 1945	M State of legal domicile: ${f NY}$			
	1		NII				
9	3 '	Briefly describe the organization's mission or most significant activities: SEE SCHEI	DOPE O				
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of mo	050/ stil				
Ver	3	Misself Control of the Control of th		_			
ę.	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	3	3			
2	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7			
itio	6	Total number of volunteers (estimate if necessary)	6	2			
į	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.			
Revenue			Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	1,258,194.	904,937.			
	9	Program service revenue (Part VIII, line 2g)	36,764.	46,285.			
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	500,245.	226,584.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,482.	3,009.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,797,685.	1,180,815.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,260.	7,298.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	729,608.	758,696.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Exp	- b	Total fundraising expenses (Part IX, column (D), line 25) 59,524.					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	854,832.	888,881.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,590,700.	1,654,875.			
JC oc	13	Revenue less expenses. Subtract line 18 from line 12	206,985.	-474,060.			
Net Assets or	20		Beginning of Current Year 6,900,937.	End of Year			
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	962,082.	5,059,266. 584,656.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	5,938,855.	4,474,610.			
Pa	art II	Signature Block	3733070331	1,11,010.			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is			
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	and denoty to to			
		May Ellen Kohinson	61/15/	2023			
Sig		Signature of officer	Date				
Her	е	MARY ELLEN ROBINSON, PRESIDENT					
		Type or print name and title					
: .	.	Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid		GARRETT M. HIGGINS GARRETT M. HIGGINS	11/15/23 self-employe				
	oarer Only	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's address 245 PARK AVENUE, 12TH FLOOR	Firm's EIN 8	7-3231666			
700	Jilly	NEW YORK, NY 10167	- 044	206 2662			
/lav	the ID	S discuss this return with the preparer shown above? See instructions	Phone no. 212	2-286-2600			
	01 12-13			. X Yes No			
	10			Form 3311 (0000)			

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232002 12-13-22

Form 990 (2022) THE CHRISTOPHERS, INC. 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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		Х
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		X
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		
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	_ ا		
	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			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	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		x
	domestic government on Part IA, Column (A), line 11 // "Yes." complete Schedule I, Parts I and II	41		1 22

Form 990 (2022)		CHRISTOPHERS,		13-1809274	Page 4				
Part IV Checklist of Required Schedules (continued)									

	· (continued)			
00	Did the experimetion report more than \$5,000 of greate or other exciptance to or few democific individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	- 22	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a	77	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
^^	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		- 21
32	•	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
04	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2022) THE CHRISTOPHERS, INC.

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			X			
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7.7			
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).			_		v			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.		х			
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7c		21			
d				7e		Х			
f	 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?								
9									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b									
10	Section 501(c)(7) organizations. Enter:								
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:		1						
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	ı		12a					
	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.			40					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
L	Note: 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 organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
-	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
				_	$\Omega\Omega\Omega$				

THE CHRISTOPHERS, INC. 13-1809274 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 3 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed	i NONE
Section 6104 requires an organization to make its Forms 1023 (1024 or	1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
for public inspection. Indicate how you made these available. Check all	that apply.
X Own website Another's website X Upon requ	uest Other (explain on Schedule O)
	Section 6104 requires an organization to make its Forms 1023 (1024 or for public inspection. Indicate how you made these available. Check all

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is botl	h an	compensation	compensation	amount of
	week	-	T	T	T	1	100,	from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Ja.	Key employee	Highest compensated employee	ue.			organizations
-	line)	Пđ	Insti	Officer	Key	High	Former			
(1) ANTHONY ROSSI	35.00					l				
RADIO PRODUCER	 			╙	╙	X		102,259.	0.	30,457.
(2) MARY ELLEN ROBINSON	35.00	l								
PRESIDENT	 	Х		X	╙	_		120,327.	0.	10,781.
(3) YANEZA SANTOS, ASSISTANT	35.00								_	
SECRETARY/FINANCE MANAGER				X	╙	_		104,735.	0.	18,417.
(4) REV. EDWARD M. DOUGHERTY, M.M.	0.50	l						00.450		
DIRECTOR	4 00	Х		₩	₩			29,450.	0.	0.
(5) ROBERT V. OKULSKI	4.00	l		l						
CHAIRMAN/TREASURER		X		X	₩			0.	0.	0.
(6) MSGR PETER G. FINN	0.50	l								
DIRECTOR - DECEASED MARCH 2022		X		₩	₩	<u> </u>		0.	0.	0.
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	T VII Section A. Officers, Directors, Trus	(B)	l	,			91163		(D)	(E)	П	(F	١
	(A) Name and title	Average			Pos	(C) Position			Reportable	(⊏) Reportable		(F) Estima	
	Name and title	hours per (do not check box, unless pe							compensation	compensation		amou	
		week		cer an					from	from related		oth	
		(list any	ctor						the	organizations		compen	sation
		hours for	or dire	a)			ted		organization	(W-2/1099-MISC	C/	from	the
		related	stee	truste			bensa		(W-2/1099-MISC/	1099-NEC)		organiz	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			and re	
		line)	divid	stitut	Officer	sy em	ighesi	Former				organiz	ations
		,	드	드	0	포	王吉	F			-		
											_		
											_		
			•										
											_		
1b	Subtotal								356,771.		0.	59,	655.
С	Total from continuation sheets to Part VI	I, Section A						•	0.		0.	•	0.
	Total (add lines 1b and 1c)								356,771.		0.	59,	655.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization											1	3
					_							Ye	s No
3	Did the organization list any former officer	•		•	•	•		•		•			- V
	line 1a? If "Yes," complete Schedule J for s										⊦	3	X
4	For any individual listed on line 1a, is the su											4	х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										⊦	4	+ <u>^</u>
3	rendered to the organization? If "Yes," com	•				•			•	idal loi services		5	Х
Sec	tion B. Independent Contractors	ipiete Schedule	<i>- 0 1</i>	UI SC	ICII Ļ	<i>J</i> C/3	<u> </u>						
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compe	ensati	on from	
	the organization. Report compensation for	the calendar ye	ear e	endir	ıg w	ith c	or wi	thin	the organization's tax y	ear.			
	(A)				_				(B)		_	(C)	
	Name and business	address	N	ONE	<u>:</u>			_	Description of s	ervices	Cc	mpensat	lion
								\dashv					
	Total number of independent contractors (neluding but s	ot li⊬	nitos	1 +0 -	thoo	منا م	ted	ahova) who received me	ore than			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	l to 1	thos		ted	above) who received mo	ore than			

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
		Officer if Schedule O contains a response of	Thote to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns 1a					
ir our	ı	b Membership dues 1b					
, S	(c Fundraising events1c					
ar /		d Related organizations1d					
S,E		e Government grants (contributions) 1e					
<u>S</u> S	1	f All other contributions, gifts, grants, and					
e E		similar amounts not included above 1f	904,937.				
풀	١ ,	g Noncash contributions included in lines 1a-1f					
Sor	Ì	h Total. Add lines 1a-1f		904,937.			
<u> </u>			Business Code	,			
	2 :		611710	44,985.	44,985.		
ij			611710	1,300.	1,300.		
er ne	'	~ ————————————————————————————————————	011710	1,300.	1,500.		
n S	١ '	·					
ga Be	· '	d					
Program Service Revenue	•	e					
Δ.		f All other program service revenue					
	9	g Total. Add lines 2a-2f		46,285.			
	3	Investment income (including dividends, interest					
		other similar amounts)		95,178.			95,178.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties		2,651.	2,651.		
		(i) Real	(ii) Personal				
	6 8	a Gross rents6a					
	ı	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,489,675.					
		b Less: cost or other basis					
ō		and sales expenses 7b 2,358,269.					
n (١.	c Gain or (loss) 7c 131,406.					
Revenue		d Net gain or (loss)		131,406.			131,406.
Ē				202,100.			101,1001
ther	8 6	a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
	_	Part IV, line 18 8a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	b Less: direct expenses 9b					
	(c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
	ı	b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
one (11 8	a MISCELLANEOUS	900099	358.			358.
Miscellaneous Revenue	ı	b					
ella		c					
SS		d All other revenue					
Σ	`	e Total. Add lines 11a-11d		358.			
	12	Total revenue. See instructions		1,180,815.	48,936.	0.	226,942.
					· · · · · · · · · · · · · · · · · · ·	l .	

232009 12-13-22

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,500. 1,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,798. 5,798. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 246,767. 31,260. 281,960. 3,933. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 102,637 102,637. persons described in section 4958(c)(3)(B) 245,899. 240,352. 2,219. 3,328. Other salaries and wages 7 Pension plan accruals and contributions (include 47,740. 25,103. 22,637. section 401(k) and 403(b) employer contributions) 34,290. 34,290. Other employee benefits 9 46,170. 43,305. 2,298 567. 10 Payroll taxes 11 Fees for services (nonemployees): Management 77,497. 72,091. 5,406. Legal 53,415. 53,415. Accounting Lobbying Professional fundraising services. See Part IV, line 17 46,164. 46,164. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 80,662. 73,748. 2,916. 3,998. column (A), amount, list line 11g expenses on Sch O.) 23,003. 22,321. 341. 341. Advertising and promotion 12 293,015. 256,183. 6,470. 30,362. Office expenses 13 50,150. 36,945. 10,637. 2,568. Information technology 14 15 Royalties 185,568. 157,733. 9,278. 18,557. 16 Occupancy 36,647. 29,601. 3,505. 3,541. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,505. 1,879. 313. 313. Depreciation, depletion, and amortization 22 15,208. 13,207. 1,334. 667. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 13,840. 13,549. 291. MEDIA RECORDING & PROD. MISCELLANEOUS 8,445. 4,793. 3,448. 204. 2,762. **EOUIPMENT RENTAL** 2,265. 364. 133. С d All other expenses 1,654,875. 1,384,067. 211,284. 59,524. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	ı	Cash - non-interest-bearing		69,535.	1	105,312	
2		Savings and temporary cash investments			154,983.	2	370,474
3	3	Pledges and grants receivable, net		370,540.	3	87,341	
4		Accounts receivable, net			4		
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
6	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
တ္ 7	7	Notes and loans receivable, net			7		
Assets	3	Inventories for sale or use				8	
₹ 9	•	Prepaid expenses and deferred charges			8,105.	9	8,709
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	152,838.			
	b	Less: accumulated depreciation	10b	152,838.	2,505.	10c	0
11	ı	Investments - publicly traded securities			5,683,767.	11	4,202,769
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments - program-related. See Part IV, line		13			
14		Intangible assets			14		
15	5	Other assets. See Part IV, line 11		611,502.	15	284,661	
16		Total assets. Add lines 1 through 15 (must eq			6,900,937.	16	5,059,266
17		Accounts payable and accrued expenses			260,127.	17	356,565
18		Grants payable		18			
19		Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ဖ္မ 22		Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, subs					
Liabilities N		controlled entity or family member of any of the	-	· · · · · · · · · · · · · · · · · · ·		22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	701 055		220 001
		of Schedule D			701,955.	25	228,091
26					962,082.	26	584,656
ဖွ		Organizations that follow FASB ASC 958, ch	eck ner	e X			
ဍ ೣ		and complete lines 27, 28, 32, and 33.			5,879,369.	07	1 115 121
<u>k</u> 27				·····	59,486.	27	4,415,124 59,486
<u>1</u> 28		Net assets with donor restrictions			33,400.	28	39,400
<u> </u>		Organizations that do not follow FASB ASC					
声 ^		and complete lines 29 through 33.			00		
29 29		Capital stock or trust principal, or current funds			29		
98 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 25 8 26 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated i			5,938,855.	31	4,474,610
_		Total liabilities and not see sta /fr and halonous			6,900,937.	32	5,059,266
33	<u> </u>	Total liabilities and net assets/fund balances			0,,00,,357.	33	Form 990 (202

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3	1,18 1,65 -47	4,8	<u>75.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,93		
5	Net unrealized gains (losses) on investments	5	-99		
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,47	4,6	10.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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 on Schedule	O.		Yes	No
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a		>	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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	•		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
0.	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0-		х
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	ad audit	. 3a		
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	eu audit	3b		
	or addits, explain wity on conedule o and describe any steps taken to didengo such addits			990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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).) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 n 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))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I			column (f))		14	<u>%</u>
	Public support percentage from 2021	•				15	%
16a	33 1/3% support test - 2022. If the o	-			14 is 33 1/3% or m	ore, check this box	< and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the contract the state of						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances te	-			-	7	
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	in did not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box ai		
						ochedule A	(Form 990) 2022

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	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(1) = 1 1 1	(-)	(=,====	(=, ===	(=) ====	(-)
	include any "unusual grants.")	534,060.	705,920.	921,966.	1258194.	904,937.	4325077.
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	53,092.	54,064.	50,198.	39,246.	48,936.	245,536.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	587,152.	759,984.	972,164.	1297440.	953,873.	4570613.
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.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4570613.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	587,152.	759,984.	972,164.	1297440.	953,873.	(f) Total 4570613.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		-	-	102,804.		587,969.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	130,919.	142,664.	116,404.	102,804.	95,178.	587,969.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	192. 718,263.	687. 903,335.	862. 1089430.	1400244.	358. 1049409.	2,099. 5160681.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th		-				
1-7	check this box and stop here	· ·					"'',
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		15	88.57 %
	Public support percentage from 2021					16	88.00 %
	ction D. Computation of Inves		•			•	
17	Investment income percentage for 20	122 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	11.39 %
18	Investment income percentage from 2	2021 Schedule A, I	Part III, line 17			18	11.69 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	-	•	•	•		
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization		-	•		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b	4c		
5b			
5b			
5b			
5b	F-		
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
10a	9с		
10a			
10a			
	10a		
10b 10b 2000			

232024 12-09-22

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

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** 192. 2018 AMOUNT: \$ 687. 2019 AMOUNT: \$ 862. 2020 AMOUNT: \$ 358. 2022 AMOUNT: \$

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	THE CHRISTOPHERS, INC. 13-1809274					
Organiz	ation type (check or	ne):				
Filers of	f:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE CHRISTOPHERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ <u>126,250.</u>	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 2	Name, address, and ZIP + 4	\$ 50,000.	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			
3		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Name, address, and ZIF + 4	\$30,363.	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		\$ 25,000.	Person X Payroll			
(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.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 17,333.	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
8		\$12,941 .	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
9		\$11,813.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,500 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$10,000 .	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
12		\$9,657.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE CHRISTOPHERS, INC.

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		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	- Nume, address, and En 1 1	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	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
20		\$\$	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	3 1005274
(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
		 \$	
223453 11-15	1.22		Schedule B (Form 990) (2022)

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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift 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

Inspection

Employer identification number

Name of the organization THE CHRISTOPHERS, INC.

13-1809274

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu	nds or Ac	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		·			
		(a) Donor advised funds	(1	b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in \boldsymbol{v}	writing that the assets held in donor	advised fund	S			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	ın be used or	nly			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purp	oose conferri	ng			
_	impermissible private benefit?			Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservat	ion of a histo	rically important land area			
	Protection of natural habitat	Preservat	ion of a certif	ied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a cor				
	day of the tax year.			Held at the End of the Tax Year			
а							
b				2b			
С	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired a	•					
				2d			
3	Number of conservation easements modified, transferred, relatively	eased, extinguished, or terminated b	y the organiz	zation during the tax			
	year						
4	Number of states where property subject to conservation eas	<u> </u>					
5	Does the organization have a written policy regarding the per		-	□ v □ v.			
_	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing	Conservation	reasements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing con-	carvation eac	ements during the year			
•	Amount of expenses incurred in monitoring, inspecting, name	and emorning cons	servation eas	ements during the year			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	170(h)(4)(R)(i)			
Ū							
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	•					
	organization's accounting for conservation easements.						
Pai		Art, Historical Treasures, o	r Other 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	8, not to report in its revenue statem	ent and bala	nce sheet works			
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	n in furtheran	ce of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance	sheet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
2	If the organization received or held works of art, historical treatments						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022			

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	t III Organizations Maintaining Col				asures o	r Other S			Voonting		<u> </u>
	Using the organization's acquisition, accession								CONTINU	<u>iea)</u>	—
3		, and other record	S, CHECK	any or the i	iollowing tha	ı make sigi	illicant us	se oi its			
_	collection items (check all that apply): a Public exhibition d Loan or exchange program										
a	Scholarly research	d									
b		е	,	Other							—
C	Preservation for future generations	ations and avalois	. b +b	av fundbar th		an'a ayamn	+	o in Dort	VIII		
4	Provide a description of the organization's colle							e in Part	XIII.		
5	During the year, did the organization solicit or re								7	— .	.
Dar	to be sold to raise funds rather than to be main t IV Escrow and Custodial Arrange								Yes	<u>r</u>	<u>No</u>
i ai	reported an amount on Form 990, Part >		ete ii the	e organizatio	n answered	"Yes" on F	orm 990,	Part IV,	line 9, or		
			ion , for ,	a antribution	0 0 × 0 th 0 × 0 0	aata nat in	aludad				—
та	Is the organization an agent, trustee, custodian								7 v.s	— .	N I.
	on Form 990, Part X?							L	」Yes	r	No
D	If "Yes," explain the arrangement in Part XIII an	a complete the fol	llowing t	able:					Amount		—
	B								Amount		—
	Beginning balance						1c				—
	Additions during the year						1d				
	Distributions during the year						1e				—
f	Ending balance						1f		7		_
	Did the organization include an amount on Forr					•	·?	L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII. Cl										
Par	t V Endowment Funds. Complete if the							and back	() E		-1:
	_	(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs dack (c	d) Three ye	ars back	(e) Four	/ears bac	<u>CK</u>
	Contributions										
	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 current	nt year end balance	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	ion of the organiza	ation tha	t are held ar	nd administe	red for the			_		
	organization by:								\	Yes N	10
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Par	t VI Land, Buildings, and Equipmer	nt.									
	Complete if the organization answered "	Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated eciation	t	(d) Book	value	
1a	Land										_
	Buildings										_
	Leasehold improvements			3	7,580.		37,58			() .
	Equipment				5,258.		15,25				<u>.</u>
	Other			_							_
	. Add lines 1a through 1e. (Column (d) must equ		X colun	n (R) line 1	0c.)					().

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securities.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

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

(a) Description	(b) Book value
(1) OPERATING LEASE	160,783.
(2) BENEFICIAL INTERESTS IN TRUSTS	59,486.
(3) SECURITY DEPOSIT	39,900.
(4) LIFE INSURANCE RECEIVABLE	16,235.
(5) ACCRUED INTEREST RECEIVABLE	8,257.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	284,661.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	228,091.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 990, Part Y, col. (R) line 25.)	228,091.

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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.

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization THE CHRIS	STOPHERS,	INC.					Employer identification number 13-1809274
Part I General Information on Grants a	and Assistance						•
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 5 Enter total number of other organization	· ·	•	lne line 1 table				<u> </u>

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
EDUCATIONAL AWARD	17	5,798.	0.					
Part IV Supplemental Information. Provide the information req	I uired in Part I, lin	e 2; Part III, column	l (b); and any other ac	l dditional 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 DII	FERENCE.	" IISTNG PH	OTOGRAPHS	HAND-DRAWN				
·			-					
PICTURES OR IMAGES CREATED WITH THI								
PUPILS WORK TO ARTISTICALLY CONVEY	WHAT MAK	ING A DIFF	ERENCE IN	ACTION MEANS				
TO THEM. AT THE CHRISTOPHERS, WE T	PICALLY	RECEIVE OV	ER 1,000 E	NTRIES EVERY				
YEAR, BOTH THROUGH OUR REGULAR MAIL AND VIA E-MAIL. SARAH E. HOLINSKI, OUR								
YOUTH COORDINATOR ASSISTS WITH THE	REVIEW	PROCESS T	HE STIIDENT	S ARE ETRST				

NOTIFIED OF THEIR WINNINGS VIA E-MAIL, AND LATER RECEIVE 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

TRULY 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.

THE 1ST PRIZE WINNER OF OUR 35TH ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS

WAS JUSTIN WHITTINGHAM, A FILM AND TELEVISION PRODUCTION MAJOR AT LOYOLA

MARYMOUNT COLLEGE. HIS VIDEO WAS ENTITLED "FAITHPHYSICS IN ELEMENTARY

SCHOOL EDUCATION," AND IT PROFILED HIS MOTHER, SCIENCE TEACHER FAITH

WHITTINGHAM, AND HOW SHE REACHES STUDENTS IN FLORIDA'S SEMINOLE COUNTY

PUBLIC SCHOOL DISTRICT WITH "PHYSICS BUSES" THAT MAKE LEARNING FUN FOR

CHILDREN.

FIRST PRIZE IN OUR 33RD ANNUAL POSTER CONTEST WENT TO LEA MILANINI, A

SENIOR AT WYLIE E. GROVES HIGH SCHOOL IN BEVERLY HILLS, MICHIGAN. LEA CITES

THE VIOLIN AS A KEY "CONSTANT" IN HER LIFE, ALWAYS "SHOWING HER THE LIGHT

OF THE WORLD, EVEN WHEN SHE FELT SURROUNDED BY DARKNESS." HER POSTER IS A

BLACK AND WHITE PHOTO OF A LANDSCAPE, FEATURING LEA HOLDING HER INSTRUMENT

WITH ONE HAND AND POINTING IT UP TOWARDS THE SKY, WITH A BURST OF LIGHT

BLOOMING FROM THE NECK OF THE VIOLIN, ALONG WITH A LARGE HEART OUTLINED IN

YELLOW. INSIDE THE HEART ARE PHOTOS OF LEA'S HUMANITARIAN TRIP TO BRAZIL TO

HELP CHILDREN. THE CAPTION READS, "YOU CAN MAKE A DIFFERENCELET YOUR HEART

Schedule I (Form 990)

232291

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

internal Revenue Service	GO to v	vww.ii 5.gov/F0i ii	1990 101 1115	u ucuons and me ia	test illiornation.			Speci	1011	
Name of the organization						Employ			on nu	mber
		STOPHERS,				13-1		74		
Part I Excess Ben	efit Transac	tions (section 5	01(c)(3), sec	tion 501(c)(4), and se	ection 501(c)(29) organ	nizations o	only).			
Complete if the	organization ar	swered "Yes" on	Form 990, P	art IV, line 25a or 25	b, or Form 990-EZ, Pa	rt V, line 4	10b.			
1 (a) Name of disqualified	nerson (b) Relationship bet		lified	c) Description of trans	saction		(d)	Corre	cted?
(a) Name of disquamed	persorr	person and o	rganization	`	- Description of train			Y	es	No
								_		
								+	-	
								_	_	
								_	-	
2 Enter the amount of tax	ingurred by the	organization man	agoro or dio	audified persons du	ring the year under					
	•	•	· ·		ug trie year under		\$			
3 Enter the amount of tax							\$ ——			
C Enter the amount of tax	, ii diiy, oii iiio i	_, above, reimbare	oca by the of	garnzation			Ψ			
Part II Loans to an	d/or From I	nterested Pers	sons.							
Complete if the	organization ar	swered "Yes" on	Form 990-E2	, Part V, line 38a or	Form 990, Part IV, line	e 26; or if	the orga	anizatio	n	
reported an am	ount on Form 9	90, Part X, line 5, 0	6, or 22.							
(a) Name of	(b) Relationsh	ip (c) Purpose	(d) Loan to or from the	(e) Original	(f) Balance due	(g) In	(g) In (h) Appr		rd or (1) William	
interested person	with organizati	on of loan	organization?	principal amount		default?		nittee?	agree	ement?
			To From	1		Yes No	Yes	No	Yes	No
										-
								-		-
										-
			+ +							1
		+								-
Total				\$				l		
	ssistance B	enefiting Inter	ested Pe							
Complete if the	organization ar	swered "Yes" on	Form 990, P	art IV, line 27.						
(a) Name of interested	person	(b) Relationship	between	(c) Amount of	(d) Type	of	(6	e) Purp	ose o	f
• •		interested per	son and	assistance	assistan			assista	ance	
		the organiz	ation							

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

Schedule L (Form 990) 2022

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
	person and the organization	transaction	transaction	organization's revenues?	
MARK E JACKSON	FAMILY RELATIONSHIP	102,637.	EMPLOYMENT	Yes	No X
		, ,			
				+	
Part V Supplemental Information					
Part V Supplemental Information. Provide additional information for res	ponses to questions on Schedule L (see ir	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: MARK	E JACKSON				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ION:		
FAMILY RELATIONSHIP WITH	THE PRESTNENT LISTED	TN PART VIT	г		
		<u> </u>	<u>-</u>		
(C) AMOUNT OF TRANSACTION	\$ 102,637.				
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYMENT				
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

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

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

ACTION, AND TO REMIND THEM OF THE GOSPEL-BASED COUNSEL, "DO NOT BE

OVERCOME BY EVIL, BUT OVERCOME EVIL 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 WHERE THEY ARE AND AS BEST THEY CAN. CHRISTOPHERS SEE THESE

INSTANCES AS OPPORTUNITIES TO BE SOLUTION-ORIENTED ROLE MODELS, SERVING

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

Schedule O (Form 990) 2022

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

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 MOTTO, "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

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

OF GOD'S HOPE AND LOVE, WHILE ALSO OFFERING POSITIVE GUIDANCE TO HELP

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.

TWO OF OUR CHRISTOPHER NEWS NOTES "BECOMING A WOUNDED HEALER" AND

"YOUR EXTRAORDINARY, ORDINARY DAYS" RECENTLY EARNED FIRST AND SECOND

PRIZE, RESPECTIVELY, IN THE CATHOLIC MEDIA ASSOCIATION AWARDS IN THE

CATEGORY "BEST FEATURE ARTICLE: PRINT NEWSLETTER." JUDGES DESCRIBED THE

NEWS NOTES AS HAVING "A GOOD, CONVERSATIONAL WRITING STYLE, WITH

EVOCATIVE ANECDOTES."

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

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

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 ORIGINAL

INTERVIEWS AND STORIES OF INSPIRATION. ALL OUR ONLINE ACTIVITIES ARE

PROMOTED THROUGH FACEBOOK AND TWITTER LINKS.

SPANISH OUTREACH THE CHRISTOPHERS RECOGNIZE THE IMPORTANCE OF SHARING

OUR MESSAGE WITH THE SPANISH SPEAKING COMMUNITY, SO WE OFFER SPANISH

TRANSLATIONS FOR SOME OF OUR NEWS NOTES AND PRAYER CARDS.

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 DOCUMENTARY

FILMMAKER KEN BURNS, "GENERAL HOSPITAL" STAR AND MENTAL HEALTH ADVOCATE

MAURICE BENARD, OLYMPIAN AND ADVOCATE FOR SEXUAL ABUSE VICTIMS ALY

RAISMAN, ABC NEWS ANCHORS ROBIN ROBERTS AND LINSEY DAVIS, PLAYWRIGHT

AND SONGWRITER LIN-MANUEL MIRANDA, AND CHILDREN'S BOOK AUTHOR AND

DISABILITY ADVOCATE ANITRA ROWE SCHULTE.

DOLLY PARTON IS A FOUR-TIME CHRISTOPHER AWARD WINNER FOR HER TV MOVIES

"DOLLY PARTON'S COAT OF MANY COLORS" AND "CHRISTMAS OF MANY COLORS,"

AND SHE HAD THIS TO SAY ABOUT THE AWARD: "I LOVE THE CHRISTOPHER AWARD

SLOGAN, 'BETTER TO LIGHT A CANDLE THAN TO CURSE THE DARKNESS.' I

Name of the organization **Employer identification number** 13-1809274 THE CHRISTOPHERS, INC. 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 AUTHOR AND HUMANITARIAN MARK K. SHRIVER WROTE, "GROWING UP, THE CHRISTOPHERS AND THE CHRISTOPHER AWARD WERE WELL-KNOWN IN OUR HOUSE. THEY STOOD FOR SPREADING THE GOOD NEWS OF THE GOSPEL. I WAS BEYOND THRILLED WHEN BOTH 'A GOOD MAN: REDISCOVERING MY FATHER, SARGENT SHRIVER' AND '10 HIDDEN HEROES' WON CHRISTOPHER AWARDS! BOTH BOOKS WERE AN ATTEMPT TO ELEVATE AND CELEBRATE PEOPLE WHO LIVE LIVES DEDICATED TO FEEDING THE HUNGRY, CLOTHING THE NAKED, SHELTERING THE HOMELESS AND VISITING THOSE IN PRISONCARING FOR OTHERS. AND THAT'S WHAT THE CHRISTOPHERS HAVE LONG DONE; THEY HAVE BEEN SHINING A LIGHT IN THE DARKNESS, INSPIRING MILLIONS OF PEOPLE ALL ACROSS AMERICA, AND THE WORLD. I AM SO PROUD TO BE ASSOCIATED WITH THEM!"

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

MENTAL HEALTH ADVOCATE MAURICE BENARD; NEW YORK TIMES BEST-SELLING

AUTHOR KATE BOWLER; NBC ANCHOR AND FILM PRODUCER RICHARD LUI; AUTHOR

AND ANTI-POVERTY ADVOCATE MARK SHRIVER; HALLMARK CHANNEL ACTRESS AND

ALZHEIMER'S ASSOCIATION SPOKESPERSON NIKKI DELOACH; ACTOR AND

HUMANITARIAN GARY SINISE; ACTRESS/HUMANITARIAN BONNIE HUNT; OLYMPIC

GOLD MEDALISTS SCOTT HAMILTON, GABRIELLE DOUGLAS AND SHAWN JOHNSON;

SINGER MATT MAHER; AND CBS NEWS' JOHN DICKERSON. EVERYDAY PEOPLE WHO

ARE MAKING A DIFFERENCE ARE ALSO FEATURED ON THE PROGRAM. RECENT

EXAMPLES INCLUDE SISTER LARRAINE LAUTER, FOUNDER OF THE CHARITY "WATER

Employer identification number Name of the organization 13-1809274 THE CHRISTOPHERS, INC. WITH BLESSINGS, " WHICH PROVIDES WATER FILTERS TO COMMUNITIES IN IMPOVERISHED COUNTRIES; FATHER GREG BOYLE, FOUNDER OF HOMEBOY INDUSTRIES, WHICH IS THE LARGEST GANG INTERVENTION, REHABILITATION, AND REENTRY PROGRAM IN THE WORLD; AUTHOR/ILLUSTRATOR DON TATE, WHO SHARES LITTLE KNOWN STORIES FROM AFRICAN AMERICAN HISTORY; 9/11 SURVIVOR WILL JIMENO, WHO SHARES HIS STORY OF MANAGING PTSD TO HELP OTHERS WORK THROUGH TRAUMATIC SITUATIONS; AUTHOR JIM WAHLBERG, AN ADDICT IN RECOVERY WHO HELPS OTHER ADDICTS FIND HOPE AND HEALING; AND KATHY IZARD, WHO INSTITUTED A PROGRAM TO HOUSE THE HOMELESS IN CHARLOTTE, NORTH CAROLINA. 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 WEBSITEAND ON OUTLETS SUCH AS APPLE PODCASTS, AMAZON MUSIC, SPOTIFY, AND STITCHER. 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

"CHRISTOPHER MINUTES" ARE ONE-MINUTE PUBLIC SERVICE ANNOUNCEMENTS SENT

TO 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

Name of the organization

THE CHRISTOPHERS, INC.

Employer identification number
13-1809274

VISITOR, " AND "MARTIN THE COBBLER."

ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND TWITTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CHRISTOPHER LEADERSHIP WORKSHOPS - THE CHRISTOPHER LEADERSHIP PROGRAM

OFFERS WORKSHOPS TO ADULTS. 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 WORKSHOP 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.

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, "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 CHRIST AND MAKE A

DIFFERENCE.

EXPENSES \$ 427,003. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,951.

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

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

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.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 13-1809274 THE CHRISTOPHERS, INC. 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. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT-OF-INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST. FORM 990 PAGE 12, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT IS CHARGED WITH OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS IS UNCHANGED FROM LAST YEAR.