

Form	990

Department of the Treasury

Print/Type preparer's name

Paid

Preparer

Use Only

132001 12-09-21

EDWARD G. O'CONNOR

Firm's name PKF O'CONNOR DAVIES, LLP

May the IRS discuss this return with the preparer shown above? See instructions

NEW YORK, NY 10167

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address 245 PARK AVENUE,

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public Inspection

PTIN

X Yes

No

Form 990 (2021)

P00434443

Check

self-employed

Firm's EIN > 27-1728945

Phone no. 212-286-2600

Date

11/15/22

OMB No 1545-0047

A F	or the	2021 calendar year, or tax year beginning and e	ending	4		
B C	heck if oplicable	C Name of organization		D Employer ider	ntific	ation number
	Addres	THE CHRISTOPHERS, INC.				
	Name	Doing business as		13-180	927	74
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur		
	Final return/	5 HANOVER SQUARE, 22ND FLOOR		(212)7	59-	-4050
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,935,364.
	Ameno	NEW IORK, NI 10004		H(a) Is this a grou	up re	
	Applic tion	F name and address of principal officer: MART BULLEN RODINGON		for subordina	ates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordina	ites inc	luded? Yes No
		empt status: 🔀 501(c)(3) 📃 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	r 📃 527			list. See instructions
		e: WWW.CHRISTOPHERS.ORG				n number 🕨 0928
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 📄 Other 🕨	L Year of	of formation: 194	5 M	I State of legal domicile: \mathbf{NY}
Pa	rtl	Summary				
a	1	Briefly describe the organization's mission or most significant activities: GROUN	IDED I	N JUDEO-CH	IRI	STIAN
Activities & Governance		PRINCIPLES, THE CHRISTOPHERS' MISSION IS				
erné		Check this box 🕨 📃 if the organization discontinued its operations or dispose	ed of more	than 25% of its net		
OVO					3	4
8		Number of independent voting members of the governing body (Part VI, line 1b)			4	7
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	3
tivit		Total number of volunteers (estimate if necessary)			6 7a	0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a 7b	0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	10	Current Year
	8	Contributions and grants (Part VIII, line 1h)		921,96	6.	1,258,194.
an				46,96		36,764.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		338,52		500,245.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,10		2,482.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,311,55		1,797,685.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,25		6,260.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
5		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		784,37	1.	729,608.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) <a>66,48				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		797,52		854,832.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,588,14		1,590,700.
		Revenue less expenses. Subtract line 18 from line 12		-276,59		206,985.
S OL			Be	ginning of Current Yo		End of Year
ssets	20	Total assets (Part X, line 16)		6,104,74		6,900,937.
Net Assets	21	Total liabilities (Part X, line 26)		391,81		962,082.
N.	22	Net assets or fund balances. Subtract line 21 from line 20		5,712,92	8.	5,938,855.
	rt II	Signature Block		and an all do all a large a	6	Innuladas and ballef it !-
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			or my	knowledge and bellet, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	/	15-2022
		Signature of proficer		Date	-/	3-20/2
Sigr		MARY ELLEN ROBINSON, PRESIDENT		Date		
Her	е	Type or print name and title				

Preparer's signature

12TH FLOOR

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

EDWARD G. O'CONNOR

	990 (2021) THE CHRISTOPHERS, INC.	13-1809274	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	GROUNDED IN JUDEO-CHRISTIAN PRINCIPLES, THE CHRISTOPHER		
	TO USE ALL FORMS OF MEDIA (RADIO, VIDEO, WEB, PRINT) ALC		2 3 6
	LEADERSHIP COURSES, YOUTH CONTESTS, AND OUR CHRISTOPHER		
	TO ENCOURAGE INDIVIDUALS OF ALL FAITHS TO PUT THEIR FAI	TH INTO ACTIO	м,
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	XNo
_	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	XNC
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 460,669. including grants of \$ 0.) (Rev		764.
	INSPIRATIONAL LITERATURE - THE CHRISTOPHERS WRITE AND P		
	VARIETY OF INSPIRATIONAL AND MOTIVATIONAL LITERATURE TH		
	YEAR THAT REFLECTS THE MOTTO CHOSEN BY OUR FOUNDER, FAT		
	KELLER: "IT'S BETTER TO LIGHT ONE CANDLE THAN TO CURSE '		"
	THIS LITERATURE CALLS ON ADULTS AND TEENS TO PUT THEIR I		
	ACTION AND OFFERS ENCOURAGEMENT AND PRACTICAL TIPS TOWARD		
	BETTER SOCIETY AND HELPING PEOPLE TO LIVE POSITIVE, HEAD	-	
	PEACEFUL LIVES, EVEN IN THE FACE OF THE TREMENDOUS OBSTR	ACLES THEY MA	Y
	FACE.		
	OUR CHRISTOPHER NEWS NOTES ARE PUBLISHED 10 TIMES A YEAR		
	AVAILABLE FREE TO PEOPLE OF ALL FAITHS. THEY SHARE A UN		
	OF GOD'S HOPE AND LOVE, WHILE ALSO OFFERING POSITIVE GU		Р
4b	(Code:) (Expenses \$ 257,807. including grants of \$ 6,260.) (Rev	enue \$	0.
	CHRISTOPHER AWARDS - THE CHRISTOPHER AWARDS WERE CREATE	D IN 1949 BY	OUR
	FOUNDER, FATHER JAMES KELLER, M.M., BECAUSE HE UNDERSTOO	OD THAT THE	
	ARTS, MEDIA, AND POPULAR CULTURE HAD THE POWER TO INFLU	ENCE MILLIONS	OF
	PEOPLE. HE REALIZED THAT WHEN WE'RE EXPOSED TO STORIES '	THAT SHINE A	
	LIGHT ON OUR STRUGGLES AS WELL AS VIRTUES, LIKE FAITH, (COURAGE, HOPE	,
	AND LOVE, WE CAN BECOME MOTIVATED TO BECOME BETTER, MORI	E SELFLESS	
	PEOPLE. THEREFORE, THE CHRISTOPHER AWARDS HONOR BOOKS, I	FILMS AND	
	TELEVISION PROGRAMS THAT AFFIRM THE HIGHEST VALUES OF T	HE HUMAN SPIR	IT.
	THE GOAL OF OUR AWARDS IS TO ENCOURAGE CREATIVE ARTISTS	TO PURSUE	
	EXCELLENCE IN ARENAS THAT HAVE THE POTENTIAL TO INFLUEN	CE A MASS	
4c	(Code:) (Expenses \$191, 147. including grants of \$0.) (Rev	enue \$	0.
	CHRISTOPHER MEDIA: RADIO/PODCAST - "CHRISTOPHER CLOSEUP	" HIGHLIGHTS	
	INDIVIDUALS IN A WIDE VARIETY OF FIELDS WHO ACT AS POSI		ES
	ON PEOPLE AROUND THEM IN SMALL AND EXTRAORDINARY WAYS.		
	INCLUDE SPIRITUAL SOLUTIONS TO EVERYDAY PROBLEMS, MAINTA		
	THE FACE OF HARDSHIP, AND CARE FOR THE POOR.		-
	*RECENT "CHRISTOPHER CLOSEUP" GUESTS INCLUDE ACTRESS AND	D SINGER KRIS	TIN
	CHENOWETH; BROADCASTER, ENTREPRENEUR, AND ADVOCATE FOR N		
	PAULA FARIS; ABC NEWS ANCHOR AND CHRISTOPHER AWARD-WINN		
	BOOK AUTHOR LINSEY DAVIS; GRAMMY AWARD-WINNING CHRISTIA		0
	MENTAL HEALTH ADVOCATE MANDISA; COUNTRY MUSIC LEGEND DO		
	SINGER AND HUMANITARIAN HARRY CONNICK JR.; "GENERAL HOS		
4-1		FIIAL STAK A	חאז
4d		2 192 \	
	(Expenses \$ 398,327. including grants of \$ 0.) (Revenue \$ Total program service expenses ► 1,307,950.	2,482.)	
4e	Total program service expenses ► 1,307,950.		000 /00-
	SEE SCHEDULE O FOR CONTINUATION(990 (202
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1 2	02 756359 1112160.000 2021.05000 THE CHRISTOPH	ERS, INC.	

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 Form 990 (2021)
 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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		<u> </u>
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		<u> </u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization'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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	Δ	
b		104		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
тз 14а		13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 -1 a		
b	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		х
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
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 THE CHRISTOPHERS, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued

			Yes	No
22	Did the exception report more than \$5,000 of grants or other exciptions to ar for demostic individuals on		162	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	А	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
•••	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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 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 X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	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? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	- 11	<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	200	Х	- 23
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	- 23	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34		24		x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u> </u>
U	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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orm 9	THE CHRISTOPHERS, INC.	13-1809	274	P	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
_		1 1		Yes	No
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7	,		
	led for the calendar year ending with or within the year covered by this return		2b	х	
	at least one is reported on line 2a, did the organization file all required federal employment tax return lote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction:		20	Λ	
			3a		x
	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	t any time during the calendar year, did the organization have an interest in, or a signature or other a				
	nancial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
	"Yes," enter the name of the foreign country				
	ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	/as the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b D	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
c If	"Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the				
a	ny contributions that were not tax deductible as charitable contributions?		6a		X
b lf	"Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
v	ere not tax deductible?		6b		
7 0	rganizations that may receive deductible contributions under section 170(c).				
a D	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b If	"Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c D	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
) file Form 8282?	1 1	7c		X
	"Yes," indicate the number of Forms 8282 filed during the year	7d			37
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
-	the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization dependence and the dependence of the dependence		7h		
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
	ponsoring organization have excess business holdings at any time during the year?		8		
			9a		
			9b		
	ection 501(c)(7) organizations. Enter:		30		
	itiation fees and capital contributions included on Part VIII, line 12	10a			
	iross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	ection 501(c)(12) organizations. Enter:		-		
	ross income from members or shareholders	11a			
	ross income from other sources. (Do not net amounts due or paid to other sources against				
	mounts due or received from them.)	11b			
2a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b If	"Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3 S	ection 501(c)(29) qualified nonprofit health insurance issuers.				
a la	the organization licensed to issue qualified health plans in more than one state?		13a		
N	ote: See the instructions for additional information the organization must report on Schedule O.				
bΕ	nter the amount of reserves the organization is required to maintain by the states in which the				
0	rganization is licensed to issue qualified health plans	13b			
сE	nter the amount of reserves on hand	13c			
			14a		X
b If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b		
	the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	xcess parachute payment(s) during the year?		15		X
	"Yes," see the instructions and file Form 4720, Schedule N.				
	the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
lf	"Yes," complete Form 4720, Schedule O.				
	ection 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
7 S					
7 S	ctivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? "Yes," complete Form 6069.		17		

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THE CHRISTOPHERS, INC.

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

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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. X

1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 1a b Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employees to a management duties customarily performed by or under the direct super of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the governing body? 9 Is there any office			
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 a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> 		_	<u> </u>
 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> 	-	37	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
organization's mailing address? If "Yes," provide the names and addresses on Schedule O	8b	X	_
ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			X
		Ye	s No X
Da Did the organization have local chapters, branches, or affiliates?		3	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat			
and branches to ensure their operations are consistent with the organization's exempt purposes?	10k		
Ia 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.	10	v	
2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>12</u> t		_
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	x	
on Schedule O how this was done			
3 Did the organization have a written whistleblower policy?			
4 Did the organization have a written document retention and destruction policy?			
5 Did the process for determining compensation of the following persons include a review and approval by independ	ent		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	a X	
a The organization's CEO, Executive Director, or top management official		37	
b Other officers or key employees of the organization	<u>15k</u>		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16		x
taxable entity during the year?b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa		1	
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	.1011		
	164		
ection C. Disclosure		,	
7 List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
Bis the states with when a copy of this form soo is required to be ned p	ion 501(c)(3)s only	avai	lahle
for public inspection. Indicate how you made these available. Check all that apply.) avai	able
X Own website Another's website X Upon request Other (explain on Schedule)	\cap		
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intered 		ncial	
statements available to the public during the tax year.	se policy, and find	iciai	
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 record	is 🕨		
MARY ELLEN ROBINSON - (212) 759-4050	· •		
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1202 756359 1112160.000 2021.05000 THE CHRISTOPHER	S, INC.	1	112

Form 990 (2021) TH	IE CHRISTOPHERS, INC.	13-1809274 Page 7
Part VII Compensation of	Officers, Directors, Trustees, Key Employees, H	lighest Compensated
Employees, and Ir	ndependent Contractors	
Check if Schedule O co	ntains a response or note to any line in this Part VII	
Section A. Officers, Directors, Tr	rustees, Key Employees, and Highest Compensated Employ	yees
1a Complete this table for all person	ns 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 cu	urrent officers, directors, trustees (whether individuals or organ	nizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and titleAverage hours per week (list any hours for related organizations below line)Position (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimate amount other compensation from (W-2/1099-MISC/ 1099-NEC)Reportable compensation from (W-2/1099-MISC/ 1099-NEC)Estimate amount other compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from (W-2/1099-MISC/ 1099-NEC)Estimate amount other organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimate amount other organization from th organization (W-2/1099-MISC/ 1099-NEC)Estimate amount other organization organization organization (W-2/1099-MISC/ 1099-NEC)Reportable compensation from the organization organization organization (W-2/1099-MISC/ 1099-NEC)Estimate amount other organization organization organization organization organization organization(1) MARY ELLEN ROBINSON PRESIDENT35.00XX120,327.0.8,01(2) ANTHONY ROSSI (3) YANEZA SANTOS, ASSISTANT35.00XX102,759.0.23,11	(A)	(B)				(C))			(D)	(E)	(F)
hours per week (list any hours for related organizations below line)box, nor officer and a director/trustee)compensation from the organization (W-2/1099-MISC/ 1099-NEC)compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from related organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization organization organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount other organization organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount other organization organization organization organization (W-2/1099-MISC/ 1099-NEC)amount other organization organization organization (W-2/1099-MISC/ 1099-NEC)amount organization organization organization (W-2/109-MISC/ 1002,759			(0	do not	Po	ositi	ion		no			Estimated
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Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle:	ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	in I	(F Estima amoun oth compen	ated nt of er
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		from organiz and re organiz	the ation lated
											_		
1b	Subtotal							•	352,471.		0.	42,	184.
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 352,471.		0.	42,	0. 184.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		3
3	Did the organization list any former officer,	director trust	oo k		mnl	0.10	o or	hia	best compensated empl		Г	Ye	s No
U	line 1a? If "Yes," complete Schedule J for su	uch individual									[3	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	-		4	x
5	Did any person listed on line 1a receive or a												
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or sı	<u>ich r</u>	oers	on .					5	X
1	Complete this table for your five highest cor										oensati	on from	
	the organization. Report compensation for t (A)						or wit	nin	(B)			(C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Co	ompensa	tion
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than			<u> </u>
											F	-orm 990	J (2021)

	n 990 (TOPHERS, INC.	•		13-1809	274 Page 9
Pa	rt VII						_
		Check if Schedule O contains a re	esponse or note to any line	e in this Part VIII (A)	(B)	(C)	[D]
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<i>6</i> 0	1 -	Federated campaigns	1a				30010113 012 014
ants	i a h		1b				
ъ Б О	с С		10				
ifts, r A	b b	J	1d				
ni <u>G</u>	e		1e 139,345.				
Sir	f	All other contributions, gifts, grants, and					
her			ıf 1,118,849.				
ġ	g		1g \$ 192,941.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		1,258,194.			
			Business Code				
ø	2 a	INSPIRATIONAL LITER	ATU 511130	36,764.	36,764.		
° vio	b						
Se	с						
am eve	d						
Program Service Revenue	е						
۲ ۲	f	All other program service revenue					
	g	Total. Add lines 2a-2f		36,764.			
	3	Investment income (including dividend		100 004			100.004
		other similar amounts)		102,804.			102,804.
	4	Income from investment of tax-exemp	-	2 4 9 2	2 4 9 2		
	5	Royalties		2,482.	2,482.		
			Real (ii) Personal				
		Gross rents 6a					
	C L	Rental income or (loss) 6c Net rental income or (loss)					
			curities (ii) Other				
	1 a	assets other than inventory 7a 535,	.,				
	ь	Less: cost or other basis	1200				
Ð		and sales expenses	679.				
venue	с	Gain or (loss)	441.				
		Net gain or (loss)		397,441.			397,441.
Other Re		Gross income from fundraising events (no					
đ		including \$	of				
		contributions reported on line 1c). See					
		Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	с	Net income or (loss) from fundraising	events				
	9 a	Gross income from gaming activities.					
		Part IV, line 19					
		Less: direct expenses					
		Net income or (loss) from gaming acti	vities				
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
	c	Net income or (loss) from sales of inve	Business Code				
sn	44 -		Dusiness Code				
oer ue	11 a b						
ellar Ven	с С						
Miscellaneous Revenue	- н	All other revenue					
Σ	- G	Total. Add lines 11a-11d					
I	12	Total revenue. See instructions		1,797,685.	39,246.	0.	500,245.
13200	9 12-09				, , ,		Form 990 (2021)
				9			()

15351202 756359 1112160.000

2021.05000 THE CHRISTOPHERS, INC. 11121601

Form 990	(2021)
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THE CHRISTOPHERS, INC. 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 respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1 (Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	6,260.	6,260.		
	ndividuals. See Part IV, line 22	0,200.	0,200.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	270,475.	236,948.	29,677.	3,850
	rustees, and key employees	270,473.	230,940.	29,077.	5,050
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and	98,000.	89,375.	7,640.	0.95
	persons described in section 4958(c)(3)(B)	230,912.	229,295.	7,040.	<u>985</u> 1,617
	Other salaries and wages	230,912.	229,295.		1,017
	Pension plan accruals and contributions (include	45,532.	22,895.	22,637.	
	section 401(k) and 403(b) employer contributions)	39,352.	39,103.	145.	104
	Other employee benefits	45,337.	42,570.	2,252.	515
	Payroll taxes	45,557.	42,570.	4,434.	
	Fees for services (nonemployees):				
	Management	80,000.	76,000.	1 000	
	_egal		/0,000.	<u>4,000.</u> 55,062.	
		55,062.		55,062.	
	_obbying				
	Professional fundraising services. See Part IV, line 17	E0 100		E0 100	
	nvestment management fees	50,120.		50,120.	
-	Other. (If line 11g amount exceeds 10% of line 25,		70 400	2 150	4 005
	column (A), amount, list line 11g expenses on Sch 0.)	79,669.	72,428.	3,156.	<u>4,085</u> 565
	Advertising and promotion	19,651.	18,521.	565.	
	Office expenses	263,269.	218,409.	5,630.	39,230
	nformation technology	58,255.	45,667.	9,622.	2,966
	Royalties	100 000	150 607	10 (()	0 221
	Decupancy	186,620.	158,627.	18,662.	9,331
	Fravel	19,119.	15,460.	1,847.	1,812
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	2 750	2 1 0 4	276	100
	Depreciation, depletion, and amortization	3,758.	3,194.	376.	188
	nsurance	16,167.	14,024.	1,429.	714
a I	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	MEDIA RECORDING & PRODU	12,360.	12,186.	87.	87
-	EQUIPMENT RENTAL AND MA	5,694.	4,840.	569.	285
-	MISCELLANEOUS	5,088.	2,148.	2,786.	154
d 1		2,000.			
-	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	1,590,700.	1,307,950.	216,262.	66,488
	Joint costs. Complete this line only if the organization	_,			00,400
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ouoanonai campaign and rutturaising solicitation.				

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2021.05000 THE CHRISTOPHERS, INC.

Form 990 (2021)

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Form 990 (2021)

Part X Balance Sheet

54,343.

5,712,928.

6,104,742.

28

29

30

31

32

33

59,486.

5,938,855.

6,900,937.

Form 990 (2021)

(A) (B) Beginning of year End of year 49,759. 69,535. 1 1 Cash - non-interest-bearing 567,602. 154,983. 2 2 Savings and temporary cash investments 147,341. 370,540. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 8,985. 8,105. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 152,838. basis. Complete Part VI of Schedule D _____ 10a 150,333. 6,263. 2,505. b Less: accumulated depreciation _____ 10b 10c 5,095,236. 5,683,767. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 229,556. 611,502. Other assets. See Part IV, line 11 15 15 6,104,742. 6,900,937. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 299,803. 260,127. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 92,011. 701,955. of Schedule D 25 391,814. 962,082. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,879,369. 5,658,585. Net assets without donor restrictions 27 27

THE CHRISTOPHERS, INC.

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

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

13-1809274 Page 11

Form	THE CHRISTOPHERS, INC. 13-1809							
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,797					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,590					
3	Revenue less expenses. Subtract line 2 from line 1	3	206					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
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	5	5,14	43.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	5,938	8,8	55.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			v			
	Act and OMB Circular A-133?		. <u>3a</u>		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

ı.

Name of the organization

Name	of the organization							identification number			
_	THE C	HRISTOPHEF	RS, INC.					3-1809274			
Part	I Reason for Public Cl	harity Status. (All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The or	ganization is not a private foundat	tion because it is: (F	or lines 1 through 12, cl	neck only o	one box.)						
1	A church, convention of chur	rches, or associatior	n of churches described	in sectio	n 170(b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organizat	tion operated in con	junction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
_	city, and state:										
5 🗌	An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
_	section 170(b)(1)(A)(iv). (Co	omplete Part II.)									
6 [A federal, state, or local gove	ernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).					
7 [An organization that normally		ntial part of its support fr	om a gove	ernmental ı	unit or from th	e general l	public described in			
_	section 170(b)(1)(A)(vi). (Cor										
8 [A community trust described			-							
9 _	An agricultural research orga				-		-	-			
	or university or a non-land-gra	ant college of agricu	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or			
40 F	university:	. (1)									
10	· · · · ·										
	activities related to its exemp	· -	-					-			
	income and unrelated busine	-	less section 511 tax) iro	m busines	ses acquir	ed by the org	anization a	inter June 30, 1975.			
11 [See section 509(a)(2). (Com An organization organized an		volv to tost for public sat	oty Soo	soction 50	Q(a)(A)					
12	An organization organized an						rny out the	nurnoses of one or			
12	more publicly supported orga	-	•	-			•				
	lines 12a through 12d that de										
а	Type I. A supporting organ	• •					-	aivina			
	the supported organization	-		•	-						
	organization. You must co		• • • •	majority o				pporting			
b	Type II. A supporting organ	-		ion with its	s supporte	d organizatio	n(s), by hay	vina			
	control or management of t	-				-		-			
	organization(s). You must			•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
с	Type III functionally integr	-		in connect	ion with, a	nd functional	ly integrate	d with,			
	its supported organization(, ,				
d	Type III non-functionally i	ntegrated. A suppo	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
	that is not functionally integ	grated. The organiza	ation generally must sati	sfy a distri	ibution req	uirement and	an attentiv	/eness			
	requirement (see instruction	ns). You must com	plete Part IV, Sections	A and D,	and Part	۷.					
е	Check this box if the organ	ization received a w	vritten determination from	m the IRS	that it is a	Type I, Type I	II, Type III				
	functionally integrated, or T	Type III non-function	ally integrated supportir	ng organiz	ation.						
f	Enter the number of supported or	ganizations									
g	Provide the following information a			(in) to the orga	pization listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)			
Total								 			

Schedule	A (Form 990) 202 ⁻
Part II	Support Sc

1	3.	-1	8	0	9	2	7	4	Page 2
---	----	----	---	---	---	---	---	---	--------

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.)

See	ction A. Public Support		_		_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for th		,			· · · ·	
	organization, check this box and stop	•					
See	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		-				%
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the c		-				
-	and stop here. The organization qual	-					
17 a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•				
	meets the facts-and-circumstances te			-		-	
۲	10% -facts-and-circumstances test	-				17a and line 15 is	······ •
L.	more, and if the organization meets th		-				
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		• • • •		s I
.0		in all field block a		, 100, 17a, 01 17			(Form 990) 2021

132022 01-04-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	847,979.	534,060.	705,920.	921,966.	1258194.	4268119.
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	69,854.	53,092.	54,064.	50,198.	39,246.	266,454.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	017 000		750 004	070 164	1007440	4524552
	Total. Add lines 1 through 5	917,833.	587,152.	759,984.	972,164.	1297440.	4534573.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
h	Amounts included on lines 2 and 3 received						0.
2	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						4534573.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	917,833.	587,152.	759,984.	972,164.	1297440.	4534573.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	109,643.	130,919.	142,664.	116,404.	102,804.	602,434.
b	Unrelated business taxable income		-	-	-		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	109,643.	130,919.	142,664.	116,404.	102,804.	602,434.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,349.	192.	687.	862.		16,090.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1041825.	718,263.	903,335.	1089430.	1400244.	5153097.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3) organizatic	n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	88.00 %
	Public support percentage from 2020					16	87.22 %
Sec	ction D. Computation of Inves		•				11 60
17	1 0					17	<u>11.69 %</u>
18	Investment income percentage from					18	12.45 %
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						► <u>X</u>
b	33 1/3% support tests - 2020. If the	-					na ⊾ 🥅
20	line 18 is not more than 33 1/3%, che			•		•	
	Private foundation. If the organization 23 01-04-22	T UIU HOL CHECK A	JUX UIT III 12 14, 192	a, UL TƏD, UHECK IN	IS NOT ALLO SEE IUS		Form 990) 2021
10202	-0 01-07-22					ochequie A	1 0111 000 2021

15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV	Supporting Or	ganizations	(continued)
Schedule A	A (Form 990) 2021	THE	CHRIST

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

	Section D	. All Typ	e III Sup	porting	Organizations
--	-----------	-----------	-----------	---------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organization		legial Fait Test during the y	

- a ____ 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.*

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

Yes No

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Schedule A (Form 990) 2021

1 C	neck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructio
	l other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E. (A) Prior Year	(B) Current Year (optional)
1 Net sho	- t-term capital gain	1	. ,	(optional)
		2		
	ies of prior-year distributions oss income (see instructions)	3		
		4		
	s 1 through 3. ation and depletion	5		
	of operating expenses paid or incurred for production or			
	n of gross income or for management, conservation, or	6		
	ance of property held for production of income (see instructions)	7		
	(penses (see instructions)	8		
	d Net Income (subtract lines 5, 6, and 7 from line 4) inimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			
instructi	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mar	ket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discour	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
	ion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	e of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ies of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	istributable Amount			Current Year
1 Adjustee	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	35 of line 1.	2		
3 Minimur	n asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	eater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	table Amount. Subtract line 5 from line 4, unless subject to			
emerger	ncy temporary reduction (see instructions).	6		
7 C	neck here if the current year is the organization's first as a non-functior	ally integrated	Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 THE CHRISTOPHERS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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e Excess from 2021

Schedule A (Form 990) 2021

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				

THE CHRISTOPHERS, INC. Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

3

7

8

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Current Year

1

2

3

4

5

6

7

8

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:

2017 AMOUNT: \$ 14,349.	 	
2018 AMOUNT: \$ 192.		
2020 AMOUNT: \$ 862.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

3-18092	74
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1

	THE CHRISTOPHERS, INC.
Organization type (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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) (2021)

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$198,941.	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$154,227.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$145,299.	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
4_		\$139,345.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$38,000.	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
6		\$37,164.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

edule B (Form 990) (2021)

22 2021.05000 THE CHRISTOPHERS, INC. 11121601 Name of organization

Employer identification number

13-1809274

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
7		\$30,250.	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		\$27,400.	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		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$8,700.	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		\$6,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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11121601

Name of organization

Page 2 Employer identification number

13-1809274

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
		\$5,125.	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
14_		\$5,000.	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
		\$5,000.	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
16		\$5,000.	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
		\$	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.)

Schedule B (Form 990) (2021)

24 2021.05000 THE CHRISTOPHERS, INC.

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THE CH	HRISTOPHERS, INC.		13-1809274
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
1	PUBLICLY TRADED SECURITIES	\$192,94	41. 12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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Employer identification number

123453 11-11-21

Schedule B (Form 990) (2021)

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2021.05000 THE CHRISTOPHERS, INC.

11121601

from any one contributor. Complete columns (a) through (a) and the following line entry. For organizations completing but ill, enter tool or declavely produce, charable,	lame of or	rganization			Employer identification number
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 50 (c)7, (d), (e) (10) that can more than \$1,000 for complete outring of the thole of the observed in the observed in the thole of the observed in the observed in the thole of the observed in the observed in the observed in the observed interved to the o	HE CH	HRISTOPHERS, INC.			13-1809274
from Part (b) Purpose of gift (c) Use of gift (c) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (a) No. Form Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Form Form Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (for transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. From Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. From Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. Part (c) Description of gift (e) Transfer of gift (f) Description of how gift is held (a) No. Part (c) Description of gift (c) Use of gift		Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	v For organizations	hat total more than \$1,000 for the yea
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (h) Purpose of gift (e	from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held a) No. (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held	-		(e) Transfer of gift		
from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	-	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee
from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	a) No.				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Second Se	from	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Second Se					
a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held art 1 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. rom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transferee's name, address of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (d) Description of how gift is held	ŀ		(e) Transfer of gift		
Image:	-	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee
from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held					
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Second Se	from	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
a) No. rom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	-		(e) Transfer of gift		
Part I I <thi< th=""> <thi< th=""> <thi< th=""> <thi< th=""></thi<></thi<></thi<></thi<>	-	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee
Sart I Contraction Contreaction Contraction <	a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Part I				
		Transferee's name, address,			insferor to transferee
454 11-11-21 Schedule B (Form 1 26	454 11-11-	-21			Schedule B (Form 990) (20

15351202 756359 1112160.000

2021.05000 THE CHRISTOPHERS, INC. 11121601

60		Supplement	al Financial Statements		OMB No. 1545-0047	
	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990,				2021	
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				Open to Public	
	ment of the Treasury Revenue Service		90 for instructions and the latest information.		Inspection	
Nam	e of the organization	on THE CHRISTOPHERS,	TNO	Emp	bloyer identification number 13-1809274	
Par	t I Organiza		d Funds or Other Similar Funds or Ad			
I UI		n answered "Yes" on Form 990, Part IV, lir		Jooun		
			(a) Donor advised funds	(b) Fun	ds and other accounts	
1	Total number at er	d of year		. ,		
2		contributions to (during year)				
3		f grants from (during year)				
4		end of year				
5						
			exclusive legal control?		Yes No	
6	•		advisors in writing that grant funds can be used c			
			or donor advisor, or for any other purpose confer	•		
Dor	impermissible priva			<u></u>	Yes No	
Par			ganization answered "Yes" on Form 990, Part IV	line /.		
1		ervation easements held by the organizati				
		of land for public use (for example, recrea		-	•	
		f natural habitat	Preservation of a cert	fied his	storic structure	
•		of open space				
2	day of the tax year	c c .	fied conservation contribution in the form of a co	nserva	Held at the End of the Tax Year	
-				00		
				2a 2b		
	-		ucture included in (a)	2b 2c		
			after 7/25/06, and not on a historic structure	20		
u				2d		
3			leased, extinguished, or terminated by the organ		during the tax	
Ŭ	year ►		is a set of the set of	Zution		
4		where property subject to conservation ea	sement is located			
5		ion have a written policy regarding the pe				
	6	prcement of the conservation easements i			Yes No	
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation			
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	sement	ts during the year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)	(4)(B)(ii)?			Yes 🗌 No	
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense statem	ent an	d	
	balance sheet, and	l include, if applicable, the text of the foot	note to the organization's financial statements th	at desc	ribes the	
D	organization's acco	ounting for conservation easements.				
Par			f Art, Historical Treasures, or Other S	imila	r Assets.	
		the organization answered "Yes" on Form				
1a	•	, .	58, not to report in its revenue statement and bal			
		· ·	blic exhibition, education, or research in furthera	nce of p	oublic	
	•		ncial statements that describes these items.			
b	-		58, to report in its revenue statement and balance			
			c exhibition, education, or research in furtherance	e or put	Silo Service,	
	-	ng amounts relating to these items:			¢	
					\$ «	
2			asures, or other similar assets for financial gain,		Ψ	
2		ints required to be reported under FASB A		provide	,	
а	-				\$	
					÷ \$	
		eduction Act Notice, see the Instruction			• Schedule D (Form 990) 2021	
	10-28-21					

27			
2021.05000	THE	CHRISTOPHERS,	INC.

11121601

Sche	dule D (Form 990) 2021 THE CHR	ISTOPHERS,	INC.				13-18	0927	4 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasures	s, or Othe	er Similar	⁻ Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following	that make s	significant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🔄 Loar	or exchange pr	rogram					
b	Scholarly research	e	e 🗌 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	rther the organiz	zation's exe	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historic	al treasures, or	other simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	inization answei	red "Yes" or	n Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi						_	-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
Ť	Ending balance							7		1
	Did the organization include an amount on F		-				∟	Yes		No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete							<u></u>		
		(a) Current year	(b) Prior			(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance				youro buon		ouro buon	(0) 1 00	Jouro	Suon
ia b	Contributions									
с С	Net investment earnings, gains, and losses									
о Ь	Grants or scholarships									
e	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. col	umn (a)) held as	:					
a	Board designated or quasi-endowment		%		-					
b	Permanent endowment									
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are	held and admin	istered for t	he organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds							
Par										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form	990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		 Cost or other basis (other) 		Accumulate epreciation	ed	(d) Boo	k valu	e
1a	Land									
	Buildings				-					
с	Leasehold improvements			37,58		35,0			2,5	
d	Equipment			115,258	8.	115,25	58.			0.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B	<u>, line 10c.)</u>					2,5	05.
							0.1	D (E	- 000	0004

Schedule D (Form 990) 2021

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		

	• •	
(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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part X col (B) line 13)		

Part IX Other Assets.

Schedule D (Form 990) 2021

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) SECURITY DEPOSIT	3,900.
(2) BENEFICIAL INTERESTS IN TRUSTS	59,486.
(3) ACCRUED INTEREST RECEIVABLE	7,704.
(4) LIFE INSURANCE RECEIVABLE	15,876.
(5) OPERATING LEASE	524,536.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	611,502.
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	701,955.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 701,955.

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) 2021

13-1809274 Page 3

Sche	dule D (Form 990) 2021 THE CHRISTOPHERS, INC.			13-3	1809274 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With R			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,761,364.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,799.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<u>13,799.</u> 1,747,565.
3	Subtract line 2e from line 1			3	1,747,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,120.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	50,120.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,	.)		5	1,797,685.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per H	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	1,540,580.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	,				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,540,580.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		50,120.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	50,120.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>		5	1,590,700.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CHRISTOPHERS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF
THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS
DETERMINED THAT THE CHRISTOPHERS HAD NO UNCERTAIN TAX POSITIONS THAT WOULD
REQUIRE FINANCIAL STATEMENT RECOGNITION. THE CHRISTOPHERS IS NO LONGER
SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS
PRIOR TO 2018.

PART IX, LINE 5:

THE BALANCE THIS YEAR PERTAINS TO THE IMPLEMENTATION OF THE NEW ACCOUNTING

STANDARD ON LEASES.

Schedule D (Form 990) 2021		CHRISTOPHERS,	INC.
Part XIII Supplemental Info	rmation	(continued)	

PART X,	LINE	2:
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THE BALANCE THIS YEAR PERTAINS TO THE IMPLEMENTATION OF THE NEW ACCOUNTING

STANDARD ON LEASES.

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)		arants and Oth vernments, an					OMB No. 1545-0047
		lete if the organizatio					2021
Department of the Treasury		-	Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of the organization THE	CHRISTOPHERS,	INC.					Employer identification number $13 - 1809274$
Part I General Information on	Grants and Assistance						
1 Does the organization maintain	records to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	ion
criteria used to award the grant	ts or assistance?						X Yes No
2 Describe in Part IV the organiza	ation's procedures for monit	oring the use of grant	funds in the United	d States.			
	tance to Domestic Organi: ore than \$5,000. Part II can				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organ or government	nization (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 53 Enter total number of other org			l e line 1 table			I	↓

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Schedule I (Form 990) 2021

THE CHRISTOPHERS, INC.

13-1809274

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	Cash grant	Cash assistance		
EDUCATIONAL AWARD	15	6,260.	0.		
Part IV Supplemental Information. Provide the information req	l uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
EVERY YEAR, WE INVITE HIGH SCHOOL S	STUDENTS	ALL ACROSS	5 THE UNITE	D STATES -	
GRADES 9 THROUGH 12, TO CREATE A PO	OSTER THA	T VISUALLY	INTERPRET	S THE	
TIMELESS THEME, "YOU CAN MAKE A DI	FFERENCE.	" USING PH	IOTOGRAPHS ,	HAND-DRAWN	
PICTURES OR IMAGES CREATED WITH TH	E ASSISTA	NCE OF COM	IPUTER GRAP	HICS, THESE	
PUPILS WORK TO ARTISTICALLY CONVEY					

TO THEM. AT THE CHRISTOPHERS, WE TYPICALLY RECEIVE OVER 1,000 ENTRIES EVERY

YEAR, BOTH THROUGH OUR REGULAR MAIL AND VIA E-MAIL. SARAH E. HOLINSKI, OUR

YOUTH COORDINATOR, ASSISTS WITH THE REVIEW PROCESS. THE STUDENTS ARE FIRST

NOTIFIED OF THEIR WINNINGS VIA E-MAIL, AND LATER RECEIVING OFFICIAL LETTERS WITH THEIR PRIZES, DELIVERED DIRECTLY TO THEIR HOME ADDRESSES.

OUR ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS IS CONDUCTED IN A SIMILAR MANNER. IN THIS COMPETITION, WE LOOK FOR FILMS THAT VISUALLY PORTRAY THE BELIEF THAT ONE PERSON, ONE ORGANIZATION, EVEN ONE SIMPLE ACT OF KINDNESS 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 34TH ANNUAL VIDEO CONTEST WAS ELLA STONE, A 16-YEAR-OLD MATH MAJOR AT SOUTHERN NEW HAMPSHIRE UNIVERSITY. HER FILM, NAMED "ONE PERSON CAN MAKE AN EXPONENTIAL IMPACT," EXPLORES HOW SHE ORGANIZED AN EFFORT IN WHICH SHE AND 32 OTHERS VOLUNTEERED TO TUTOR REFUGEE STUDENTS VIRTUALLY DURING THE COVID-19 PANDEMIC.

FIRST PRIZE IN OUR 32ND ANNUAL POSTER CONTEST WENT TO CAMILA ESCOBAR, A SENIOR AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL IN PARKLAND, FLORIDA. THE HAND-DRAWN PORTRAIT DEPICTS A YOUNG TODDLER BEING HELPED TO WALK BY A MAN WHOSE FACE IS HIDDEN, BUT WHOM CAMILA REVEALS IN A NOTE TO THE CHRISTOPHERS TO BE HER LATE GRANDFATHER. THE CAPTION OF HER SUBMISSION APTLY READS, "NO MATTER HOW SMALL, YOU CAN MAKE A DIFFERENCE," BECAUSE HER GRANDFATHER ALWAYS TOLD HER SHE HAD AN IMPACT ON HIS LIFE.

Schedule I (Form 990)

SCHEDULE L	7	Fransaction	ıs V	Vith	Interested	Persons			ON	/IB No. 1	545-00	47	
(Form 990)	Complete if t	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.								2021 Open To Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Fo								specti		iic	
Name of the organizatio	n						Employer identification number					mber	
		ISTOPHERS,							092	74			
Part I Excess	Benefit Transa	ictions (section 5	01(c)(3), sectio	on 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).				
Complete i	if the organization	answered "Yes" on	Form 9	90, Pa	<u>t IV, line 25a or 25b</u>	, or Form 990-EZ, Pa	art V, li	ne 40	b.				
1 (a) Name of disqual	lified person	(b) Relationship bet person and or		•	fied (c) Description of tran	sactio	n				cted?	
		person and o	iyaniza		· · ·					Ye	s	No	
										+			
					·			► \$ ► \$					
3 Enter the amount of	of tax, if any, on lin	e 2, above, reimburs	sea by	the org			J	Þ Þ					
Part II Loans to	and/or From	Interested Pers	sons.										
Complete i	f the organization	answered "Yes" on I	Form 9	90-EZ,	Part V, line 38a or F	orm 990, Part IV, line	e 26; o	or if th	e orga	nizatio	n		
reported a	n amount on Form	990, Part X, line 5, 6	6, or 22	2.					-				
(a) Name of interested person	(b) Relation with organiza		fror	oan to or n the zation?	(e) Original principal amount	(f) Balance due			(h) Approved by board or committee? (i) Written agreement?				
			То	From			Yes	No	Yes	No	Yes	No	
Total		Benefiting Inter											
Part III Grants of		Benefiting Inter			sons.								
Part III Grants of Complete	f the organization	answered "Yes" on I	Form 9	90, Pai	sons. rt IV, line 27.		of					f	
Part III Grants of	f the organization	-	Form 9 betwe son an	990, Pai en	sons.	(d) Type assistant) Purpo		f	
Part III Grants of Complete	f the organization	answered "Yes" on (b) Relationship interested pers	Form 9 betwe son an	990, Pai en	t IV, line 27.							f	
Part III Grants of Complete	f the organization	answered "Yes" on (b) Relationship interested pers	Form 9 betwe son an	990, Pai en	t IV, line 27.							f	

Schedule L (Form 990) 2021

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Schedule L (Form 990) 2021 THE C	HRISTOPHERS, INC.		13-1809	274	Page 2
Part IV Business Transactions Invol	-				
	d "Yes" on Form 990, Part IV, line 28a, 28		1	(a) Sh	aring of
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģani:	zation's
	person and the organization	transaction	liaisaction		nues?
NADE E TACKGON	ENVILY DELASTONOUTD	00 000		Yes	No
MARK E JACKSON	FAMILY RELATIONSHIP	98,000.	EMPLOYMENT		X
					┼───
					<u> </u>
					+
					<u> </u>
Part V Supplemental Information.					
Provide additional information for res	ponses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: MARK	F JACKSON				
(A) NAME OF FERSON. MARK	E UACKSON				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANTZATI	ON:		
		0110111111			
FAMILY RELATIONSHIP WITH	THE PRESIDENT LISTED	IN PART VII	I		
(C) AMOUNT OF TRANSACTION	\$ 98,000.				
(D) DESCRIPTION OF TRANSAG	CTION: EMPLOYMENT				
(E) SHARING OF ORGANIZATIO	JN REVENUES? = NO				

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2021
Open to Public Inspection

Employer identification number 13 - 1809274

	La .		
THE	CHRISTOPHERS,	INC.	
Name of the organization			

Pal	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	192,941.	AVG. SELLIN	G PR	ICE	Ξ
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ()	ation during	the tax year for a					
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828	-						
	for which the organization completed Form 826	oo, Part V, L	onee Acknowledg	ement 29			Yes	No
202	During the year, did the organization receive by	contributio	n any proporty rop	orted in Part L lines 1 throug	h 28. that it		Tes	No
504	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.					554		
31	Does the organization have a gift acceptance p	olicy that re	auires the review a	of any nonstandard contribut	ions?	31		х
	Does the organization hire or use third parties of							
	contributions?		•	· • ·		32a		х
b								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.	()	, i i i,					

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

Schedule M (Form 990) 2021

132141 11-17-21

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B).

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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. Internal Revenue Service



13 - 1809274

THE CHRISTOPHERS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: (RADIO, VIDEO, WEB, PRINT) ALONG WITH LEADERSHIP COURSES, YOUTH CONTESTS, AND OUR CHRISTOPHER AWARDS PROGRAM TO ENCOURAGE INDIVIDUALS OF ALL FAITHS TO PUT THEIR FAITH INTO ACTION, AND TO REMIND THEM OF THE "DO NOT BE OVERCOME BY EVIL, GOSPEL-BASED MANDATE, 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 AS SOURCES OF DIVINE LIGHT IN THE DARKNESS OF SOCIETAL ILLS AND PERSONAL CHALLENGES. IN FACT, THE"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 OUR LITERATURE, BROADCASTS, AWARDS, PRISON MINISTRY, AND YOUTH CONTESTS

Supplemental Information to Form 990 or 990-EZ

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

TO BRING POSITIVE AND CONSTRUCTIVE VALUES INTO THE MAINSTREAM OF

SOCIETY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND TO REMIND THEM OF THE GOSPEL-BASED MANDATE, "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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE CHRISTOPHERS, INC.	13-1809274
INSTANCES AS OPPORTUNITIES TO BE SOLUTION-ORIENTED ROLE MO	DELS, SERVING
AS SOURCES OF DIVINE LIGHT IN THE DARKNESS OF SOCIETAL ILL	S 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, BROAD	CASTS ,
AWARDS, PRISON MINISTRY, AND YOUTH CONTESTS	
TO BRING POSITIVE AND CONSTRUCTIVE VALUES INTO THE MAINSTE	AM OF

SOCIETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUALS OR FAMILIES TROUBLED WITH THE PRESSING SOCIAL ILLS OF OUR TIME, SUCH AS ADDICTION, DOMESTIC VIOLENCE, GRIEF, SUICIDE, MENTAL OR PHYSICAL ILLNESS, AGING, DIVORCE, ANGER, SELF-ESTEEM PROBLEMS, LACK OF COMMUNICATION, AND INTOLERANCE. WE PUBLISH OUR ANNUAL "THREE MINUTES A DAY" BOOK OF DAILY STORIES AND PRAYERFUL REFLECTIONS; AN ANNUAL CALENDAR WITH BIBLICAL AND INSPIRATIONAL QUOTES FOR EACH DAY OF THE YEAR; AND PRAYER CARDS THAT PROVIDE HOPE AND GUIDANCE TO ALL. OUR BOOKS AND NEWS NOTES ARE DONATED TO PRISON AND JAIL MINISTRIES AROUND THE COUNTRY AND HAVE PROVED TO BE POPULAR SOURCES OF INSPIRATION AND GUIDANCE WITH INMATES. AS ONE PRISONER IN CHICAGO STATED, "IF IT IS FROM THE CHRISTOPHERS, IT IS GOOD." DONATIONS GIVEN FOR CHRISTOPHER MATERIALS HELP FUND FURTHER CHRISTOPHER WORK. HOWEVER, MANY OF OUR MATERIALS ARE PROVIDED FREE TO THOSE IN NEED. OUR SYNDICATED WEEKLY "LIGHT ONE CANDLE" COLUMNS ARE DISTRIBUTED FREE-OF-CHARGE TO NEWSPAPERS AND WEBSITES WHO HAVE REQUESTED TO USE THEM. OUR WEBSITE OFFERS FREE MATERIAL SUCH AS Schedule O (Form 990) 2021 132212 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number $13 - 1809274$
PRAYERS, NEWS NOTES, AND "LIGHT ONE CANDLE" COLUMNS. IN AD	DITION, THE
CHRISTOPHERS' BLOG REACHES A WIDE-RANGING AUDIENCE WITH PO	STS ABOUT
POPULAR CULTURE, ORIGINAL INTERVIEWS, AND STORIES OF INSPI	RATION. ALL
OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND TW	ITTER LINKS.
SPANISH OUTREACH THE CHRISTOPHERS RECOGNIZE THE IMPORTANC	E OF SHARING
OUR MESSAGE WITH THE SPANISH SPEAKING COMMUNITY, SO WE OFF	ER SPANISH
TRANSLATIONS FOR SOME OF OUR NEWS NOTES AND PRAYER CARDS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
AUDIENCE IN A POSITIVE WAY AND TO ENCOURAGE READERS AND VI	EWERS TO TAP
INTO THE BETTER SIDE OF THEIR HUMAN NATURE BY SEEING POSIT	IVE EXAMPLES
PRESENTED TO THEM IN ENGAGING AND ENTERTAINING WAYS. THE A	NNUAL
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 HE	ALTH ADVOCATE
MAURICE BENARD, OLYMPIAN AND ADVOCATE FOR SEXUAL ABUSE VIC	TIMS ALY
RAISMAN, ABC NEWS ANCHORS ROBIN ROBERTS AND LINSEY DAVIS,	PLAYWRIGHT
AND SONGWRITER LIN-MANUEL MIRANDA, AND CHILDREN'S BOOK AUT	HOR AND
DISABILITY ADVOCATE ANITRA ROWE SCHULTE.	
DOLLY PARTON IS A FOUR-TIME CHRISTOPHER AWARD WINNER FOR H	ER TV MOVIES
"DOLLY PARTON'S COAT OF MANY COLORS" AND "CHRISTMAS OF MAN	Y COLORS,"
AND SHE HAD THIS TO SAY ABOUT THE AWARD: "I LOVE THE CHRIS	TOPHER AWARD
SLOGAN, 'BETTER TO LIGHT A CANDLE THAN TO CURSE THE DARKNE	SS.' I

PERSONALLY BELIEVE THAT WITH ALL MY HEART. I THINK THE MOVIE, 'COAT OF

MANY COLORS, ' A TRUE STORY FROM MY CHILDHOOD, REALLY DOES THROW A LIGHT

ON A LOT OF THINGS LIKE FAMILY, HOPE, LOVE, KINDNESS, UNDERSTANDING,

AND ACCEPTANCE. IT REALLY SPOKE TO THE ISSUE OF BULLYING. I AM VERY 132212 11-11-21 Schedule O (Form 990) 2021 41 2021.05000 THE CHRISTOPHERS, INC. 11121601

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
PROUD AT HOW GOD WORKS THROUGH ME TO SHINE A LIGHT, AND	FO HELP HEAL A
LOT OF HURT IN A LOT OF PEOPLE, AND I AM VERY PROUD OF TH	HIS AWARD."
AND CHILDREN'S BOOK AUTHORS HENRY WINKLER AND LIN OLIVER	SAID,
"RECEIVING THE CHRISTOPHER AWARD FOR OUR FIRST 'HERE'S HA	ANK' BOOK,
'BOOKMARKS ARE PEOPLE TOO, ' WAS SUCH A MEANINGFUL ACKNOW	LEDGMENT OF OUR
COMMITMENT TO GETTING RELUCTANT READERS TO PICK UP A BOOD	K AND LAUGH
THEIR WAY THROUGH IT. WE BELIEVE LAUGHTER IS THE PERFECT	LIGHT SWITCH
TO ILLUMINATE A CHILD'S PATH INTO LITERATURE. WE WERE HO	ONORED AND
GRATEFUL TO HAVE BEEN CHOSEN AND WILL CONTINUE TO SUPPORT	I THE BELIEF
THAT READING AND EDUCATION CAN LEAD US ALL FROM DARKNESS	TO LIGHT."
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHM	ENTS:
MENTAL HEALTH ADVOCATE MAURICE BENARD; NEW YORK TIMES BE:	ST-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; ACTO	R 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

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

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
THROUGH TRAUMATIC SITUATIONS; AUTHOR JIM WAHLBERG, AN ADDI	CT IN
RECOVERY WHO HELPS OTHER ADDICTS FIND HOPE AND HEALING; AN	D KATHY
IZARD, WHO INSTITUTED A PROGRAM TO HOUSE THE HOMELESS IN C	HARLOTTE ,
NORTH CAROLINA. THE WEEKLY PROGRAM AIRS ON SIRIUS-XM AND N	UMEROUS 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 INCARNATIO	N OF
"CHRISTOPHER CLOSEUP" CONTINUES A TRADITION STARTED IN 195	2 BY OUR
FOUNDER, FATHER JAMES KELLER, WHEN HE BEGAN THE TELEVISION	VERSION OF
THE SHOW FEATURING SUCH GUESTS AS BOB HOPE, JACK BENNY, BI	NG CROSBY,
MARIO LANZA, ART LINKLETTER, AND MORE.	

PRACTICAL ADVICE ABOUT STAYING POSITIVE IN THE MIDST OF ADVERSITY.

"CHRISTOPHER MINUTES" ARE ALSO AVAILABLE ON OUR WEBSITE.

TELEVISION SEVERAL CLASSIC CHRISTOPHER FILMS FROM THE 1950'S AIR PERIODICALLY ON EWTN. AND EACH YEAR DURING THE CHRISTMAS SEASON NUMEROUS TV STATIONS AIR CHRISTOPHER SPONSORED CLAY-ANIMATIONS FOR KIDS CONSISTING OF "THE FIRST CHRISTMAS," "THE CHIMES," "MICHAEL THE VISITOR," AND "MARTIN THE COBBLER."

"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

ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND TWITTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	FORM 9	90,	PART	III,	LINE	4D,	OTHER	PROGRAM	SERVICES:
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CHRISTOPHER LEADERSHIP PROGRAM AND WORKSHOP - THE CHRISTOPHER

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
LEADERSHIP PROGRAM OFFERS WORKSHOPS TO ADULTS AND YOUTH.	PARTICIPANTS
EXPLORE LIFE'S PURPOSES AND CHALLENGES, BUILD SELF-CONFIDE	NCE, DEVELOP
LEADERSHIP QUALITIES, GROW IN FAITH AND SPIRITUALITY, SHAR	PEN
COMMUNICATION SKILLS, AND BECOME MORE OPTIMISTIC. WE HOLD	AN ANNUAL
WEEKEND LEADERSHIP WORKSHOP AT THE UNIVERSITY OF SAINT MAR	Y OF THE
LAKE, HOME OF MUNDELEIN SEMINARY AND THE SCHOOL OF THEOLOG	Y FOR THE
ARCHDIOCESE OF CHICAGO. MUNDELEIN IS THE LARGEST MAJOR SE	MINARY IN THE
UNITED STATES AND DIOCESES FROM AROUND THE COUNTRY SEND SE	MINARIANS
THERE FOR FORMATION. BY HOLDING OUR ANNUAL COURSE AT MUND	ELEIN, THE
CHRISTOPHERS PARTICIPATE IN BUILDING UP THE NEXT GENERATIO	N OF LEADERS
IN THE CHURCH. IN OUR WEEKEND COURSE AT MUNDELEIN, SEMINA	RIANS AND
LAYPEOPLE ENGAGE IN AN INVIGORATING EXPLORATION OF LEADERS	HIP SKILLS IN
A RELAXED AND SUPPORTIVE ENVIRONMENT.	

DUE TO COVID-19, THERE WERE NO WORKSHOPS IN 2020 OR 2021. BUT IN 2019, WE HELD OUR 27TH ANNUAL LEADERSHIP WORKSHOP AT THE UNIVERSITY OF SAINT MARY OF THE LAKE, AND THIS POPULAR COURSE CONTINUES TO CHANGE LIVES AND EMPOWER THE NEXT GENERATION OF LEADERS TO IMPROVE THEIR COMMUNITIES AND REMAIN TRUE TO THEIR FAITH. ONE RECENT GRADUATE WROTE, "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. THANK YOU!!!"

PASTORAL

WE RECENTLY RECEIVED A BEAUTIFUL NOTE FROM A HOSPITAL CHAPLAIN WHO

WORKS WITH PATIENTS WITH SEVERE MENTAL ILLNESS. HE WROTE TO TELL US OF

THE SUCCESS HE'S HAD INCORPORATING OUR THREE MINUTES A DAY READINGS
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2021.05000 THE CHRISTOPHERS, INC.

Name of the organization	Employer identification number
THE CHRISTOPHERS, INC.	13-1809274
INTO THE SPIRITUAL REFLECTIONS HE LEADS ON THE VARIOUS WAI	RDS. HE
STARTED WITH THE TEENAGE WARD, WRITING, "IT'S NO SURPRISE	ТНАТ
ADOLESCENTS CAN BE HARD TO REACH, BUT THE REAL-LIFE STORI	ES AND THE
'NON-PREACHINESS' OF THE STORIES HAVE WORKED VERY WELL."	HE THEN
EXPANDED THESE MEDITATIONS TO THE OTHER WARDS AND REPORTS	THAT HE'S NOW
REACHING HALF THE PATIENTS IN THE ENTIRE HOSPITAL WITH REA	ADINGS FROM
THREE MINUTES A DAY. THE CHAPLAIN EXPRESSED HOW VITAL OUR	THREE MINUTES
A DAY BOOKS ARE TO HIS MINISTRY AND REQUESTED COPIES OF O	JR 2020 BOOKS,
AND WE WERE MORE THAN HAPPY TO SEND HIM A SHIPMENT SO THA'	r THIS
BEAUTIFUL OUTREACH CAN CONTINUE IN THE COMING YEAR.	

OUR OUTREACH TO THOSE ON THE FRONT LINES OF PRISON MINISTRY REMAINS A VITAL PART OF THE EFFORT TO BRING HOPE AND HEALING TO PEOPLE ON THE MARGINS OF SOCIETY. WORKING MAINLY THROUGH PRISON CHAPLAINS, WE PROVIDE AN EVER-GROWING LIBRARY OF READING MATERIAL THANKS TO THE SUPPORT OF CHRISTOPHER FRIENDS. THIS INCLUDES OUR "THREE MINUTES A DAY" BOOK SERIES, CHRISTOPHER NEWS NOTES, AND A CALENDAR DESIGNED ESPECIALLY FOR THOSE IN JAILS AND PRISONS. COUNTLESS CHAPLAINS, AS WELL AS PRISONERS THEMSELVES, FREQUENTLY CONTACT OUR OFFICE TO EXPRESS THANKS FOR THE MANY DONATED ITEMS WE MAKE AVAILABLE TO THEM. FOR INSTANCE, IN RESPONSE TO ONE OF OUR CHRISTMAS MAILINGS, DEACON PETER ANDRE, DIRECTOR OF PRISON MINISTRY FOR THE DIOCESE OF SAINT PETERSBURG, FLORIDA, WROTE:

"ON BEHALF OF A SINCERELY GRATEFUL MINISTRY, I HUMBLY ACKNOWLEDGE RECEIPT OF 7 CASES OF WONDERFUL 'THREE MINUTES A DAY' BOOKS, WHICH ARRIVED IN PERFECT ORDER THIS MORNING. WE ARE ACTIVELY PUTTING TOGETHER OUR ADVENT AND CHRISTMAS MAILINGS. THESE BOOKS WILL BE THE INTEGRAL Schedule O (Form 990) 2021 132212 11-11-21 45 2021.05000 THE CHRISTOPHERS, INC. 11121601

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Schedule O (Form 990) 2021 Name of the organization THE CHRISTOPHERS, INC.	Page 2 Employer identification number 13-1809274
PART OF OUR SPECIAL SPIRITUAL 'GIFTS' TO THE INMATES AND E	EX-OFFENDERS
IN OUR CARE. SINCE 1997, WE HAVE DONE OUR BEST TO PROVIDE	INMATES AND
EX-OFFENDERS WITH 'TOOLS' ON THE FAITH TO ASSIST THEM (WAI	KING STICKS
IF YOU WILL) ON THEIR SPIRITUAL JOURNEY. IN AUGUST OF 1998	3, THE
CHRISTOPHERS BEGAN THEIR LONG AND FAITHFUL, UTTERLY GENERO	OUS SUPPORT
AND PARTNERSHIP WITH OUR PRISON MINISTRY. HOW BLESSED WE A	ARE TO BE ABLE
TO MAKE THAT STATEMENT! TO YOU, YOUR WILLING STAFF AND ALI	YOUR
BENEFACTORS, WE SEND OUR PRAYERFUL GRATITUDE; FROM OVERFLO	WING HEARTS,
WE THANK YOU AND WISH YOU PEACE AND JOY IN THE HOLY ADVENT	AND
CHRISTMAS SEASON STILL TO COME."	
PRISON MINISTRY FACED CERTAIN CHALLENGES OF ACCESS TO SERV	VING PRISONERS
IN 2020	
DUE TO THE COVID-19 PANDEMIC. BULK MAILINGS WERE CURTAILEI), WE MADE US
UNABLE TO PROVIDE OUR CHRISTOPHER CALENDARS TO INMATES. HO	DWEVER, WE
CONTINUED OUR QUARTERLY MAILINGS TO INMATES ON OUR MAILING	G LIST, WITH
EACH MAILING CONTAINING THREE NEWS NOTES, A PRAYER CARD, A	AND A NOTE
WRITTEN BY FATHER EDWARD DOUGHERTY, M.M.	
WE SHARE OUR CHRISTOPHER MATERIALS TO A BROAD SPECTRUM OF	PEOPLE IN
NEED IN ORDER TO BRING THE LIGHT OF GOD'S LOVE TO HIS CHI	JDREN WHO
COULD USE A POSITIVE MESSAGE IN THEIR LIVES.	
EXPENSES \$ 398,327. INCLUDING GRANTS OF \$ 0. REVENUE \$	\$ 2,482.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CHRISTOPHERS, INC. HAS ITS FORM 990 PREPARED BY AN OUT	SIDE ACCOUNTING
FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO H	ENSURE THAT THE
INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FO	
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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED	WITH THE INTERNAL
REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS	S 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.

 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

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 Schedule O (Form 990) 2021

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Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
POSTED ON ITS WEBSITE, WWW.CHRISTOPHERS.ORG, AND CHARITY N	AVIGATOR.ORG. IN
ADDITION, FORMS 990 AND 1023 AS WELL AS THE CONFLICT-OF-IN	TEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO	5 HANOVER
SQUARE, 22ND FLOOR NEW YORK, NY 10004, OR BY CALLING THE O	RGANIZATION
DIRECTLY AT (212) 759-4050.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN TRUST	5,143.
FORM 990 PAGE 12, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT IS CHARGED WITH OVER	SIGHT OF THE
AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PRO	OCESS IS
UNCHANGED FROM LAST YEAR.	

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