

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

A	For t	ne 2023 calendar year, or tax year beginning and ending	i	inspection								
12.5	Check i	CONTROL DE LOS CONTROL DE LA CALIFORNIA	D Employer identi	fication number								
-	Add											
H	Nan											
F	Initie		13-1809									
F	Final	E HANOVED COURSE CONS. Dr. COR.		The state of the s								
50	ter m	0	(212)759 G Gross receipts 5	3,242,274.								
	Ame	nded NEW YORK ARE 10004	H(a) Is this a group									
	Appl	F Name and address of principal officer: MARY ELLEN ROBINSON	for subordinate									
_	pend	SAME AS C ABOVE	H(b) Are all subordinates									
		xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527 If "No," attach	a list. See instructions								
-	Webs		H(c) Group exempti									
	art I	forganization: X Corporation Trust Association Other L	fear of formation: 1945	M State of legal domicile: NY								
-	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DIII B. O									
ce	8410	Shelly describe the organization's mission or most significant activities: SEE SCHE	DOLK O									
Activities & Governance	2	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net ass										
ove	3		3	100								
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	4									
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5									
×	6	Total number of volunteers (estimate if necessary)		2								
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12										
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b									
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year								
ane	9		904,937.	The state of the s								
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,285. 226,584.									
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,009.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,180,815.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,298.	9,602.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.								
45	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	758,696.	755,040.								
ns.	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 65,199.	THE PARTY ASSETS	深 、								
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	888,881.	847,320.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,654,875.	1,611,962.								
PS	19	Revenue less expenses. Subtract line 18 from line 12	-474,060.	-434,974.								
ets c	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year								
Assets d A Balanc	21	Total liabilities (Part X, line 26)	5,059,266. 584,656.	4,630,882.								
Net		Net assets or fund balances. Subtract line 21 from line 20	4,474,610.	4,390,159.								
Pa	rt II	Signature Block	-/-/-/0201	2,000,100.								
Jnde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is								
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.									
25111		Signature of officer	11/1	5/24								
Sign	211),	T 10 11 11 11 11 11 11 11 11 11 11 11 11	Date	,								
Here		MARY ELLEN ROBINSON, PRESIDENT Type or print name and title										
			Date Check C	T print								
aid		Print/Type preparer's name GARRETT M. HIGGINS GARRETT M. HIGGINS	11/15/24 Check L	PTIN								
repa	5-3-327	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	7-3231666									
3.63	Only	Firm's address 245 PARK AVENUE, 12TH FLOOR	Firm's EIN 8	3231000								
		NEW YORK, NY 10167	Phone no 21	2-286-2600								
May	the IP	S discuss this return with the preparer shown above? See instructions	1. 110110 110, 20, 21	X Yes No								
HA	For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-28		Form 990 (2023)								

Form 990 (2023)

2

1,344,288.

Total program service expenses

18051115 756359 1112160.000

0 •) (Revenue \$

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) THE CHRISTOPHERS,

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		$\stackrel{\frown}{\vdash}$
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
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	- 33		
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
_ ~	Check if Schedule O contains a response or note to any line in this Part V			
	Elication Calibration Calibration Calibration and any into interior art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	4 12-21-23	Form	990	(2023)

Form 990 (2023) THE CHRISTOPHERS, INC.

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

		_	_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ		2b	Х	
За				За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vica-	provided to the	7.		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
D •			uirod	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		***************************************	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	1	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	l			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		1		
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	

THE CHRISTOPHERS, INC. 13-1809274 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

MARY ELLEN ROBINSON - (212) 759-4050 5 HANOVER SQUARE, 22ND FLOOR, NEW YORK,

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

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

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

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

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

- 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	9.0			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	t con		1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY ELLEN ROBINSON	35.00		_		<u> </u>	1 0	-			
PRESIDENT, AND SECRETARY		Х		х				152,698.	0.	11,400.
(2) ANTHONY ROSSI	35.00									
DIRECTOR OF COMMUNICATIONS						Х		123,347.	0.	28,279.
(3) YANEZA SANTOS	35.00									
FINANCE MANAGER/ASSISTANT SECRETARY				X				122,386.	0.	11,400.
(4) REV. EDWARD M. DOUGHERTY, M.M.	0.50								_	_
DIRECTOR		Х						30,000.	0.	0.
(5) ROBERT V. OKULSKI	4.00	l								
CHAIRMAN/TREASURER		Х		Х				0.	0.	0.
(6) SR. NANCY USSELMANN	0.50								_	_
DIRECTOR		Х						0.	0.	0.
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		1								
	<u> </u>									
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Form 990 (2023)

Form 990 (2023) THE CHRIS									13-18	30927	4	Page 8	
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		,				
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more son is	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estima amoun othe	t of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	ompens from t organiza and rela organiza	he ation ated	
1b Subtotal c Total from continuation sheets to Part VII								428,431.		0.	51,0	0.	
d Total (add lines 1b and 1c)			<u></u>		<u>.</u>			428,431.		0.	51,079.		
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,	•		•	•	•		_		•		Yes		
line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related examinations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X	
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? /f "Yes." com 	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services			X	
Section B. Independent Contractors	orete derredare	<i>,</i> 0 /C	<i>)</i> 30	icii ș	7073	<u> </u>					I		
Complete this table for your five highest conthe organization. Report compensation for the organization.	•	•							, ,	ensation	from		
(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices	Com	(C) pensati	on	
							\dashv						
Total number of independent contractors (ir \$100,000 of compensation from the organize)	· ·	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
ψ 100,000 or compensation from the organiz	.atiUi i									For	m 990	(2023)	

18051115 756359 1112160.000

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
જ છ	1	a	Federated campaigns	1a					
ant			Membership dues	1b					
⊕ ह			Fundraising events	1c					
ifts Ir A			Related organizations	1d					
nie Gig			Government grants (contributions)	1e					
Sign			All other contributions, gifts, grants, and						
her Her			similar amounts not included above	1f	961,053.				
Ę		g	Noncash contributions included in lines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			961,053.			
					Business Code				
ø	2	а	INSPIRATIONAL LITERATURE RE	VENUE	611710	35,457.	35,457.		
Ş		b	LEADERSHIP PROGRAM REVENUE		611710	1,415.	1,415.		
Ser		С							
an See		d							
Program Service Revenue		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f			36,872.			
	3		Investment income (including divide						
		other similar amounts)				120,304.			120,304.
	4		Income from investment of tax-exem						
	5		Royalties			2,464.	2,464.		
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory 7a 2,	121,146.					
		b	Less: cost or other basis						
ne			and sales expenses 7b 2,	065,286.					
/en		С	Gain or (loss) 7c	55,860.					
Re		d	Net gain or (loss)	<u></u>		55,860.			55,860.
her Revenue	8	а	Gross income from fundraising events (r	not					
₹			including \$	_ of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	g events					
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming ac	tivities					
	10	а	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of in	ventory					
<u>s</u>			W		Business Code	10-			10-
Miscellaneous Revenue	11		MISCELLANEOUS		900099	435.			435.
lan		b							
Sce		c							
Σ̈́			All other revenue			435.			
		e	Total Add lines 11a-11d				30 226	0	176 E00
	12		Total revenue. See instructions			1,176,988.	39,336.	0.	176,599.

332009 12-21-23

Form **990** (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,250. 3,250. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 6,352. 6,352. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 216,201. 2,887. 248,987. 29,899. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 109,331. 109,331. persons described in section 4958(c)(3)(B) 246,824. 240,892. 2,396. 3,536. Other salaries and wages 7 Pension plan accruals and contributions (include 47,628. 24,991. 22,637. section 401(k) and 403(b) employer contributions) 48,596. 48,596. Other employee benefits 9 53,674. 50,205. 2,814. 655. 10 Payroll taxes Fees for services (nonemployees): Management 35,745. 34,062. 1,683. Legal 56,120. 56,120. Accounting Lobbying Professional fundraising services. See Part IV, line 17 42,559. 42,559. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 94,272. 86,646. 3,626. 4,000. column (A), amount, list line 11g expenses on Sch O.) 17,425. 17,157. 134. 134. Advertising and promotion 12 319,618. 273,377. 8,636. 37,605. Office expenses 13 60,717. 45,126. 12,337. 3,254. Information technology 14 15 Royalties 13,321. 133,207. 113,226. 6,660. 16 Occupancy 48,458. 40,016. 4,414. 4,028. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 16,203. 14,052. 1,434. 717. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 19,351. 17,600. 193. 1,558. MEDIA RECORDING & PROD. 212. EQUIPMENT RENTAL 2,118. 1,800. 106. 1,527. 60. 59. MISCELLANEOUS 1,408. С d All other expenses 1,611,962. 1,344,288. 202,475. 65,199. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			105,312.	1	338,486
	2	Savings and temporary cash investments			370,474.	2	582,894
	3	Pledges and grants receivable, net			87,341.	3	250
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			8,709.	9	14,956
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	152,838.			
	b	Less: accumulated depreciation		152,838.	0.	10c	0
	11	Investments - publicly traded securities			4,202,769.	11	3,553,448
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	112 212		
	15	Other assets. See Part IV, line 11		284,661.	15	140,848	
	16	Total assets. Add lines 1 through 15 (must equ		5,059,266.	16	4,630,882	
	17	Accounts payable and accrued expenses		356,565.	17	193,270	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		l l		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-	: F		22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line of Schedule D	S 17-24).	Complete Part X	228,091.	25	47,453
	26			·····	584,656.	26	240,723
	20	Organizations that follow FASB ASC 958, che		x X	301,0301	20	240,723
န္မ		and complete lines 27, 28, 32, and 33.	ECK HEIG				
2	27				4,415,124.	27	4,334,526
<u> </u>	28	Net assets with donor restrictions	59,486.	28	55,633		
	20	Organizations that do not follow FASB ASC 9			33,1001	20	33,033
ᆵ		and complete lines 29 through 33.	, cric	ok nore			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
4ss	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,474,610.	32	4,390,159
Z	33				5,059,266.	33	4,630,882

Pa	t XI Reconciliation of Net Assets			<u> </u>	gc			
	Check if Schedule O contains a response or note to any line in this Part XI				X			
	Officer in deficultie of contains a response of flote to any line in this rate XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,17	6.9	88.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,61					
3	Revenue less expenses. Subtract line 2 from line 1	3			74.			
4								
-	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6			76.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	-3,853.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 4							
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	_			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				l			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ь			
			Form	990	(2023)			

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2U23Open to Public

Inspection

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		T	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (column (f))		14	<u>%</u>
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and stop here. The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

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.)

Sed	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	705,920.	921,966.	1258194.	904,937.	961,053.	4752070.		
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	54,064.	50,198.	39,246.	48,936.	39,336.	231,780.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	759,984.	972,164.	1297440.	953,873.	1000389.	4983850.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b						0.		
8	Public support. (Subtract line 7c from line 6.)						4983850.		
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6	759,984.	972,164.	1297440.	953,873.	1000389.	4983850.		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,664.	116,404.	102,804.	95,178.	120,304.	577,354.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975						_		
c	Add lines 10a and 10b	142,664.	116,404.	102,804.	95,178.	120,304.	577,354.		
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.)	687.	862.		358.	435.	2,342.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	903,335.	1089430.	1400244.	1049409.	1121128.	5563546.		
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,		
		. 0							
	ction C. Computation of Publi						00 50		
	Public support percentage for 2023 (li	, (,,	,	olumn (f))		15	89.58 %		
	Public support percentage from 2022 ction D. Computation of Inves					16	88.57 %		
	-			20 13 column (f)\		17	10.38 %		
	Investment income percentage for 20 Investment income percentage from 2					18	10.38 %		
	33 1/3% support tests - 2023. If the			on line 14 and line		· ·			
.56	more than 33 1/3%, check this box an						X		
b	33 1/3% support tests - 2022. If the								
	line 18 is not more than 33 1/3%, check	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization			
20	Private foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	is how and soo inst	ructions			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
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За		
- Ou		
OI-		
3b		
_		
3c		
4a		
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4c		
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5a		
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9a		
9b		
36		
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9c		
10a		
10b		

332024 12-21-23

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2023

e Excess from 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 687. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 862. 358. 2022 AMOUNT: \$ 435. 2023 AMOUNT: \$

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

13-1809274 THE CHRISTOPHERS INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 \$ 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).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE CH	HRISTOPHERS, INC.	13	-1809274
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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		\$26,012.	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		\$\$	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		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE	CHRISTOPHERS,	INC
-----	---------------	-----

13-1809274

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	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
8		\$10,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,000.	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

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

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

THE CHRISTOPHERS, INC.

13-1809274

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

Schedule B (Form 990) (2023) Page **4**

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

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Held at the End of the Tax Year a Total acreage restricted by conservation easements 2b Description of conservation easements on a certified historic structure included on line 2a 2c Description of conservation easements in conservation easements 2d Description of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Description of states where property subject to conservation easement is located Description of states where property subject to conservation easements is located Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Part IIII Organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(li) Part IIII Organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(li) Part IIII Organization easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(li) Part IIII Organization easement seasements. Part IIII Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	Pai			nds or Ad	ccounts. Complete if the		
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization for mail donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal contro? 6 Did the organization for property, subject to the organization's exclusive legal contro? 7 or any other purpose conferring mammabilia property of charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mammabilia proble benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(e) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a conservation easement perservation of and for public use for example, recreation or education) Preservation of a certified historic structure Preservation of one papace 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on 2 or the tax year. a Total number of conservation easements and a certified historic structure lines and through 2d if the segments of a certified historic structure line in the structure line in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on li		organization answered "Yes" on Form 990, Part IV, III	1	<u> </u>	(h) Funds and other accounts		
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets helid in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets helid in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Purpose(s) of conservation easements. Complete if the organization answered "Yes" on Form 990, Part N, line 7. 1 Purpose(s) of conservation easements held by the organization in the organization answered "Yes" on Form 990, Part N, line 7. 1 Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part N, line 7. 1 Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 2	4	Total number at and of year	(a) Donor advised funds		(b) I dilas and other accounts		
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purpose benefit? Part II							
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charaftable purposes and not for the benefit of the donor of ordon advisor, or for any other purpose conferring impermissible purpose and not for the benefit of the donor of ordon advisor, or for any other purpose conferring impermissible purpose and not for the benefit of the donor of ordon advisor, or for any other purpose conferring impermissible purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purpose and not for the purpose (or donor advisor). 1 Purpose(s) of conservation easements. Complete if the organization (check all that apply). 1 Preservation of land for public use for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 3 Total number of conservation easements 4 Number of conservation easements in a certified historic structure included on line 2a 2 2c do Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year violations, and enforcement of the conservation easements in holds? 5 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(l)(B)(l)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)							
5 bill the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of natural habitat Preservation of acertified historic structure Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Number of conservation easements included on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register 8 Number of conservation easements michiged on line 2 acquired after July 25, 2006, and not on a historic structure listed in the National Register 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 1 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease							
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	_						
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of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	1a		•				
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		••					
provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	b						
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:		art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
(ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:							
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:							
the following amounts required to be reported under FASB ASC 958 relating to these items:	_						
	2	-		ancial gain,	provide		
	_				Φ.		
					Schedule D (Form 990) 2023		

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

		STOPHERS,					<u> </u>	13-18			age 2
Pai	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply).										
а	Public exhibition		b	Loan or exc	hange progra	am					
b	Scholarly research	•									
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explai	n how th	ev further th	ne organizatio	n's exem	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	•		-	-						
Ŭ	to be sold to raise funds rather than to be mail		-		•				Yes		No
Pai	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part		ie ii tile	organization	i aliswered	163 0111	01111 330	, raitiv, ii	116 3, 01		
12	Is the organization an agent, trustee, custodial		diany for	contribution	e or other as	eate not	included				
ıa									Yes		No
	on Form 990, Part X?							∟	_ res		_ NO
D	If "Yes," explain the arrangement in Part XIII are	na complete the to	llowing t	able:				I	Amoun		
							<u> </u>		Amoun		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year						. <u>1e</u>				
f	Ending balance										
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabili	ty?	L	Yes	느	No
	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds Complete if t								T		
		(a) Current year	(b) P	Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt vear end balanc	e (line 1c	a. column (a))) held as:				•		
	Board designated or quasi-endowment	•	%	y ,(,	,,						
b	Permanent endowment	%									
	Term endowment 9/										
·	The percentages on lines 2a, 2b, and 2c should										
22	Are there endowment funds not in the possess	•	ation tha	t are hold ar	ad administa	rod for th	0				
Sa	·	Sion of the organiza	alion ina	i are rielu ar	iu auriiiiistei	led for the	C		ſ	Yes	No
	organization by:								0-(:)	103	-140
	(II) To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								3a(i)	\rightarrow	
									3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organizati								3b		
Dai	Describe in Part XIII the intended uses of the c		wment f	unds.							
Fai	Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
				ŕ							
	Description of property	(a) Cost or o			or other	,	ccumulat	- I	(d) Boo	k value	е
		basis (investi	nent)	Dasis	(other)	aer	oreciation	1			
	Land										
	Buildings			2	7 500		27 -	-			
	Leasehold improvements				7,580.	<u> </u>	37,5				0.
	Equipment			11	5,258.		L15,2	28.			0.
е	Other	. 1		1		1					

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

0.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (h) must equal Form 000, Part V, line 12, col. (P.))		

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 000, Part V, line 12, col. (P.)		

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

Part IX Other Assets

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
	I

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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	47,453.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	47,453.

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

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 THE CHRISTOPHERS, INC.				L809274	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.				
1	Total revenue, gains, and other support per audited financial statements			1	1,488,	805.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	354,376.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	354,	
3	Subtract line 2e from line 1			3	1,134,	<u>429.</u>
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	42,559.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	42,	559.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,176,	988.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	1,569,	403.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
	Prior year adjustments					
С		_				
d						
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,569,	403.
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	4a	42,559.			
	Other (Describe in Part XIII.)		•			
	Add lines 4a and 4b			4c	42,	559.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,611,	
Pa	rt XIII Supplemental Information					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV. lines 1b a	and 2b: Part V. line 4	: Part X	. line 2: Part XI	_
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,	, —, ·	,
	23 dila 15, dila 1 di 7/11, inio 23 dila 15. 7 100 complete tillo part to provide dily dat		acion.			
PAI	RT X, LINE 2:					
	·, ·					
гні	E CHRISTOPHERS RECOGNIZES THE EFFECT OF IN	COME TA	X POSITION	S 01	ILY IF	
гно	OSE POSITIONS ARE MORE LIKELY THAN NOT TO	BE SUST	AINED. MAN	AGEN	MENT HAS	
DEC	TERMINED THAT THE CHRISTOPHERS HAD NO UNCE	RTATN T	AX POSTTIO	NS T	נוסש ייבאי	L'D
			1111 1 0 0 1 1 1 0			
2 E.C	QUIRE FINANCIAL STATEMENT RECOGNITION. THE	CHRIST	OPHERS IS	NO I	ONGER	
,	ZOTILE TIMELINE DIMINITURE RECOGNITION. THE	CIIICIDI	OTTILLIO ID	110 1	CIVOLIC	
SIII	BJECT TO EXAMINATIONS BY THE APPLICABLE TA	יוד. בארצ	RISDICTION	S FC	DERTO	פת
301	DOECT TO EXAMINATIONS BY THE ATTECABLE TA	XING 00	RIDDICTION	5 1	OK TEKTO	טט
DD.	IOR TO 2020.					
- K.	10K 10 2020:					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2023

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

THE CHRIS	TOPHERS,	INC.					13-1809274
Part I General Information on Grants ar	nd Assistance					•	
1 Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part I\	/, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-		e line 1 table				

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

Part III can be duplicated if additional space is needed.

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

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
EDUCATIONAL AWARD	15	6,352.	0.						
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
EVERY YEAR, WE INVITE HIGH SCHOOL S	STUDENTS	ALL ACROSS	THE UNITE	D STATES -					
GRADES 9 THROUGH 12TO CREATE A PO	STER THA	T VISUALLY	INTERPRET	S THE					
TIMELESS THEME, "YOU CAN MAKE A DIE	FERENCE.	" USING PH	OTOGRAPHS.	HAND-DRAWN					
PICTURES OR IMAGES CREATED WITH THE	E ASSISTA	NCE OF COM	PUTER GRAP	HICS, THESE					
PUPILS WORK TO ARTISTICALLY CONVEY	WHAT MAK	ING A DIFF	ERENCE IN	ACTION MEANS					
TO THEM. AT THE CHRISTOPHERS, WE TY	PICALLY	RECEIVE OV	ER 1,000 E	NTRIES EVERY					
YEAR, BOTH THROUGH OUR REGULAR MAII	AND VIA	E-MAIL. S	ARAH E. HO	LINSKI, OUR					
-									
OUTH COORDINATOR, ASSISTS WITH THE REVIEW PROCESS. THE STUDENTS ARE FIRST									

NOTIFIED OF THEIR WINNINGS VIA E-MAIL, AND LATER RECEIVE OFFICIAL LETTERS WITH THEIR PRIZES, DELIVERED DIRECTLY TO THEIR HOME ADDRESSES. OUR ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS IS CONDUCTED IN A SIMILAR MANNER. IN THIS COMPETITION, WE LOOK FOR VIDEOS 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. FIRST PRIZE IN THE CHRISTOPHERS' 36TH ANNUAL VIDEO CONTEST FOR COLLEGE STUDENTS WENT TO ALEXANDRA CARSON, A FILM AND TELEVISION MAJOR AT MISSOURI SOUTHERN STATE UNIVERSITY IN JOPLIN, MO. HER WINNING VIDEO, TITLED "MY FRIEND, DAVID, DOCUMENTS THE LIFE OF HER OLDER BROTHER DAVID, WHO HAS LOW-FUNCTIONING AUTISM, AND LETS HER AUDIENCE GET TO KNOW THE PERSON BEHIND THE CONDITION. "[DAVID] SHOWS ME WHAT IT MEANS TO BE ALIVE," CARSON SAID. "WHATEVER HE FEELS, HE FEELS WITH HIS WHOLE BEING WHEN I MENTION DAVIDHAS AUTISM, MOST PEOPLE FREEZE UPMAYBE IT'S FEAROF SAYING THE WRONG THINGOF LOOKING IGNORANTWHEN THAT FEAR DOESN'TSTOP USFROM ASKING QUESTIONSFROM IMPROVING AND GROWING, THEN MAYBE, THE WORLD CAN CHANGE. FIRST PRIZE IN OUR 34TH ANNUAL POSTER CONTEST FOR HIGH SCHOOL STUDENTS WAS AWARDED TO MATTELYN HALL, A SENIOR AT GROESBECK HIGH SCHOOL, LOCATED IN GROESBECK, TX. HALL UTILIZED WATERCOLOR PAINTS TO RECREATE A PHOTO OF HERSELF AND HER FELLOW AGRICULTURE CLUB (AG) MEMBERS TENDING TO THEIR COMMUNAL GARDEN'S ARRAY OF CROPS. "IN THIS PICTURE, MY AG TEACHER, PEERS, AND I WERE DIGGING UP POTATOES, " MATTELYN RECALLED. "WE DUG UP AROUND 100THAT DAY AND DONATED THEMI BELIEVE THAT GROWING ONE'S OWN FOOD, UNDERSTANDING THE HARD WORK THAT GOES INTO FARMING, AND LEARNING ABOUT AGRICULTURE ISIMPORTANTSOTHE POSTER HAS TWO MAIN MESSAGES: GIVE BACK TO THE

332291

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection

OMB No. 1545-0047

THE CHRISTOPHERS, INC.

 $Employer\ identification\ number \\ 13-1809274$

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u> X</u>			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5							
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:			77			
	The organization?	6a		X			
b	Any related organization?	6b		Х			
_	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х			
_	not described on lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9	L	1			

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY ELLEN ROBINSON	(i)	126,673.	0.	26,025.	11,400.	0.	164,098.	0.
PRESIDENT, AND SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY ROSSI	(i)	104,259.	0.	19,088.	11,400.	16,879.	151,626.	0.
DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>
	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							<u> </u>

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE CHRISTOPHERS, INC.								Employer identification number 13-1809274					
Dort I France D											74		
	enefit Transa												
	the organization a				ine 25a or 25b	o; or	Form 990-EZ, P	art V, I	ine 40)b			
1 (a) Name of disqualif	ied person	b) Relationship be person and o		(6	c) De	scription of trar	nsactio	n		(d) Corrected			
		person and t	organization	'	•						+	es	No
<u>(1)</u>											+	\dashv	
(2)											$+\!\!-$	\rightarrow	
(3)											$+\!\!-$	\rightarrow	
(4)												\rightarrow	
(5)												\rightarrow	
(6)												\perp	
2 Enter the amount of	tax incurred by th	e organization ma	nagers or d	isqualifie	d persons dur	ring tl	ne year under						
3 Enter the amount of	tax, if any, on line	2, above, reimbur	sed by the	organizat	tion				\$				
Part II Loans to	and/or From	Interested Per	rsons										
Complete if	the organization a	nswered "Yes" on	Form 990-	EZ, Part \	/, line 38a, or	Form	n 990, Part IV, li	ne 26;	or if th	he orga	anizati	on	
reported an	amount on Form 9	990, Part X, line 5,	6, or 22.										
(a) Name of	(b) Relations	hip (c) Purpose	(d) Loan to	or (e	e) Original	(f)	(f) Balance due (g) In				proved (i) Writter		Vritten
interested person	with organizat	tion of loan	organizatio	_{n?} princ	cipal amount						by board or committee?		ement?
			To Fro	m				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total	I	_			\$								
	Assistance E	Benefiting Inte	rested P	ersons									
	the organization a	•											
					c) Amount of		(d) Type	of.		10) Durr		
(a) Name of interested person		(b) Relationship between interested person and			assistance		assistance			(e) Purpose of assistance			
		the organiz											
(1)									-+				
(1)									\dashv				
(2)													

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

Schedule L (Form 990) 2023

(3) (4) (5) (6) (7) (8) (9) (10)

Schedule L (Form 990) 2023 THE Part IV Business Transactions Inv	CHRISTOPHERS, INC.		13-1809	1414	Page 2		
	=	th or 200					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's revenues?		
				Yes	No		
(1)MARK E JACKSON	FAMILY RELATIONSHIP	109,331.	EMPLOYMENT		Х		
(2)							
(3)							
(4)							
_(5)				1			
(6)							
(7)				+	-		
(8)				+			
(9)				+	_		
(10) Part V Supplemental Information							
	responses to questions on Schedule L. See i	nstructions.					
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:				
(A) NAME OF PERSON: MARK	E JACKSON						
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANTZAT	TON:				
FAMILY RELATIONSHIP WITH	THE PRESIDENT LISTED	IN PART VI	I				
(C) AMOUNT OF TRANSACTIO	N \$ 109,331.						
(D) DESCRIPTION OF TRANS	ACTION: EMPLOYMENT						
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO						

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

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

EVIL, BUT OVERCOME EVIL WITH GOOD." MOTIVATED BY A LOVE OF GOD AND

HUMANITY, ALL PEOPLE CAN BE CHRISTOPHERS - OR CHRIST-BEARERS - IN THE

COURSE OF THEIR DAILY LIVES BY SEEING PROBLEMS AND WORKING TO SOLVE

THEM WHERE THEY ARE AND AS BEST THEY CAN. CHRISTOPHERS SEE THESE

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

LHA 332211 11-14-23

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

Schedule O (Form 990) 2023

THE CHRISTOPHERS, INC. 13-1809274

AS SOURCES OF DIVINE LIGHT IN THE DARKNESS OF SOCIETAL ILLS AND

PERSONAL CHALLENGES. IN FACT, THE CHRISTOPHER APPROACH IS BEST SUMMED

UP IN OUR MOTTO, "IT'S BETTER TO LIGHT ONE CANDLE THAN TO CURSE THE

DARKNESS." SINCE 1945, WE HAVE USED OUR LITERATURE, BROADCASTS,

AWARDS, PRISON MINISTRY, AND YOUTH CONTESTS

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

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

INDIVIDUALS OR FAMILIES TROUBLED WITH THE PRESSING SOCIAL ILLS OF OUR

TIME, SUCH AS ADDICTION, DOMESTIC VIOLENCE, GRIEF, SUICIDE, MENTAL OR

PHYSICAL ILLNESS, AGING, DIVORCE, ANGER, SELF-ESTEEM PROBLEMS, LACK OF

COMMUNICATION, AND INTOLERANCE.

TWO OF OUR CHRISTOPHER NEWS NOTES "FINDING HOPE IN CHRIST'S

RESURRECTION" AND "FOLLOW GOD'S PATH TOWARDS JOY" RECENTLY EARNED

FIRST AND SECOND PRIZE, RESPECTIVELY, IN THE CATHOLIC MEDIA ASSOCIATION

AWARDS IN THE CATEGORY "BEST FEATURE ARTICLE: PRINT NEWSLETTER." THIS

IS THE SECOND YEAR IN A ROW IN WHICH OUR NEWS NOTES EARNED THESE TOP

PRIZES. JUDGES DESCRIBED THE NEWS NOTES AS AN "OUTSTANDING UNION OF

THEOLOGY WITH THE ISSUES FACED IN DAILY LIFE" AND AS EXPLORING "HOW TO

REACH FOR JOY IN THE DARKEST OF TIMES BY SEARCHING FOR EVEN A GLIMMER

OF HOPE."

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

41

Employer identification number

18051115 756359 1112160.000

Name of the organization

Name of the organization
THE CHRISTOPHERS, INC.

Employer identification number
13-1809274

POPULAR SOURCES OF INSPIRATION AND GUIDANCE WITH INMATES. AS ONE

PRISONER IN CHICAGO STATED, "IF IT IS FROM THE CHRISTOPHERS, IT IS

DONATIONS GIVEN FOR CHRISTOPHER MATERIALS HELP FUND FURTHER CHRISTOPHER

WORK. HOWEVER, MANY OF OUR MATERIALS ARE PROVIDED FREE TO THOSE IN

NEED. OUR SYNDICATED WEEKLY "LIGHT ONE CANDLE" COLUMNS ARE DISTRIBUTED

FREE-OF-CHARGE TO NEWSPAPERS AND WEBSITES WHO HAVE REQUESTED TO USE

THEM. OUR WEBSITE OFFERS FREE MATERIAL SUCH AS PRAYERS, NEWS NOTES, AND

"LIGHT ONE CANDLE" COLUMNS. IN ADDITION, THE CHRISTOPHERS' BLOG REACHES

A WIDE-RANGING AUDIENCE WITH ORIGINAL INTERVIEWS AND STORIES OF

INSPIRATION. ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK

AND X/TWITTER LINKS.

SPANISH OUTREACH THE CHRISTOPHERS RECOGNIZE THE IMPORTANCE OF SHARING

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

TRANSLATIONS FOR SOME OF OUR NEWS NOTES AND PRAYER CARDS.

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

AUDIENCE IN A POSITIVE WAY AND TO ENCOURAGE READERS AND VIEWERS TO TAP

INTO THE BETTER SIDE OF THEIR HUMAN NATURE BY SEEING POSITIVE EXAMPLES

PRESENTED TO THEM IN ENGAGING AND ENTERTAINING WAYS. THE ANNUAL

CHRISTOPHER AWARDS CEREMONY IS A HIGH-PROFILE MEDIA EVENT REGULARLY

HOSTED BY A FAMOUS TV PERSONALITY. RECENT WINNERS INCLUDE ABC NEWS

CORRESPONDENT AND VETERANS' ADVOCATE BOB WOODRUFF, PARALYMPIC CHAMPION

OKSANA MASTERS, AUTHOR AND "THIS IS US" STAR CHRISSY METZ, DOCUMENTARY

FILMMAKER KEN BURNS, CNN CORRESPONDENT AND AUTHOR JOHN BLAKE, PBS HOST

AND CHEF LIDIA BASTIANICH, AUTHOR AND HUMANITARIAN MARK K. SHRIVER,

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

WRITER/DIRECTOR/PRODUCER/ACTRESS BONNIE HUNT, "GENERAL HOSPITAL" STAR

AND MENTAL HEALTH ADVOCATE MAURICE BENARD, OLYMPIAN AND ADVOCATE FOR

SEXUAL ABUSE VICTIMS ALY RAISMAN, PLAYWRIGHT AND SONGWRITER LIN-MANUEL

MIRANDA, AND CHILDREN'S BOOK AUTHOR AND DISABILITY ADVOCATE ANITRA ROWE

SCHULTE.

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

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

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

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

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

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

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

AND ACCEPTANCE. IT REALLY SPOKE TO THE ISSUE OF BULLYING. I AM VERY

PROUD AT HOW GOD WORKS THROUGH ME TO SHINE A LIGHT, AND TO HELP HEAL A

LOT OF HURT IN A LOT OF PEOPLE, AND I AM VERY PROUD OF THIS AWARD."

AND AUTHOR AND HUMANITARIAN MARK K. SHRIVER WROTE, "GROWING UP, THE

CHRISTOPHERS AND THE CHRISTOPHER AWARD WERE WELL-KNOWN IN OUR HOUSE.

THEY STOOD FOR SPREADING THE GOOD NEWS OF THE GOSPEL. I WAS BEYOND

THRILLED WHEN BOTH 'A GOOD MAN: REDISCOVERING MY FATHER, SARGENT

SHRIVER' AND '10 HIDDEN HEROES' WON CHRISTOPHER AWARDS! BOTH BOOKS WERE

AN ATTEMPT TO ELEVATE AND CELEBRATE PEOPLE WHO LIVE LIVES DEDICATED TO

FEEDING THE HUNGRY, CLOTHING THE NAKED, SHELTERING THE HOMELESS AND

VISITING THOSE IN PRISONCARING FOR OTHERS. AND THAT'S WHAT THE

CHRISTOPHERS HAVE LONG DONE; THEY HAVE BEEN SHINING A LIGHT IN THE

DARKNESS, INSPIRING MILLIONS OF PEOPLE ALL ACROSS AMERICA, AND THE

Sch

WORLD. I AM SO PROUD TO BE ASSOCIATED WITH THEM!"

Name of the organization **Employer identification number** 13-1809274

THE CHRISTOPHERS, INC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ARCENEAUX; ACTRESS AND SINGER KRISTIN CHENOWETH; BROADCASTER, ENTREPRENEUR, AND ADVOCATE FOR WORKING MOTHERS PAULA FARIS; ABC NEWS ANCHOR AND CHRISTOPHER AWARD-WINNING CHILDREN'S BOOK AUTHOR LINSEY DAVIS; COUNTRY MUSIC LEGEND DOLLY PARTON; SINGER AND HUMANITARIAN HARRY CONNICK JR.; "GENERAL HOSPITAL" STAR AND MENTAL HEALTH ADVOCATE MAURICE BENARD; NEW YORK TIMES BEST-SELLING AUTHOR KATE BOWLER; NBC ANCHOR AND FILM PRODUCER RICHARD LUI; AUTHOR AND ANTI-POVERTY ADVOCATE MARK SHRIVER; ACTOR AND HUMANITARIAN GARY SINISE; AND ACTRESS/HUMANITARIAN BONNIE HUNT. EVERYDAY PEOPLE WHO ARE MAKING A DIFFERENCE ARE ALSO FEATURED ON THE PROGRAM. RECENT EXAMPLES INCLUDE SISTER CAROLINE TWEEDY, RSM, EXECUTIVE DIRECTOR OF ST. JOHN'S BREAD AND LIFE SOUP KITCHEN AND FOOD PANTRY; DEACON ED SHOENER, CO-FOUNDER OF THE ASSOCIATION OF CATHOLIC MENTAL HEALTH MINISTERS; ELIZABETH HUMPHREYS, WHOSE NONPROFIT "MIND WHAT MATTERS" OFFERS HELP AND HOPE TO CAREGIVERS FOR ALZHEIMER'S AND DEMENTIA PATIENTS; CHRISTOPHER AWARD-WINNING AUTHOR ANITRA ROWE SCHULTE, WHO ADVOCATES FOR CHILDREN WITH DISABILITIES; CHRISTOPHER AWARD-WINNING FILMMAKER TED GREEN, WHOSE DOCUMENTARY ABOUT BASEBALL GREAT CARL ERSKINE HIGHLIGHTED HIS ADVOCACY FOR RACIAL EQUALITY AND EMBRACE OF CHILDREN WITH SPECIAL NEEDS; SISTER LARRAINE LAUTER, FOUNDER OF THE CHARITY "WATER WITH BLESSINGS," WHICH PROVIDES WATER FILTERS TO COMMUNITIES IN IMPOVERISHED COUNTRIES; AND FATHER GREG BOYLE, FOUNDER OF HOMEBOY INDUSTRIES, WHICH IS THE LARGEST GANG INTERVENTION, REHABILITATION, AND REENTRY PROGRAM IN THE WORLD. THE WEEKLY PROGRAM AIRS ON SIRIUS-XM AND NUMEROUS OTHER STATIONS. PROGRAM IS ALSO AVAILABLE AS A FREE PODCAST THROUGH THE CHRISTOPHERS'

BLOG AND WEBSITEAND ON OUTLETS SUCH AS APPLE PODCASTS, AMAZON MUSIC,

THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

SPOTIFY, AND STITCHER. THE MODERN INCARNATION OF "CHRISTOPHER CLOSEUP"

CONTINUES A TRADITION STARTED IN 1952 BY OUR FOUNDER, FATHER JAMES

KELLER, WHEN HE BEGAN THE TELEVISION VERSION OF THE SHOW FEATURING SUCH

GUESTS AS BOB HOPE, JACK BENNY, BING CROSBY, MARIO LANZA, ART

LINKLETTER, AND MORE.

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

TO RADIO STATIONS NATIONWIDE, INCLUDING SIRIUS-XM'S THE CATHOLIC

CHANNEL. THEY PROVIDE LISTENERS WITH INSPIRATIONAL STORIES AND

PRACTICAL ADVICE ABOUT STAYING POSITIVE IN THE MIDST OF ADVERSITY.

"CHRISTOPHER MINUTES" ARE ALSO AVAILABLE ON OUR WEBSITE.

TELEVISION SEVERAL CLASSIC CHRISTOPHER FILMS FROM THE 1950'S AIR

PERIODICALLY ON EWTN. AND EACH YEAR DURING THE CHRISTMAS SEASON

NUMEROUS TV STATIONS AIR CHRISTOPHER SPONSORED CLAY-ANIMATIONS FOR KIDS

CONSISTING OF "THE FIRST CHRISTMAS," "THE CHIMES," "MICHAEL THE

VISITOR," AND "MARTIN THE COBBLER."

ALL OUR ONLINE ACTIVITIES ARE PROMOTED THROUGH FACEBOOK AND X/TWITTER.

CHRISTOPHER LEADERSHIP WORKSHOPS - THE CHRISTOPHER LEADERSHIP PROGRAM
OFFERS WORKSHOPS TO ADULTS. PARTICIPANTS EXPLORE LIFE'S PURPOSE AND
CHALLENGES, BUILD SELF-CONFIDENCE, DEVELOP LEADERSHIP QUALITIES, GROW
IN FAITH AND SPIRITUALITY, SHARPEN COMMUNICATION SKILLS, AND BECOME
MORE OPTIMISTIC. WE HOLD AN ANNUAL WEEKEND LEADERSHIP WORKSHOP AT THE
UNIVERSITY OF SAINT MARY OF THE LAKE, HOME OF MUNDELEIN SEMINARY AND
THE SCHOOL OF THEOLOGY FOR THE ARCHDIOCESE OF CHICAGO. MUNDELEIN IS

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

THE LARGEST MAJOR SEMINARY IN THE UNITED STATES AND DIOCESES FROM

AROUND THE COUNTRY SEND SEMINARIANS THERE FOR FORMATION. BY HOLDING OUR

ANNUAL COURSE AT MUNDELEIN, THE CHRISTOPHERS PARTICIPATE IN BUILDING UP

THE NEXT GENERATION OF LEADERS IN THE CHURCH. IN OUR WEEKEND COURSE AT

MUNDELEIN, SEMINARIANS AND LAYPEOPLE ENGAGE IN AN INVIGORATING

EXPLORATION OF LEADERSHIP SKILLS IN A RELAXED AND SUPPORTIVE

ENVIRONMENT.

THIS POPULAR COURSE CONTINUES TO CHANGE LIVES AND EMPOWER THE NEXT

GENERATION OF LEADERS TO IMPROVE THEIR COMMUNITIES AND REMAIN TRUE TO

THEIR FAITH. ONE RECENT GRADUATE WROTE, "THIS OPPORTUNITY IS AN

INVALUABLE GIFT THAT CHANGES LIVES, MY OWN AND OTHERS. IT'S

INSPIRATIONAL TO GO OUT INTO THE WORLD AS A LIGHT OF CHRIST AND MAKE A

DIFFERENCE.

PASTORAL

WE RECENTLY RECEIVED A BEAUTIFUL NOTE FROM ONE OF OUR SUPPORTERS,

FATHER MIKE, WHO WORKS IN VARIOUS MINISTRIES. HE WROTE, "I WANTED YOU

TO KNOW THAT I AM DEEPLY GRATEFUL FOR ALL THE MATERIALS THAT YOU HAVE

SENT TO ME, FREE OF CHARGE. IN PARTICULAR, THE [COPIES OF] THREE

MINUTES A DAY, VOLUME 58, HAVE BEEN GREATLY APPRECIATED. STORIES OF

MANY ORDINARY PEOPLE LEADING FAITH AND HOPE-FILLED LIVES CAN AND DO

GENERATE A LOT OF LIGHT AND POWERFUL IMPACTS. I AM CONTINUING TO

DISTRIBUTE COPIES HEREAT THE ALCOHOL AND OTHER DRUG RECOVERY CENTER, TO

GRADUATES FROM HIGH SCHOOL AND COLLEGE, AND IN VARIOUS PARISHES AS WELL

AS A HEALTH CARE FACILITYMAY GOD CONTINUE TO BLESS ALL THE WORK OF THE

CHRISTOPHERS ORGANIZATION."

Schedule O (Form 990) 2023

Name of the organization THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

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. CHAPLAINS, AS WELL AS

PRISONERS THEMSELVES, FREQUENTLY CONTACT OUR OFFICE TO EXPRESS THANKS

FOR THE MANY DONATED ITEMS WE MAKE AVAILABLE TO THEM.

WE SHARE OUR CHRISTOPHER MATERIALS WITH A BROAD SPECTRUM OF PEOPLE IN

NEED IN ORDER TO BRING THE LIGHT OF GOD'S LOVE TO HIS CHILDREN WHO

COULD USE A POSITIVE MESSAGE IN THEIR LIVES.

EXPENSES \$ 398,006. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,879.

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

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

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

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

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

REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE

ORGANIZATION'S 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

Name of the organization THE CHRISTOPHERS, INC.

Employer identification number 13-1809274

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

POSTED ON ITS WEBSITE, WWW.CHRISTOPHERS.ORG. IN ADDITION, FORMS 990 AND

1023 AS WELL AS THE CONFLICT-OF-INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRUST

-3,853.

FORM 990 PAGE 12, PART XII, LINE 2C

Schedule O (Form 990) 2023	Page 2
Name of the organization THE CHRISTOPHERS, INC.	Employer identification number 13-1809274
THE ORGANIZATION'S BOARD IS CHARGED WITH OVERSIGHT OF THE	AUDIT AND
SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS IS U	UNCHANGED FROM
LAST YEAR.	