

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. CHRISTOPHER'S INN, INC.		D Employer identification number 13-3668321
	Doing business as		E Telephone number (845) 335-1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	21 FRANCISCAN WAY, BOX 150		
City or town, state or province, country, and ZIP or foreign postal code GARRISON, NY 10524		G Gross receipts \$ 10,140,816.	
F Name and address of principal officer: FR. WILLIAM DROBACH, S.A., 21 FRANCISCAN WAY, BOX 150, GARRISON, NY 10524		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.STCHRISTOPHERSINN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1992 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ST. CHRISTOPHER'S INN, INC., IS A SUBSTANCE ABUSE PROGRAM AND HOMELESS SHELTER DEDICATED TO THE REHABILITATION OF MEN IN CRISIS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	113.
	6 Total number of volunteers (estimate if necessary)	6	22.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,700,214.	1,478,341.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,729,057.	6,033,432.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,969.	141,326.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,957.	119,475.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,666,197.	7,772,574.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,424,979.	5,894,646.
	b Total fundraising expenses (Part IX, column (D), line 25)	0	122,687.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	261,989.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,913,900.	1,971,371.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	8,338,879.	7,988,704.
	20 Total assets (Part X, line 16)	-672,682.	-216,130.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	5,912,128.	5,495,105.
		843,701.	697,721.
		5,068,427.	4,797,384.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>William F. Drobach</i>	Date 11/12/15
	Type or print name and title WILLIAM F. DROBACH, CEO/PRES	

Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature <i>Paul Hammerschmidt</i>	Date 11/17/15	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name BDO USA, LLP	Firm's EIN 13-5381590		Phone no. 212-885-8000	
	Firm's address 100 PARK AVENUE, NEW YORK, NY 10017				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<p>Type or print</p> <p>File by the due date for filing your return. See instructions.</p>	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	ST. CHRISTOPHER'S INN, INC.		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		13-3668321	
	21 FRANCISCAN WAY, BOX 150		Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		GARRISON, NY 10524		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MARK CAMPIONE
Telephone No. 845 335-1000 Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2015.
- For calendar year 2014, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE FROM THIRD PARTIES.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Mark Campione Title CHA, DA Date 8/12/15

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,011,320. including grants of \$ 0) (Revenue \$ 5,644,069.)

HUMAN SERVICES PROGRAMS, GENERAL/OTHER - ST. CHRISTOPHER'S INN, INC. PROVIDES OUTPATIENT TREATMENT SERVICES INCLUDING DAY REHABILITATION AND MEDICALLY SUPERVISED OUTPATIENT WITHDRAWAL TO MEN IN SHELTER FOR ALCOHOLISM AND SUBSTANCE ABUSE WHILE OPERATING UNDER NYS OASAS CERTIFICATE 01125430. THE ORGANIZATION ALSO OPERATES A FAMILY PROGRAM. IN 2014 THE ORGANIZATION HAD 56,170 ANNUAL CLIENT UNITS OF SERVICES.

4b (Code:) (Expenses \$ 2,610,648. including grants of \$ 0) (Revenue \$ 51,450.)

HOMELESS SHELTER PROGRAMS - ST. CHRISTOPHER'S INN, INC. OPERATES A 200 BED TEMPORARY SHELTER LICENSED BY THE NYS DEPARTMENT OF SOCIAL SERVICES FOR APPROXIMATELY 930 MEN, 18 AND OVER, ANNUALLY. THE ORGANIZATION PROVIDES FOOD, CLOTHING AND SHELTER FOR NEARLY 100 YEARS. IN 2014 THE ORGANIZATION HAD 62,206 SHELTER DAYS.

4c (Code:) (Expenses \$ 1,194,704. including grants of \$ 0) (Revenue \$ 212,116.)

HUMAN SERVICES PROGRAMS, GENERAL/OTHER - ST. CHRISTOPHER'S INN, INC. OPERATES A PRIMARY CARE DIAGNOSTIC TREATMENT FACILITY UNDER NYS ARTICLE 28, WHICH PROVIDES MEDICAL AND PSYCHIATRIC CARE TO ALL SHELTER RESIDENTS AND IS LICENSED UNDER THE NYS DEPARTMENT OF HEALTH. IN 2014 THE ORGANIZATION HAD 551 ANNUAL CLIENT UNITS OF SERVICE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 213,916. including grants of \$ 0) (Revenue \$ 125,797.)

4e Total program service expenses 7,030,588.