# Form **990**

# **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For th	ne 2018	calendar year, or tax year beginning	, 2018,	, and en	ding			, 20
			C Name of organization				D Employer ider	ıtificati	ion number
В	Check if	applicable:	ST. CHRISTOPHER'S INN	, INC.			13-3668	321	
_	Add		Doing business as						
$\vdash$	- char	ige ie change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/su	uite	E Telephone nur	nber	·
$\vdash$	7	-	21 FRANCISCAN WAY, BO	· ·		,,,,	(845) 33.		າດດ
-		alreturn Ireturn/	City or town, state or province, country,		<u> </u>		(043) 33.	J 10	700
$\vdash$	term	inated nded	• • • • • • • • • • • • • • • • • • • •	and ZiP or loreign postal code				•	12 200 024
$\vdash$	retur	rn (	GARRISON, NY 10524				G Gross receipts		13,308,824.
L	- beug	ication ling	F Name and address of principal officer:	SANDRA IBERGER			H(a) Is this a grousum subordinates		
				X 150, GARRISON, NY 10	524		H(b) Are all subordi	nates incl	luded? Yes No
1_	Tax-ex	xempt sta	atus: X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or	527	If "No," att	ach a lis	t. (see instructions)
J	Webs	ite: 🕨	WWW.STCHRISTOPHERSINN.C	PRG			H(c) Group exemp	tion nur	mber ►
ĸ	Form	of organ	ization: X Corporation Trust	Association Other	LY	ear of format	tion: 1992 M s	State o	of legal domicite: NY
Р	art I	Su	mmary						
	1		describe the organization's mission of	or most significant activities: ST. Cl	HRIST	OPHER'S	INN, INC	., I	S A
a	1	SUBS	STANCE ABUSE PROGRAM ANI	D HOMELESS SHELTER DED	ICATE	O TO TH	E	•	
ã			ABILITATION OF MEN IN C				-		
Ë	,					- than 250/	of its not seest		
Governance	2		this box   if the organization of	•				1	12.
S.	3		er of voting members of the governing					3	12.
S	4		er of independent voting members of					4	
Activities &	5		number of individuals employed in cale					5	127.
ફ	6		number of volunteers (estimate if neces					6	31.
⋖	7a	Total ι	inrelated business revenue from Part V	'III, column (C), line 12				7a	0.
	b	Net un	related business taxable income from	Form 990-T, line 38				7b	1,710.
							Prior Year		Current Year
a	8	Contril	butions and grants (Part VIII, line 1h)				2,074,93	6.	2,106,336.
Revenue	9		m service revenue (Part VIII, line 2g)				7,453,57	1.	7,476,502.
Š	10		ment income (Part VIII, column (A), line				127,40	1.	197,956.
ŭ	11		revenue (Part VIII, column (A), lines 5,				212,04		424,088.
	12		evenue - add lines 8 through 11 (mus				9,867,94		10,204,882.
							3,00,,00	0.	0.
i	13		and similar amounts paid (Part IX, col	• • • • • • • • • • • • • • • • • • • •			***	0.	0.
	14		ts paid to or for members (Part IX, colu				7,122,88	* *	6,541,152.
Ses	15		es, other compensation, employee ben						
Expenses			sional fundraising fees (Part IX, columr		190,98	0.1	0.		
хp	þ	Total f	undraising expenses (Part IX, column (	D), line 25) ▶ 303,795	•				
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)			2,190,54	2,766,674.	
	18	Total e	xpenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)			9,504,40	9.	9,307,826.
	19	Reveni	ue less expenses. Subtract line 18 fron	n line 12			363,53	9.	897,056.
s or						Begin	ning of Current Y	ear	End of Year
Net Assets Fund Balanc	20	Total a	ssets (Part X, line 16)				6,915,11	1.	7,421,494.
Sa Ba	21		abilities (Part X. line 26)				651,44	5.	642,038.
를	22		sets or fund balances. Subtract line 21	from line 20			6,263,66	6.	6,779,456.
	rt II		nature Block	non me ze, , , , , , , , , , , , , , , , , ,	····	• • • • • • • • • • • • • • • • • • • •			
			perjury, I declare that I have examined thi	is return including accompanying schedu	iles and s	tatomente a	nd to the hest of	my kn	owledge and helief it is
true	, corre	ct, and c	omplete. Declaration of preparer (other than	officer) is based on all information of which	ch prepar	er has any kn	owledge.	my Ka	owicago and bollor, it is
Sigi	n	- a	ignature of officer				Date		· · · · · ·
ler			ngriature or onicer				Date		
101	•				<del></del> .				
			ype or print name and title						
		Print/T	ype preparer's name	Preparer's signature	Date			if PT	in
aid		PAUL	HAMMERSCHMIDT	Fathoursolis,	11/	/13/201			P01384178
	arer	Firm's ı	name ▶BDO USA, LLP				Firm's EIN ▶ 13	3-53	81590
JSE	Only		address >100 PARK AVENUE,	NEW YORK, NY 10017-500	1				85-8000
lav	the I		ccuss this return with the preparer	· · · · · · · · · · · · · · · · · · ·			rilolie ilo.		X Yes No
			aduction Act Notice, see the senarate		<u></u>			<del></del>	Form <b>QQQ</b> (2018)

JSA 8E1020 1.000

Form **990** (2018)

	990 (2018)		F	age 3
Par	t IV Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	140
1	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3,7
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
9	complete Schedule D, Part III	0		<u> </u>
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	37,777		
	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		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	l.,		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a roothole 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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		i	v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.	]	Х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.0		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	Ì		
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
ч	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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ì
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20d		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV	28b	-	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		Х	
	or IV, and Part V, line 1	34	Λ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	٠		
	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			v
	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			v
	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 in Schedule O for Part VI, lines 11b and		х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	^	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Vac I	X No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Effect the number reported in Box of Form 1000. Effect of infect applicable 1.1.1.1.1.		i	
	Litter the number of Forms VV-2G included in line 1a. Litter -0- is not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	,	٠,	
	reportable gaming (gambling) winnings to prize winners?	1c	X	(2018)
		rorm	<i>33</i> 0 (	ZU181

Pa.	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 127			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
<b>L</b>		-		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?			ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X	
	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f				12
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<b></b>
9	Sponsoring organizations maintaining donor advised funds.			ļ
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		- 1	
	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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	İ	j	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
				_

Sec	tion 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   1a   12	·		
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3,7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	X	
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?	/ a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	, , , ,	124	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
_	rise to conflicts?	120		
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Ì	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup rac{NY}{r}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sect	ion 50	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicy,	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records JIM MICKLER, 21 FRANCISCAN WAY, BOX 150, GARRISON, NY 10524			
		_		

Form **990** (2018)

Part VII	Ć	ompensation	of	Officers.	Directors.	Trustees.	Kev	Employees.	Highest	Compensated	Employees.	and
		dependent Co			,	,,,	,	,p.:0,,000,			,	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest employe Key emp Officer Institutio				is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MARK M. GOLDBERG	1.00	i								
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)DONALD EHMAN	1.00									
VICE-CHAIRMAN	0.	Х		Х				0.	0.	0.
(3)FR. DENNIS POLANCO, S.A.	40.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(4)FR. CHARLES SHARON, S.A.	1.00									•
SECRETARY	0.	Х		Х				0.	0.	<u>0</u> .
(5)DR. PATRICIA LENNON	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(6)VALERIE MASTRONARDI	1.00									
BOARD MEMBER	0.	X						0.	0.	<u> </u>
(7)ALAN MECKLER	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8)GUY NOVO	1.00									
BOARD MEMBER	0.	X						0.	0.	<u>0</u> .
(9)BR. JOSEPH O'GARA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10)ROBERT V. OKULSKI	1.00									
BOARD MEMBER	0.	Χ						0.	0.	0.
(11)ELAINE TAYLOR	1.00				i					
BOARD MEMBER	0.	Х						0.	0.	0.
(12)KEVIN VERRONEAU	1.00									
BOARD MEMBER	0.	X						0.	0.	<u> </u>
(13) SANDRA IBERGER	40.00									
EXECUTIVE DIRECTOR/CEO	0.			Χ				243,157.	0.	32,152.
(14) JAMES MICKLER	20.00						- }			
CFO/TREASURER	20.00			Х				85 <b>,</b> 260.	85,260.	16,157.

Form 990 (2018)

Form	1 990 (	(2018)	ST. CHRIST	OPHER'S INN	, INC.		13-3668	32⊥ Page <b>9</b>
Pa	rt VI	Statement of Reve	nue					
		Check if Schedule O c	ontains a respo	nse or note to ai	ny line in this Part V	<u>III</u>		<u> </u>
	. (4)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
돌 돌	1a	Federated campaigns	<u>1a</u>			•		
San on	b							
S, E	c			238,179.				
활혈	d	Related organizations	1 1					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contribu	utions) 1e					
utio	f	All other contributions, gifts,	grants,					
흕		and similar amounts not include	dabove . 1f	1,868,157.				
Sag	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<del> </del>		2,106,336.		<del> </del>	
eun		WEDTALD DETABLISADING		Business Code	7 100 056	7 100 056		
Rev	2a	MEDICAID REIMBURSEMENTS		623990	7,102,856. 182,716.	7,102,856.		<del> </del>
Program Service Revenue	b	PRIVATE INSURANCE FEES TITLE CONGREGATE CARE INC	COME	623990	182,716.	182,716. 120,777.	art	
ē	c	SELF PAY FEES	SOME	623990	64,809.	64,809.		
E	d	DSS-SHELTER PAYMENT	·	623990	5,728.	5,728.		
gra	e f	All other program service rev	(entre		-384.	-384.		
Pro	g	Total. Add lines 2a-2f			7,476,502.			
	3	Investment income (in	cluding divider	nds, interest,				
		and other similar amounts).		<b>&gt;</b>	153,009.			153,009
	4	Income from investment of	tax-exempt bond	proceeds . >	0.	4.00		
	5	Royalties			0.			ļ
			(i) Real	(ii) Personal				
	6a	Gross rents	64,690.					
	b	Less: rental expenses						
	C	Rental income or (loss)	64,690.	· .	64 600	C4 600		
	d	Net rental income or (loss).	(i) Securities	(ii) Other	64,690.	64,690.		<del> </del>
	7a	Gross amount from sales of assets other than inventory	3,028,726.	``				
		•	3,020,120.					•
	b	Less: cost or other basis and sales expenses	2,983,779.					
	С	Gain or (loss)						
	d	Net gain or (loss)			44,947.			44,947
a	8a	Gross income from fundra						
nua		events (not including \$	238,179.					1
Zev.		of contributions reported on	line 1c).		1			
Other Revenue		See Part IV, line 18	a	120,163.				
튱	b	Less: direct expenses		120,163.				
	С	Net income or (loss) from fu	_		0.			
	9a	Gross income from gaming See Part IV, line 19		0.				
	b	Less: direct expenses	b	0.				
	C	Net income or (loss) from g	aming activities.		0.			
	10a	Gross sales of inventoreturns and allowances		0.				
	b	Less: cost of goods sold		0.				
	С	Net income or (loss) from sal	es of inventory	▶	0.			
		Miscellaneous Revenue	9	Business Code				
	11a	VENDING & EMPLOYEE MEALS		900099	73,387.			73,387.
	b	OTHER INCOME		900099	286,011.	1,099.		284,912.
	C							<del> </del>
	d	All other revenue	. <i></i>					<b> </b>

359,398.

7,542,291.

10,204,882.

e Total. Add lines 11a-11d . . . . . . . .

Total revenue. See instructions. . . .

556,255.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response		in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations		•		
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	522,464.	475,443.	36,573.	10,448.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,692,595.	4,252,079.	448,111.	-7,595.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	68,895.	62,495.	6,569.	-169.
9 Other employee benefits	646,489.	583,192.	62,809.	488.
10 Payroll taxes	610,709.	554,563.	55,681.	465
11 Fees for services (non-employees):				,
a Management	0.			
b Legal	0.	7		
c Accounting	79,543.		79,543.	
<b>I</b>	0.			
d Lobbying	0.			· · · · · · · · · · · · · · · · · · ·
e Professional fundraising services. See Part IV, line 17 f Investment management fees	24,530.		24,530.	
l de la companya de				
g Other. (If line 11g amount exceeds 10% of line 25, column	630,122.	315,492.	153,634.	160,996.
(A) amount, list line 11g expenses on Schedule O.)	16,402.	14,804.	335.	1,263
12 Advertising and promotion	321,193.	236,652.	17,150.	67,391.
13 Office expenses	87,404.	63,204.	5,063.	19,137
14 Information technology	0,,101.	03,201.	3,003.	
15 Royalties	635,760.	613,415.	22,345.	
16 Occupancy	50,010.	49,916.	94.	
17 Travel	30,010.	49,910.	74.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.	14 207	7 202	1.01
19 Conferences, conventions, and meetings	21,681.	14,297.	7,283.	101.
20 Interest	0.			,.,
21 Payments to affiliates	0.	160 665	01 005	
22 Depreciation, depletion, and amortization	190,900.	169,665.	21,235.	
23 Insurance	126,013.	109,212.	16,799.	2.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aFOOD PROVIDER	237,791.	237,791.		
bBAD DEBT	114,052.	114,052.		
cVIDEO PRODUCTION	24,500.			24,500.
dDUES AND SUBSCRIPTIONS	10,855.	9,938.	917.	
e All other expenses	195,918.	141,660.	27,490.	26,768.
25 Total functional expenses. Add lines 1 through 24e	9,307,826.	8,017,870.	986,161.	303,795.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if				· · · · · · · · · · · · · · · · · · ·
following SOP 98-2 (ASC 958-720)	81,777.	15,367.		66,410.
	<del> </del>			Form <b>990</b> (2018

### Part X Balance Sheet

		Check if Schedule O contains a response of	or not	e to any line in this Pa	art X		
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			387,439.	1	741,465.
	2	Savings and temporary cash investments			315,922.	2	414,035.
	3	Pledges and grants receivable, net			285,598.	3	191,182.
	4	Accounts receivable, net			521,395.	4	505,378.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompe	nsated employees.			
Ø	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	0.	5	0.		
Assets	7	Notes and loans receivable, net			0.	7	0.
Ass	8	Inventories for sale or use			0.	8	0.
•	9	Prepaid expenses and deferred charges			111,772.	9	81,091.
	10 a	Land, buildings, and equipment: cost or					,
				3,432,153.			
	b	Less: accumulated depreciation	10b	2,211,482.	838,408.		1,220,671.
	11	Investments - publicly traded securities			4,453,460.		4,266,740.
	12	Investments - other securities. See Part IV, line 11		<u>.</u>	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	١		0.		0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			1,117.	15	932.
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	6,915,111.	16	7,421,494.
	17	Accounts payable and accrued expenses			558,061.	17	587,053.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	45,410.	19	16,120.		
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.		
S	22	Loans and other payables to current and for	officers, directors,		ľ		
Liabilities		trustees, key employees, highest compen-	sated	employees, and			
iabi		disqualified persons. Complete Part II of Schedule	L	<i></i> <u>.</u>	0.	22	0.
	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	25,349.	23	16,990.
	24	Unsecured notes and loans payable to unrelated to	third p	arties	0.	24	0.
	25	Other liabilities (including federal income tax,	payab	les to related third			•
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			22,625.		21,875.
	26	Total liabilities. Add lines 17 through 25	<u>.</u>		651,445.	26	642,038.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here   X and			
au	27	Unrestricted net assets		<i>.</i> <u>.</u> _	6,256,654.	27	6,487,556.
Bal	28	Temporarily restricted net assets		<i></i> <u>.</u>	0.	28	0.
밀	29	Permanently restricted net assets		<i></i> <u></u> [	7,012.	29	291,900.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	, chec	chere 🕨 💹 and			
Š	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equi	ipmen	t fund		31	***************************************
Net Assets	32	Retained earnings, endowment, accumulated inco	me, c	or other funds		32	
Š	33	Total net assets or fund balances			6,263,666.	33	6,779,456.
- 1	34	Total liabilities and net assets/fund balances			6,915,111.	34	7,421,494.
							Form <b>990</b> (2018)

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Form 9	90 (2018)			Р	age <b>12</b>		
Part		•	•				
	Check if Schedule O contains a response or note to any line in this Part XI	11	10	204,	882.		
1 2	Total revenue (must equal Part VIII, column (A), line 12)	2		,307,			
3	Revenue less expenses. Subtract line 2 from line 1	3		897,056.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	6,263,666.			
5	Net unrealized gains (losses) on investments	5		-381,266.			
6	Donated services and use of facilities	6			0.		
-	7 Investment expenses						
8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	6.	,779,	456.		
Part		•					
	Check if Schedule O contains a response or note to any line in this Part XII						
				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," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2	1	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:				i		
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		21	) X	ļ		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited 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			$\mathbf{x}$			
	of the audit, review, or compilation of its financial statements and selection of an independent ac		<b>I</b>	<u> </u>	-		
	If the organization changed either its oversight process or selection process during the tax year,	explain	in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth		_	Х		
	the Single Audit Act and OMB Circular A-133?		3	2	1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such as		ne 3				
	required addit of addits, explain why in ochequie of and describe any steps taken to didding such at	ulla.		m 990	(2018)		

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13-3668321

ST	. CI	HRISTOPHER'S INN, I	INC.				13-36683	21
Pa	rt l	Reason for Public Ch	arity Status (All	organizations must	comple	te this p	art.) See instructions	S.
		anization is not a private for						
1	ΓŤ	A church, convention of ch		•	-	-	•	
2		A school described in sect	ion 170(b)(1)(A)(ii	). (Attach Schedule E	(Form 9	90 or 990	)-EZ).)	
3		A hospital or a cooperative	e hospital service o	organization described	in section	on 170(b	)(1)(A)(iii).	
4		A medical research organi	ization operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	)(iii). Enter the
		hospital's name, city, and s	state:					
5		An organization operated	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (	Complete Part II.)					
6		A federal, state, or local ge	overnment or gove	ernmental unit describe	ed in sec	tion 170	(b)(1)(A)(v).	
7	X	An organization that norm	nally receives a su	bstantial part of its si	upport fr	om a go	vernmental unit or fr	om the general public
		described in section 170(b	)(1)(A)(vi). (Comp	lete Part II.)				
8		A community trust describe	ed in section 170(	b)(1)(A)(vi). (Complete	e Part II.)	)		
9		An agricultural research or	rganization describ	ed in <b>section 170(b)</b> (1	l)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	-grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state o	f the college or
		university:						
10		An organization that normal receipts from activities rela support from gross investracquired by the organization	ated to its exempt ment income and u on after June 30, 1	functions - subject to inrelated business tax 975. See <b>section 509</b>	certain e able inc (a)(2). (	exceptior ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III.)	ın 331/3 % of its
11	Щ	An organization organized	•	•	-			
12		An organization organized	•	•				•
		of one or more publicly su	• •					
		Check the box in lines 12a	-					
а	_		•	•			- · · · · · · · · · · · · · · · · · · ·	
		the supported organization	• •			ajority o	f the directors or truste	ees of the
_		supporting organization.						
b	_	J Type II. A supporting org						
		control or management			tne sam	e persoi	ns that control or mar	age the supported
		organization(s). You mus	•					the test a secretarily contain
С	L	J Type III functionally inte	- , ,					ily integrated with,
		its supported organization		•				itad arganization(a)
d	L	J Type III non-functionally						
		that is not functionally int requirement (see instruct	-	•			=	u an altentiveness
е		Check this box if the orga						II Type III
G	ـــــ	functionally integrated, or						n, rype m
f	Ent	er the number of supported					iioii.	
g		vide the following informati	_				,	
		me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•			(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					1	1		
A)								
<b>D</b> \								
B)								
C)								
C)					]			
D)		•						
<u></u>				1/1, 1/1/ · · · · · · · · · · · · · · · · ·				
E)								
ota								
ULA	1		ı			· •	1	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,478,341.	3,754,018.	1,728,951.	2,074,936.	2,106,336.	11,142,582.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,478,341.	3,754,018.	1,728,951.	2,074,936.	2,106,336.	11,142,582.
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)						2,464,578.
6	Public support. Subtract line 5 from line 4		<u></u>				8,678,004.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	1,478,341.	3,754,018. 114,658.	1,728,951. 126,655.	2,074,936.	2,106,336. 153,009.	11,142,582. 658,567.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	117,475.	90,937.	224,300.	196,600.	358,299.	987,611.
11	Total support. Add lines 7 through 10						12,788,760.
12	Gross receipts from related activities, etc. (s	•				12	34,944,036.
13	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp			d, third, fourth,	or fifth tax yes	ar as a section	501(c)(3) ▶
				44	1	44	67.86 <b>%</b>
14	Public support percentage for 2018 (lin Public support percentage from 2017 states)						69.91%
15	331/3% support test - 2018. If the org						
Iva	box and <b>stop here</b> . The organization qu						
h	331/3% support test - 2017. If the org	-	•	-			
~	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 2	•		_			
		_					
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Explain in Part VI how the organization supported organization Private foundation. If the organization						
	instructions						▶□

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business 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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				-		
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organizat	ion's first, seco	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.						▶
Sec	ion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8,	column (f), divide	ed by line 13, colu	nn (f))		15	%
16	Public support percentage from 2017 Sche	dule A, Part III, line	e 15			16	%_
Sect	ion D. Computation of investment						
17	Investment income percentage for 2018 (lir	ne 10c, column (f	), divided by line	3, column (f))		17	%
18	Investment income percentage from 2017					18	%
19 a	331/3% support tests - 2018. If the org					than 331/3 %, a	and line
	17 is not more than 331/3%, check this						
b	33 1/3 % support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check						
	Private foundation. If the organization of						
JSA						hedule A (Form 9	

### Part IV **Supporting Organizations**

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

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_	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part	t V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		·
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		!
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	88		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

10b

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below. He governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a supported organization.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of several times during the tax year? If 'No, 'describe in Part W how the supported organization's elected by the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of the organization of the supported organization? If 'No, 'describe for the benefit of any supported organization? If 'No, 'describe in Carrellow organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operated, supervised, or controlled the supporting organization.  1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations? If 'No, 'describe in Part Vi how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the organization person organization was vested in the same persons that controlled or managed the organization and the power in the power	Pari	Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (p) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entire to a person described in (a) above?  c A 35% controlled entire to a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "Nc," describe he Part V how the supported organization's directors or trustees at all times during the tax year.  2 Did the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or or remove directors or trustees entolated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  3 Did the organization of promision organizations.  4 New remaining organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "Nc," describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization supported organization's activation or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization's provide to each of its supported organization's provide described by the supported organization's provide to each of its supported organization's or or the organization's poventing Organizations and experiments and the organization's provide described by a supported o				Yes	No
below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? // "Yes" to e, b, or c, provide detail in Part V.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? // "No," describe in Part VI how the supported organization's describe how the power to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or resinitions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the than the supported organization (s) that operated, supervised, or controlled the supporting organization.  3 Section C. Type II Supporting Organizations  4 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization.  5 Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the least day of the fifth month of the organization provide organization provided organization and the supporting organization was vested in the same persons that controlled or managed the erganization supported organizations or trustees or five the organization is tax year, (i) a copy of the Form 990 that was most recently filed as of the dete of notification, and (ii) copies of the organization maintained a close and continuous working reliationship with the support provided during the provided?  2 Were any of the organization's governing body of a supported organizations and proving a supported organizations and explain this regard.  3 Parent of Supported Organizations and explain this regard in directing the use of the organization	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe he Part V how the supported organization's detivities of the organization's entitles. If the organization had more than one supported organization, describe how the powers to appoint audror remove directors or trustees we all cliented moral than the supported organization of a providing such hencif carried out the purposes of trustees were allocated among the supported organization (a) that operated, supervised, or controlled the supporting organization or restrictions, if any, applied to such powers during the tax year.  1 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization organization or restrictions, if any, applied to such powers during the tax year.  3 Were a majority of the organization's directors or trustees of end the time than the supported organization (a) that operated, supporting organization.  4 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization or trustees of each of the organization supported organizations, by the last day of the fifth month of the organization in provide organization in the supported organization or manager the supported organization organization in the supported organization organization organization in the supported organization organization in Part VI how control organization organization in Part VI how control organization and the supported organization organ	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide datal in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's electively operated, supervised, or controlled the organization's activities. If the organization and what conditions and what conditions or resirctions, If any, applied organization and what conditions are under those, If any, applied organization and what conditions are visitions, If any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the then the supported organization of the supported organization of the supported organization of the supported organization of the supported organization. If Yes, "Explain in Part VI how providing such benefit carried out the purposes of the supported organization of the supported organization of the supporting organization or trustees during the tax year also a majority of the directors or trustees of each of the granization supported organizations of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or managed the supported organization tax year, (i) a copy of the Form 1990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not reviewly provided?  2 Were any of the organization's directors, or trustees either (i) appointed organizations and explain this regard.  3 Parent of long particular to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) the organization is su					ļ
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part V how the supported organizations of directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization of the conditions or restrictions, if any, applied to such powers during the tax year.  3 Did the organization benefit carried out the purposes of the supported organization(s) that operated, supporting organization of the trustees of each of the organizations described the supporting organization.  3 Exection C. Type II Supporting Organizations  4 Were a majority of the organizations supported organizations are provided productions.  5 Section D. All Type III Supporting Organizations was wested in the same persons that controlled or managed the supported organization provided productions.  5 Section D. All Type III Supporting Organizations was wested in the same persons that controlled ormanized the supported organization was vested in the same persons that controlled ormanized the supported organization provided organization provided to each of its supported organization, to the extent or provided organization provided organization provided organization or supported organization, and (p) copies of provided?  2 Were any of the organization's include the supported organization or the province organization or the province organization organization was responsible to the copies and in directing the use of the organization organization was responsible to the organization was responsible to the organization was responsible to t		· · · · · · · · · · · · · · · · · · ·	-		
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regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part M how the supported organization, a describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's appointed organization's live organization or management of the supporting organization was vested in the seme persons that controlled or managed the supporting organization was vested in the seme persons that controlled or managed the supported organization or solventy organization or support provided during the prior organization's tax year, (i) a written note describing the type and a mount of support provided during the prior organization's powering body in the organization's powering body in the organization's powering body of a supported organization, and (ii) copies of the organization governing documents in effect on the date of notification, to the extent not previously provided?  2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving in the governing body of a supported organization's provided organization's investment policies and in directing the use of the organization's provided organization's invest				res	NO
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or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a writen notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard.  3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer (a) and (b) below.  2 Activities Test. Answer (a) and (b) below.  3 Did the activities described in (a) constitute activities during the tax year directly further the exempt purposes, how the organization's supported organization's and explain how these activities directly furthered their exempt purposes, how the organization's supported organization's and explain how these activities derivative activities and the proper organization and explain how these activi				Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filled as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization's.  3 By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  5 Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer (a) and (b) below.  3 The organization is the parent of each of its supported organizations. Complete line 3 below.  4 Companization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  5 Poil during the organization's activities during the tax year directly further thee exempt purposes of the supported organization's activities during the tax year directly further their exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes of the supported organization's activities during the tex year directly furthered their exempt purposes of the supported organization's posi		or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  3a  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2a		
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	b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Check here if the organization satisfied the Integral Part Test as a qualifinstructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income  Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)			
Section A - Adjusted Net Income  1 Net short-term capital gain 2 Recoveries of prior-year distributions	1 2 3 4		(B) Current Year
2 Recoveries of prior-year distributions	2 3 4		
	3 4		
	3 4		
4 Add lines 1 through 3.	5		
5 Depreciation and depletion			
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	.,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	· <u>····································</u>	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Sched	ule A (Form 990 or 990-EZ) 2018  Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page <b>7</b>
_	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6	te talana ana ana ana ana ana ana ana ana an		
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013		:	
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h		,	
	and 4b from line 1. For result greater than zero, explain in		i	
	Part VI. See instructions.			
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
				<b></b>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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.)

		<del></del>			ATTACHMENT 1	
SCHEDULE A, PART II	- OTHER INCOM	E				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
VENDING & EMPLOYEE MEALS	62,669.	77,813.	81,208.	86,122.	73,387.	381,199.
OTHER INCOME	54,806.	13,124.	143,092.	110,478.	284,912.	606,412.
TOTALS	117,475.	90,937.	224,300.	196,600.	358,299.	987,611.

### Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

Name of the organization		Employer identification number
ST. CHRISTOPHER'S	INN, INC.	
		13-3668321
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization i	s covered by the General Rule or a Special Rule.	
. •	(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year y or property) from any one contributor. Complete Parts I and II. See contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (F and that received from any one contributor, during the year, total cor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ	Form 990 or 990-EZ), Part II, line ntributions of the greater of <b>(1)</b>
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, total contributions of more than \$1,000 exclusively for relional purposes, or for the prevention of cruelty to children or animals b) instead of the contributor name and address), II, and III.	ligious, charitable, scientific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 o	rposes, but no such ntributions that were received any of the parts unless the charitable, etc., contributions
90-EZ, or 990-PF), but it <b>m</b>	at isn't covered by the General Rule and/or the Special Rules doesn' ust answer "No" on Part IV, line 2, of its Form 990; or check the box to certify that it doesn't meet the filing requirements of Schedule R.F.	x on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization ST. CHRISTOPHER'S INN, INC.

Employer identification number 13-3668321

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE GIFT OF HOPE FOUNDATION, INC. 501 SILVERSIDE ROAD, SUITE 123	<b>\$</b> 500,000.	Person X Payroll Noncash
	WILMINGTON, DE 19809		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROLEX WATCH U.S.A.		Person X Payroll
	665 5TH AVENUE, 6TH FLOOR	<b>\$ 1</b> 00,000.	Noncash (Complete Part II for
	NEW YORK, NY 10022		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	ESTATE OF STEPHEN L. CROWLEY  14 W. VIEW ROAD  OLD SAYBROOK, CT 06475	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE WASILY FAMILY FOUNDATION  2711 CENTERVILLE ROAD, PMB 1041  WILMINGTON, DE 19808	\$\$	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
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ST. CHRISTOPHER'S INN, INC.

Employer identification number

		13-3	668321
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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
<del></del>		     \$	

Name of organization ST. CHRISTOPHER'S INN, INC.	lame of	organization	ST.	CHRISTOPHER'	S	INN,	INC
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name or o	rganization ST. CHRISTOPHER'S INN	, INC.		13-3668321
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions.	the year from any or tions completing Part II ne year. (Enter this info	ne contributor. Cor I, enter the total of or rmation once. See	nplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	and ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	and ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		p of transferor to transferee
	rransieree's name, audress, at	IU 4IF T 4	Relationsm	p of transferor to transferee

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

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

st	. CHRISTOPHER'S INN, INC.	13-3668321
Pá	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II 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).	
		on of a historically important land area
		on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	finated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspe	ection handling of
5	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations and enforcing of violations.	
•	b	oncontation deciments daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
•	<b>▶</b> \$	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide, in Part XIII, the text of the footnote to its financial statements that de	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	escribes these items.
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ec public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
.a	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶\$

	edule D (Form 990) 2018									Page Z
Pa	art    Organizations Maintaini									
3	Using the organization's acquisition	n, accession	i, and other	records, c	heck any of	f the follo	wing that are a si	gnificant	use c	of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Lo	an or excha	inge progr	ams			
b	Scholarly research		е	o	ther					
С	Preservation for future gener	rations				<del></del>				
4	Provide a description of the organ		lections and	explain h	ow they fur	ther the c	rganization's exem	ant purpo	se in	Part
-	XIII.									
5	During the year, did the organizatio	n solicit or re	ceive donatio	nne of art	historical tre	easures o	r other similar			
5	assets to be sold to raise funds rath							Yes		No
Do	ort IV Escrow and Custodial A			as part or	ine organiza	110113 0011	conon:			
Fc	Complete if the organiza			Form 00	n Part IV	line 9 or	reported an amo	unt on F	orm	
	990, Part X, line 21.	tion answer	eu res on	i Oiiii Se	o, i aitiv,	ilitic 5, oi	reported air airio	unit on i	01111	
40	Is the organization an agent, truste	o quetadian	or other into	rmodianu	or contribut	ions or oth	or accete not			
та								Yes		No
	included on Form 990, Part X?								,	] 140
b	If "Yes," explain the arrangement in	n Part XIII ar	a complete t	ne tollowin	g table:		A == = =			
					-	_	Amou	nt		
С	Beginning balance									
d	Additions during the year					- 1				
е	Distributions during the year				Г					
f	Ending balance								<del></del> _	1
	Did the organization include an am-							Ye:		No
b	If "Yes," explain the arrangement in	n Part XIII. C	heck here if t	he explan	ation has bee	en provide	d on Part XIII		<u></u>	
Pa	rt V Endowment Funds.									
	Complete if the organiza	tion answei	ed "Yes" on	Form 99						
		(a) Current	year (t	) Prior year	(c) Two	years back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains,									
C	and losses									
_4	1									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									-10
g	End of year balanceL									
2	Provide the estimated percentage			alance (line	1g, column	(a)) held a	ıs:			
а	Board designated or quasi-endowm		%							
	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment		%							
	The percentages on lines 2a, 2b, a		•							
3 a	Are there endowment funds not in t	he possessi	on of the orga	anization 1	hat are held	l and adm	inistered for the			
	organization by:								Yes	No
	(i) unrelated organizations					<i>.</i>		. 3a(i)		
	(ii) related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	d organizatio	ns listed as re	equired on	Schedule R?	?		. 3b		
4	Describe in Part XIII the intended us									
-	H.V. Land, Buildings, and Equ	ipment.								
	Complete if the organiza	<u>tion answe</u>								
	Description of property	(a)	Cost or other ba (investment)	isis (b) (	cost or other bas (other)	sis (c) A	ccumulated preciation	(d) Book v	alue	
1-	Land		(macanineur)	<del>   </del>	(otrier)	ue,	o o o o o o o o o o o o o o o o o o o			
	Land		<u> </u>					<del></del>		·····
b	Buildings				2,336,67	2 1	319,673.	1 0	16,9	999
	Leasehold improvements		·							
	Equipment		<del> </del>		768,47		578,408.		90,0	
	Other				327,00		313,401.		13,6	
ota	I. Add lines 1a through 1e. (Column	(d) must equ	al Form 990,	Part X, co	umn (B), line	10c.).	. , , , . ▶	1,2	20,6	71.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		<u></u>	
T GIT VIII	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:
	(4)	(2) 2001 12/20	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
_(7)			
_(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	\/aa   an Farm 000	Doubly line 444 Cas Form 000 Doubly line 45
			, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	cription	(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)		······································	
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	
Part X	Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	al income taxes	(b) Book value	<u>^</u>
	RED RENT	21,8	75.
(3)			
(4)			<del>-</del>
(5)			
(6)		•	
(7)			<del> </del>
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 25.)	21,8	75.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Λ
raue	-

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	10,721,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	-381 266		
a	Net unrealized gains (10565) on investments	1 1	
b	Recoveries of prior year grants		
C	recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	541,195.
e	Add lines 2a through 2d	3	10,180,352.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 550, Fait Viii, line Fb		
b	Other (Beschibe III all XIII.)	4c	24,530.
С 5	Add lines 4a and 4b	5	10,204,882.
Part			· · · · · · · · · · · · · · · · · · ·
		1	10,205,757.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Dollated Services and use of lacinities		
b	Thor year adjustments		
C	Ctrici losses : : : : : : : : : : : : : : : : : :		
d		2e	922,461.
e	Add lines 2a through 2d	3	9,283,296.
3	Subtract line 2e from line 1	<del>-</del>	.,,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7h  4a 24,530.		
a	investment expenses not included on Form 990, Part VIII, line Form 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	·	
b	Other (Describe III art XIII.)	4c	24,530.
С 5	Add lines 4a and 4b	5	9,307,826.
Part			<u> </u>
2; Par	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation.	ile 4, Pait X, ille
		<del> </del>	

### Part XIII Supplemental Information (continued)

PART X, LINE 2:

ST. CHRISTOPHER'S INN, INC. HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REOUIRE PROVISION OF A LIABILITY IN ACCORDANCE WITH U.S. GAAP. U.S. GAAP REQUIRES AN ORGANIZATION TO RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED DECEMBER 31, 2018, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2018, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest instructions. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ST. CHRISTOPHER'S INN, INC. 13-3668321 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vI) Amount paid to (or retained by) (i) Name and address of individual (Iv) Gross receipts (ii) Activity custody or control of (or retained by) from activity fundraiser listed in or entity (fundraiser) contributions? organization col. (i) Yes Nο 1 2 8 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		le G (Form 990 or 990-EZ) 2018				Page 2
ľ	art	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gro	aising event contribut			
			(a) Event #1 BOARD DINNER	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	358,342.			358,342
œ	2	Less: Contributions	238,179.			238,179
		line 2)	120,163.			120,163
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,600.			1,600
t Expe	7	Food and beverages	78,831.			78,831
Direc	8	Entertainment				
	9	Other direct expenses	39,732.			39,732
	10 11	Direct expense summary. Add lin. Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)		120,163
Pa	rt l		anization answered "			reported more than
Revenue		\$ 10,000 0H1 0H1 000 E2, H1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	w			
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes%	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colur	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a b	ı	Enter the state(s) in which the orga s the organization licensed to cond f "No," explain:	anization conducts gar duct gaming activities i	n each of these states	s?	. Yes No
	-				·	
0 a b		Nere any of the organization's gaming f "Yes," explain:	licenses revoked, susp			. Yes No

Sched	dule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? ,
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name N
	Name ▶
	Address N
	Address ►
16	Gaming manager information:
10	Garning manager information.
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2018

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ST. CHRISTOPHER'S INN, INC.

Employer identification number 13-3668321

Par	t I Questions Regarding Compensation			
		Timber Sec.	Yes	No
1a	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  Travel for companions  Payments for business use of personal residence		100	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees  Paragraph consideration and gross-up payments  Paragraph consideration and gross-up payments			1
	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	1b		
2	explain		rent de la company	(in)
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		(Modelities)	B1, \$170 (12.7)
	1a?	2	Till de	(2003a)
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Ex in actio	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.			<b>C</b>
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	SECTION.	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:			v
а	The organization?	6a		X
b	Any related organization?	6b	Ti Nati G	Z 17907
	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 not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	Les transited ()			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	benefits	(E) lotal of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
			•	compensation				Form 990
SANDRA IBERGER	ε	243,157.	0	0	7,295.	24,857.	275,309.	0
1EXECUTIVE DIRECTOR/CEO	€	0.	.0	0	0	0	0	0
JAMES MICKLER	€		0	0	2,558.	5,521.	93,339.	0
	€		0	0	2,558.	5,520.	93,338.	0
DR. STEPHEN SHAPIRO	€	150,697.	0	0	0.	0.	150,697.	0
3MEDICAL DIRECTOR	▣	0	0	0	0	0	0	0
	Θ							
4	€							
	€							
c.	(E)							
	(i)							
9	€							
	€							
7	<b>(E)</b>							
	(i)							
80	( <u>ii</u> )							
	Θ							300
6	€							
	(3)							
10	€							
	€							
11	€							
	€							
12	€							
	€							The state of the s
13	€							
	€							
14	€							
	€							
15	€							
	Ξ							
16	(ii)							
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Schedule J (Form 990) 2018

Page 3

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.

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Schedule J (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2018
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service
Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

ST. CHRISTOPHER'S INN, INC.

13-3668321

FORM 990, PART I, LINE 7B AND PART V, LINE 3A:

FORM 990-T WAS FILED EXCLUSIVELY TO REPORT QUALIFIED TRANSPORTATION AND

PARKING FRINGE BENEFITS, AND ANY ON-PREMISES ATHLETIC FACILITIES UNDER

SECTION 512(A)(7).

FORM 990, PART III, LINE 4D:

1) BROTHERS CHRISTOPHER HOUSE - ST. CHRISTOPHER'S INN TRANSITIONAL HOUSE.

THE TRANSITIONAL HOUSE IS AN EXTENSION OF ST. CHRISTOPHER'S INN, IT IS A

SUPPORTIVE LIVING ENVIRONMENT DEDICATED TO COMPLETING THE CONTINUUM OF

CARE IN THE REHABILITATION OF MEN SUFFERING FROM CHEMICAL DEPENDENCY

WHILE OPERATING UNDER MYS OASAS CERTIFICATE 140711808. IN 2018, THE HOUSE

HAD 4,015 PATIENT DAYS.

2) 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 2018 THE

TOTAL EXPENSES: \$140,707. TOTAL REVENUE: \$12,215.

ORGANIZATION HAD 294 ANNUAL CLIENT UNITS OF SERVICE.

TOTAL EXPENSES: \$229,029. TOTAL REVENUE: \$122,821.

FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B:

ST. CHRISTOPHER'S INN, INC., HAS A SUBORDINATE RELATIONSHIP WITH THE

FRIARS OF THE ATONEMENT, INC. ALTHOUGH THE ORGANIZATION IS A SEPARATE

Name of the organization ST. CHRISTOPHER'S INN, INC.

Employer Identification number 13-3668321

CORPORATION WITH A LEGAL BOARD OF DIRECTORS, IT IS PART OF THE

CONSOLIDATED FINANCIAL STATEMENTS OF THE FRIARS OF THE ATONEMENT, INC. IN

ADDITION, THE GENERAL COUNCIL (ALSO CALLED THE "MEMBER") OF THE FRIARS OF

THE ATONEMENT, INC. HAVE "RESERVE POWERS" WHICH SUPERSEDE THE AUTHORITY

OF THE ORGANIZATION'S BOARD OF DIRECTORS INCLUDING:

- 1) HIRING AND FIRING OF PRESIDENT & CEO WITH OR WITHOUT CAUSE
- 2) APPROVAL OF NEW BOARD MEMBERS
- 3) ALIENATION OR PURCHASE OF REAL PROPERTY BY THE ORGANIZATION
- 4) APPROVAL OF A DEFICIT OPERATING BUDGET

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

THE CFO OF THE ORGANIZATION REVIEWS THE FORM 990 AS WELL AS SENDS AN EMAIL TO ALL BOARD MEMBERS WITH A PDF FILE OF THE FORM 990 FOR THEIR OPPORTUNITY TO REVIEW. BOARD MEMBERS ARE ASKED TO SUBMIT QUESTIONS OR

CHANGES BY A GIVEN DATE, IN ORDER TO FILE ON A TIMELY BASIS.

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

THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY AND UPON APPOINTMENT

OF AN OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE BY THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

COMPARATIVE SALARY FROM SIMILAR ORGANIZATIONS THROUGH MERCER & CO. AND

OTHER PUBLICATIONS. UPON COMPLETION OF SURVEY, SALARY COMPENSATION FOR

EXECUTIVE DIRECTOR/CEO, CFO, COO AND KEY EMPLOYEES IS APPROVED BY THE

BOARD OF DIRECTORS. THE BOARD APPROVES THE BUDGET WHICH INCLUDES DETAILED

Employer Identification number 13-3668321

COMPENSATION FOR THE ABOVE-MENTIONED INDIVIDUALS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE WORDS OF ST. FRANCIS OF ASSISI BRING TO LIFE OUR MISSION AND CHALLENGE: "WE HAVE BEEN CALLED TO HEAL WOUNDS, TO UNITE WHAT HAS FALLEN APART, AND TO BRING HOME THOSE WHO HAVE LOST THEIR WAY."

ST. CHRISTOPHER'S INN, A MINISTRY OF THE FRANCISCAN FRIARS OF THE ATONEMENT, IS A TEMPORARY HOMELESS SHELTER DEDICATED TO THE REHABILITATION OF MEN IN CRISIS WHOM WE CALL "BROTHERS CHRISTOPHER".

OUR MISSION IS TO OFFER A CONTINUUM OF QUALITY HEALTH CARE SERVICES THAT FACILITATE PHYSICAL, EMOTIONAL, AND SPIRITUAL HEALING BY PROVIDING CHEMICAL DEPENDENCY TREATMENT, PRIMARY HEALTH CARE AND TEMPORARY HOUSING. WE STRIVE TO RESTORE THE PERSONAL DIGNITY OF EACH INDIVIDUAL BY UTILIZING A HOLISTIC APPROACH IN ALL OUR PROGRAMS. NO ONE IS EVER TURNED AWAY BECAUSE OF RACE, RELIGION, OR THE ABILITY TO PAY.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

ST. CHRISTOPHER'S INN, INC.

Partl

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2018	Open to Public	Inspection

OMB No. 1545-0047

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 13-3668321

	(a) Name, address, and EiN (if applicable) of disregarded entity	ā.	(b) Primary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	Direct controlling
(1)				(famos despois			dilay
				,			
(2)							
(3)							
(4)							
(2)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	tions. Complete if the orguring the tax year.	anization answe	red "Yes" on Fo	rm 990, Part IV,	line 34, because i	t had
	(a)	(a)	(c)	(p)	(e)	(4)	(b)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt	Public charity status	olling	Section 512(b)(13)
			or foreign country)		(if section 501(c)(3))	entity	entity?

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

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Schedule R (Form 990) 2018

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Yes

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N/A

501(C)(3)

NY

CHURCH

14-1344809

(1) FRANCISCAN FRIARS OF THE ATONEMENT, INC.

P.O. BOX 300

(7)

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GARRISON, NY 10524

Section 512(b)(13) controlled entity? Page 2 Schedule R (Form 990) 2018 (k) Percentage ownership (h) Percentage ownership <sup>5</sup> Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate (f) Share of total Yes No income (g) Share of end-of-(e)
Type of entity
(C cop, S corp, or trust) year assets (f) Share of total income (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling lentity (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV Part III 3 **₹** (1) (2) € 9 9 9 (3) (2) 9 2 ල Ξ

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# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule			Voc	9
1 During the tax year did the organization encode in any of the following tenescripes with		\$ : :	<u>B</u>	
a Receipt of (i) interest. (ii) annuities. (iii) rovalties or (iv) rent from a controlled entity.	lated organizations list	ed in Parts II-IV?		×
Gift, grant, or capital contribution to related organization(s)			a 4	: ×
c Gift, grant, or capital contribution from related organization(s).			2 2	: ×
d Loans or loan guarantees to or for related organization(s)			1d ×	
e Loans or loan guarantees by related organization(s)			<b>1</b> e	×
f Dividends from related organization(s)			4	×
g Sale of assets to related organization(s).				: ×
h Purchase of assets from related organization(s).			. 4	×
i Exchange of assets with related organization(s).			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			1,	×
k Lease of facilities equipment or other assets from roloted execution(2)			×	
			1	×
m Performance of services or membership or fundraising solicitations by related organization(s),			× = +	↓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	×
o Sharing of paid employees with related organization(s)			10 X	
p Reimbursement paid to related organization(s) for expenses			×	
			4_	×
r Other transfer of cash or property to related organization(s)			11	×
s Other transfer of cash or property from related organization(s).			1s	×
I use answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cove	line, including covered relationships and transaction thresholds.	ction thresholds.	}
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	٥
	type (a-s)		amount involved	P
(1)				
(2)				
(3)				
(4)				
(5)				
		9408	Schodulo B (Form 990) 2018	2048
130A			foce iiii o ii vi ainna	21.27

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)			sections 512-514)	Yes			Yes No		Yes No	
								·		
(2)										
(3)										
(4)										
(5)										
(9)										
(6)						-				
(2)										
(8)										
(6)										
(10)										
(11)										
(12)									· · · · · · · · · · · · · · · · · · ·	
(13)										
(14)										
(15)										
(16)										
								Sch	Schedule R (Form 990) 2018	n 990) 2018

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Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-T	E	cempt Organization		siness Income der section 6033		n	OMB N	o. 1545-0687
i oiiii		For solo	dilid ploxy tax ndar year 2018 or other tax year begin				ا ،	90	<b>10</b>
D		POT Cale	Go to www.irs.gov/Form990				°1		910
	tment of the Treasury at Revenue Service	▶Do	not enter SSN numbers on this form a				:)(3).	Open to Pt 501(c)(3) C	blic Inspection for organizations Only
Α _	Check box if address changed				ne changed and see instructio		D Emplo		ation number
B Exe	empt under section		ST. CHRISTOPHER'S IN	NN,	INC.				
$\overline{}$	501( C )( 03 )	Print	Number, street, and room or suite no. I				13-3	668321	
	408(e) 220(e)	or Type							s activity code
	408A 530(a)	type	21 FRANCISCAN WAY, H	3OX	150		(See in	structions.)	
	529(a)		City or town, state or province, country	, and Z	IP or foreign postal code				
	k value of all assets and of year		GARRISON, NY 10524						
ale	ild of year		up exemption number (See instructi	<u>-</u>			T	<del></del>	<del>-  </del>
			ck organization type   X   501			c) trust	401(a)		Other trust
			nization's unrelated trades or busines	sses.		<del></del>	•	(or first) ur	
	de or business her		1.60			, complete Parts I-			describe the
	st in the blank spa ade or business, the		end of the previous sentence, con	npiete	Paris i and ii, complete a	Schedule IVI for eac	in additio	ııaı	
-		<del></del> _	corporation a subsidiary in an affili	ated a	oun or a parent-subsidiary	controlled group?		<b>•</b>	Yes No
			identifying number of the parent cor			controlled group:			
	e books are in care			poratio	Telepho	ne number ► 84	5-335-	-1000	
Par	Unrelated	Trade o	or Business Income		(A) Income	(B) Expen			(C) Net
1a	Gross receipts or s								
b	Less returns and allowa		c Balance ▶	1c					
2	Cost of goods sol	d (Schedi	ule A, line 7)	2					
3	Gross profit. Subt	tract line	2 from line 1c	3					
4a	Capital gain net in	ncome (a	ttach Schedule D)	4a		<u> </u>			· · · · · · · · · · · · · · · · · · ·
b			Part II, line 17) (attach Form 4797)	4b	<u> </u>				
С			rusts	4c				-	
5		•	an S corporation (attach statement)	5		- <del></del>			
6			nome (Schodule E)	6 7		-			
7 8			come (Schedule E)	8					
			nts from a controlled organization (Schedule F)	9					
			ncome (Schedule I)	10				~	
	•	-	ule J)	11					
			tions; attach schedule)	12					
			ough 12	13	0.				
Par			<b>Taken Elsewhere</b> (See instr				Except f	for contrib	outions,
	deduction	s must	be directly connected with the	ne un	related business inc	ome.)			
	•		directors, and trustees (Schedule K)						
							- 1		
								<u> </u>	
			see instructions),				1 '		
			ee instructions for limitation rules)						
		,	4562)		1 1		. 20		
			on Schedule A and elsewhere on re				22b		
			ompensation plans						
			chedule I)						
			chedule J)				1		
			chedule)						
			3 14 through 28					<u> </u>	
			e income before net operating						
			loss arising in tax years beginning					<u> </u>	
32	Unrelated busines	s taxable	income. Subtract line 31 from line 3	30			. 32	I	

Form 990-T (2018)

Phone no. 212-885-8000

JSA

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001

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Form 990-T (2018)

Total dividends-received deductions included in column 8.

Schedule F-Interest, Ann	uities, Royaltie	s, and Re	nts Fr	om Contro	lled O	ganizat	ions (se	e instruction	ons)	
	· · · · · · · · · · · · · · · · · · ·			ontrolled Or						
Name of controlled organization	2. Employer identification numl	nei i		lated income instructions)		of specified ents made	included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)	,									
(3)	· · · · · · · · · · · · · · · · · · ·					•	<del></del>			
(4)							1			
Nonexempt Controlled Organi	zations				l					
7. Taxable Income	8. Net unrelated i			Total of specific		includ	rt of column led in the co zation's gros	ontrolling	1° cor	Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals			 (c)(7),	 (9), or (17	<b>⊳</b> ) Orga	Part	here and on , line 8, colu l (see ins	ımn (A).		ter here and on page 1, nt I, line 8, column (B).
1. Description of income	2. Amount of	f income		3. Deduction directly cortain (attach sch	nected			et-asides schedule)		<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)										
(2)										
(3)	-									
(4)										
	Enter here and Part I, line 9, c	on page 1, olumn (A).								Enter here and on page 1, Part I, line 9, column (B).
Totals ▶		<del></del>								
Schedule I – Exploited Exe	mpt Activity In	come, Ot	her Th	an Adverti	sing Ir	icome (	see instru	uctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte producti unrela business i	tly d with on of ted	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ed tradé (column umn 3). Impute	from ac	ss income ctivity that unrelated ss income	6. Expe attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								+		
(2)				<del> </del>				<del>                                     </del>		
3)								<del>                                     </del>		
4)								<u> </u>		
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26.
<sup>r</sup> otals	como (see instr	uctions)					<u></u>			
Part I Income From Peri			oneol	idated Ras	ie					
income Hom Fen	Calcais Report	eu on a c	011301	luateu Das	13			T		
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advert gain or (los 2 minus co a gain, con cols. 5 thro	s) (col. I. 3). If npute		culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
1)						<del></del>				
2)		<del></del>		1						
3)				1			······································			7
4)	*			1	İ					7
otals (carry to Part II, line (5))										

Form **990-T** (2018)

ST. CHRISTOPHER'S INN, INC. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶					4	
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)		
			· · · · · · · · · · · · · · · · · · ·	3. Percent of		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2018)